



Swedish  
Institute for  
Human Rights

# Locked state youth homes

– today's institutions for  
children and young people  
with disabilities?

A study of SiS youth homes  
from a disability rights  
perspective





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# Summary

The Swedish Institute for Human Rights is an independent authority tasked with promoting and safeguarding human rights in Sweden. The Institute was established in 2022. Since then, we have monitored reports of abuse and violations at the Swedish National Board of Institutional Care (SiS) special residential homes for young people.

SiS youth homes have been scrutinised by supervisory authorities, civil society organisations and the media, all of which have reported abuses. The Parliamentary Ombudsmen (JO) are tasked with inspecting all places where people are deprived of their liberty. According to the JO, the situation at some of the SiS youth homes is unprecedented.<sup>1</sup> The abuses particularly affect children and young people with neuropsychiatric and intellectual disabilities. Four out of five children and young people placed in SiS youth homes have at least one such disability.<sup>2</sup>

In March 2023, the UN Committee on the Rights of the Child (CRC Committee) strongly criticised the use of coercive measures at SiS youth homes. The Committee recommended that the Swedish government prohibit the solitary confinement and isolation of children.<sup>3</sup> Later that year, the Swedish Institute for Human Rights sent a letter to the SiS headquarters requesting information about how the authority ensures respect for human rights in its activities as well as how they follow up on the recommendations made by the UN human rights treaty bodies.<sup>4</sup>

In its 2024 review, the UN Committee on the Rights of Persons with Disabilities (CRPD Committee) fundamentally questioned the Swedish state's child and youth care system. The CRPD Committee criticised the fact that children and young people with disabilities were placed in institutions where they were exposed to violence and discrimination.<sup>5</sup> It also issued several recommendations for reforming child and youth care to ensure compliance with the UN Convention on the Rights of Persons with Disabilities (CRPD).

Against this background, we have reviewed the care provided at SiS youth homes with a focus on disability rights and children's rights. We have conducted qualitative interview studies with children and young people who are or have been placed in SiS youth homes, with staff and with social workers. Their accounts cannot represent the experiences of all children in care or all social workers, but they are consistent with findings from other studies. Their accounts have also helped highlight systemic shortcomings from both a child rights and a disability rights perspective.

The report also contains a legal analysis clarifying the requirements of the CRPD and the Convention on the Rights of the Child (CRC) on state youth care. It further analyses shortcomings in the protection of human rights, as revealed by both our interviews and reports from other actors.

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- 1 [Ombudsman strongly criticises Sis homes: "Unprecedented" – News \(Ekot\) | Swedish Radio](#), published 29 January 2024, retrieved 3 September 2025.
  - 2 Jalling, Kristiansson & Rudolfsson (2025). Psychiatric care needs among children and young people in SiS, *Institutional Care in Focus*, No. 2, p. 27.
  - 3 CRC Committee (2023), Concluding observations on the combined sixth and seventh periodic reports of Sweden, CRC/C/SWE/CO/6-7, para. 23.
  - 4 Swedish Institute for Human Rights (2023) Letter regarding the Swedish National Board of Institutional Care's measures to ensure human rights, ref. no. 6.1.5-172/2023.
  - 5 CRPD Committee (2024), Concluding observations on Sweden's combined second and third periodic reports, CRPD/C/SWE/CO/2-3, paras. 17(a) and 41(b).

Our review shows that SiS youth homes have, in effect, developed into institutions primarily for children and young people with disabilities. Children and young people with neuropsychiatric and intellectual disabilities are significantly overrepresented. According to the CRPD Committee, these youth homes display the features of institutions, rendering them unacceptable:

- They are isolated from the community, sometimes surrounded by fences, gates, and barbed wire.
- Daily life is governed by very strict rules.
- Few leisure activities are available.
- Children are under constant supervision for most of the day.<sup>6</sup>

Some children and young people remain in SiS care for more than a year, increasing the risk of institutionalisation and making reintegration into community life more difficult.

Children and young people at SiS are subjected to isolation. A recurring theme in our interviews is that staff often lack the skills to prevent conflicts or de-escalate them in a calm and supportive way. Instead, staff frequently resort to physical force to move children who have acted violently into small, bare isolation rooms, where they are locked up for an hour or longer.<sup>7</sup> This practice risks damaging their health and violating both the CRC and the CRPD, particularly the prohibition of torture or cruel, inhuman, or degrading treatment or punishment.<sup>8</sup>

Girls, as well as children and young people with neuropsychiatric or intellectual disabilities, are subjected to separation to a significantly greater extent than others in care. This strongly suggests that coercive measures are being applied in a discriminatory manner.

Children and young people are also cared for in specially strengthened wards (SFA) designed for those with autism or intellectual disabilities who have struggled in regular wards. In these units, they often spend most of the day alone in their rooms.

Despite the fact that most children and young people in SiS care have at least one disability, often several, the activities at SiS youth homes are not adapted to their needs. Access to health and medical care is inadequate, particularly psychiatric care. We consider this too to be a form of discrimination.

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6 CRPD Committee (2017a), General Comment No. 5 on independent living and inclusion in the community, CRPD/C/GC/5, para. 16 (c).

7 According to Section 15 c of the Care of Young Persons Act (1990:52) (LVU), staff have the authority to separate children and young persons who behave violently or are under the influence of intoxicating substances for a maximum of four consecutive hours.

8 CRPD, Article 15, and CRC, Article 37.

Children and young people who are subjected to violence and other violations of their human rights are entitled to have their complaints investigated and reviewed by an independent body. Our investigation shows that this rarely occurs in practice. A new complaints mechanism is therefore needed; one with the mandate to represent children in court and to pursue claims for damages on behalf of those who have suffered harm in state child and youth care.

## **Our recommendations in brief**

Based on our findings, we propose five key measures:

1. Develop a strategy for deinstitutionalisation. All institutions deemed unacceptable by the CRPD Committee must be phased out.
2. Strengthen support for children and young people with disabilities who are at risk of harm, as well as for their families.
3. Prohibit the isolation of children and young people.
4. Implement the proposals on health, medical, and dental care for children and young people in SiS care, as set out in the report *För barn och unga i samhällsvård* (For Children and Young People in Social Care) (SOU 2023:66).
5. Establish an independent complaints mechanism enabling children and young people to obtain justice and compensation for violations of their rights.

# Introduction

Girl:

Shall I tell you about the first time I ended up at SiS?

Interviewer:

Sure, if you want to.

**Girl:**

Okay, the first night is always awful. It's always really tough. Being locked up, and you don't understand anything. Plus, social services hadn't told me anything about going to SiS. So, I thought I was going to a residential care home in [Swedish city], never that I was going to an SiS home. So, I didn't understand why I was locked up. [...] The first night, I lay in my bed and cried a little, like a twelve-year-old does when she has been deprived of her freedom or whatever you call it. [...]

When I woke up, all the girls were sitting on the sofa. [...] We heard an alarm go off. They carried her, she screamed, she cried, and then they threw her into the corridor. It wasn't like they took her in carefully, they really, like, opened the corridor. They pushed her in and then slammed the door. [...] That was my first day. [...] You saw abuse every day, for example, my friend. Her arm is still dislocated.

**Girl with ADHD and autism who was placed in a SiS youth home**

## Foreword by the Director



"There is now real momentum to influence the future design of state youth care in the right direction."

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**Few** can have missed the revelations in recent years about violence, abuse, and serious misconduct at SiS youth homes. The media, supervisory authorities, and civil society have reported, among other things, cases of staff strangling young people, being convicted of sexual abuse, and distributing narcotics to children without medical justification.<sup>9</sup> Children and young people have also testified to how staff have provoked situations that ended with a child being physically forced into a small, cold isolation room, where the child was left alone for several hours.

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<sup>9</sup> Barnrättsbyrån (2025), Isolation, violence and abuse within SiS youth care 2024, pp. 10–12 and 14; Hedberg & Karlsson (2025), New report: Girls are overmedicated in social care, Dagens Nyheter, 27 May 2025; Björk and Helander (2024) In the hands of the state: A story about SiS and state youth homes, Fri tanke förlag.

These problems are not limited to isolated incidents at one or two SiS youth homes. In its most recent inspection report, the Health and Social Care Inspectorate (IVO) found that children at 18 of SiS's 21 youth homes reported being subjected to physical violence by staff. At 11 of the homes, children also reported sexual harassment by staff members.<sup>10</sup> The Health and Social Care Inspectorate note that there is a culture of silence among the staff at some youth homes which has contributed to the problems continuing.<sup>11</sup>

**The state youth care system has also been heavily criticised** by UN treaty bodies responsible for monitoring state compliance with their human rights obligations. In 2021, the UN Committee Against Torture highlighted the frequent use of separation and isolation of children in detention and called on Sweden to prohibit all isolation of persons under 18.<sup>12</sup>

In 2023, the CRC Committee issued similar criticism. It reiterated its recommendation to prohibit the solitary confinement and isolation of children, emphasised the need for all staff to be trained in non-coercive treatment methods, and stressed that children subjected to violations must have access to independent complaints mechanisms.<sup>13</sup>

In 2024, the UN Committee on the Rights of Persons with Disabilities fundamentally questioned the operations of SiS youth homes. The Committee pointed to the risks of unlawful institutionalisation and discrimination, given that the vast majority of children placed in SiS care have at least one disability.<sup>14</sup>

The CRPD Committee also addressed the ongoing government inquiry into reforming state child and youth care (referred to in this report as the SiS inquiry).<sup>15</sup> The Committee noted that the inquiry's directives lacked a clear disability rights perspective and recommended that the government take immediate steps to ensure that its work and proposals are firmly grounded in the UN Convention on the Rights of Persons with Disabilities (CRPD), the UN Convention on the Rights of the Child (CRC), and the European Convention on Human Rights (ECHR).

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10 IVO (2025a), Supervision of SiS 2024 – Shortcomings, measures and systematic improvement work. p. 11.

11 Ibid. p.10.

12 UN Committee Against Torture (2021), Concluding observations on Sweden's eighth periodic report, CAT/C/SWE/CO/8, paras. 15 and 16(b).

13 CRC Committee (2023), para. 23.

14 CRPD Committee (2024), paras. 17(a) and 41(b).

15 Dir. 2024:13, A reform of state child and youth care for safe and high-quality care.

**Against this background**, in the spring of 2024 we launched a project on children's rights in SiS youth homes.<sup>16</sup> The overall aim of the project is to contribute to a state child and youth care system that fully respects the human rights of children and young people. This first report within the project follows up on the observations and recommendations of the CRPD Committee concerning children and young people placed in SiS youth homes. Such follow-up is a central part of our mandate as an independent national mechanism under Article 33.2 of the Convention on the Rights of Persons with Disabilities.

**As the independent national mechanism**, we are responsible for promoting, protecting, and monitoring the implementation of the CRPD in Sweden. This role includes raising awareness of the Convention, identifying obstacles to its full implementation, and providing advice and recommendations to decision-makers and others with responsibility for respecting and fulfilling the rights it enshrines.

**There is now real momentum to influence** the future design of state youth care in the right direction. Ultimately, responsibility rests with the Swedish Government and Parliament. In its directives to the SiS inquiry, the Government stated that comprehensive reforms are needed in the mission and organisation of state child and youth care to ensure that children and young people placed in SiS youth homes receive safe, high-quality care and education.<sup>17</sup> The inquiry's analysis and proposals must be consistent with Sweden's international human rights obligations, including under the CRPD.<sup>18</sup> We hope that this report will support the work of the inquiry and help ensure that stronger human rights protection becomes a central feature of the ongoing reform of state youth care.

Our analysis is also relevant to the inquiry launched in July 2025 to review the care chain for social child and youth care and to propose how a national support function for placements should be designed and organised.<sup>19</sup> The purpose of such a function is to give municipalities better tools to find placements that more effectively meet children's needs. In this report, we discuss the specific challenges facing children and young people with disabilities, particularly those combined with externalising or self-harming behaviour, and what measures are required to ensure compliance with the CRPD.

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<sup>16</sup> Ref. no. 3.3.1 0316-2024.

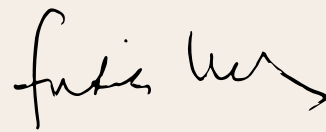
<sup>17</sup> Dir. 2024:13.

<sup>18</sup> Ibid., p.20.

<sup>19</sup> Dir. 2025:74, Strengthened government control and support in social child and youth care.

**I would like to express my sincere gratitude** to all those who have contributed to this report in various ways. Above all, I thank the children and young people, as well as the dedicated staff in SiS youth homes across the country and the social workers who took the time to share their experiences with us. Your openness, reflections, and insights have been essential to the writing of this report. I would also like to thank the representatives of the disability rights and children's rights movements with whom we have engaged in dialogue during our work, and the academic researchers who generously shared their expertise.

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A handwritten signature in black ink, appearing to read 'Fredrik Malmberg', with a stylized flourish at the end.

**Fredrik Malmberg**

## The purpose of this report

The overall purpose of this report is to raise awareness and increase knowledge of the human rights of children and young people placed in the National Board of Institutional Care's (SiS) special residential homes for young people. With this report, we seek to contribute to ensuring that their rights are not only recognised but also upheld in practice. The report places particular focus on the CRPD.

Our primary addressees are the Government and Parliament. The Government bears ultimate responsibility for ensuring that state youth care complies with Sweden's international human rights obligations. Parliament is responsible for ensuring that Swedish legislation is consistent with these obligations and for amending laws that fall short of human rights standards.

We also hope that other actors will find the report's analysis and conclusions useful. These include those working on the SiS inquiry, managers at SiS headquarters and at individual youth homes, social workers and members of social welfare committees. Representatives of supervisory authorities may likewise benefit from the rights-based analysis we present. We also wish to reach the rights holders themselves – the children and young people who are or have been placed in state youth care, as well as organisations working with disability rights and children's rights.

Through this report, we aim to promote a human rights-based approach within the state child and youth care system.

This report is not intended as a comprehensive review of conditions at SiS youth homes. Rather, it highlights state youth care from a disability rights perspective, thereby complementing the reviews already conducted by supervisory authorities.

## Structure and methodology of the report

The report consists of three parts:

- A legal analysis describing the requirements that the CRPD places on state youth care.
- An analysis of the challenges that must be addressed for the Convention to have full effect within youth care.
- A set of proposals for measures to ensure that youth care better complies with the CRPD.

The legal analysis is based on a range of sources, including convention texts, Swedish legislation, preparatory works, and case law. We have also reviewed reports from other actors that have highlighted shortcomings and abuses at SiS youth homes. In addition, we obtained information from SiS headquarters on the steps taken to safeguard human rights in its operations<sup>20</sup> and we have drawn on relevant academic research.

As part of the project, we conducted qualitative interviews with

- 12 children and young people who, at the time of the interviews, were or had been placed in one or more SiS youth homes
- 11 staff members working at SiS youth homes
- 19 social workers.

All interview participants gave informed consent. Before doing so, they were provided with clear information about who we are, the purpose of the study, and the voluntary nature of participation. They were also told that they could choose which questions to answer, what information to share, and that they could end the conversation at any time. For children under 15, consent was also obtained from their guardians.

The quotes reproduced in the report are drawn from these interviews and conversations. While the interviewees' accounts cannot be generalised to all children and young people in care, nor to all social workers, many of their experiences are corroborated by other studies. These testimonies have been essential in identifying shortcomings in youth care from both a child rights and a disability rights perspective. They also give voice to those directly affected, helping to illustrate the consequences of systemic failings.

#### **Interviews with children and young people**

This report includes findings from our interviews with 12 children and young people who have experience of placement in SiS youth homes. A common feature among them is that they remained in SiS care long after they had been assessed as ready for discharge. Their experiences of prolonged placement are presented in a separate report.

The interviews revealed that the vast majority of children and young people in SiS youth homes have neuropsychiatric disabilities such as ADHD and autism. Quotations from these interviews are used in this report to highlight various aspects of the care and treatment provided in SiS youth homes, with a particular focus on disability rights.

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<sup>20</sup> Swedish Institute for Human Rights (2023); SiS (2023a) Response to request from the Institute for Human Rights regarding how SiS works to ensure human rights, ref. no. 1.7.2–2826–2023.

## Dialogue and collaboration

In preparing this report, we engaged in regular dialogue and collaboration with a range of stakeholders to gather their perspectives on both the investigation and its findings. In particular, we collaborated with the non-governmental organisation (NGO) Barnrättsbyrån, which represents children and young people placed in SiS youth homes and provides social, legal, and practical support in matters relating to children's rights. Barnrättsbyrån has reviewed and reported on conditions in SiS care for several years.

We also held discussions with representatives of the disability rights movement, especially organisations representing groups of children and young people who are overrepresented in SiS care. These included: The NGOs Riksförbundet Attention, which advocates for people with neuropsychiatric disabilities, Autism Sweden, Riksförbundet FUB, which supports people with intellectual disabilities and Riksförbundet för social och mental hälsa (RSMH), which works for people with mental illness and other disabilities.

In addition, we met with representatives of two umbrella organisations: The Swedish Disability Rights Federation, which coordinates the movement's work on human rights, and Nätverket för tillgänglighet (NUFT), which brings together organisations for young people with disabilities.

We also collected statistical data from SiS headquarters and maintained contact with staff there during our work. In spring 2025, we met with representatives of the government inquiry on reforming SiS.

## Children and young people – a few words about terminology

SiS youth homes provide care for children and young people up to the age of 21.<sup>21</sup> There is no minimum age for placement in a SiS home. While most placements concern those aged 16 to 18, we have also encountered children as young as 12. The majority of those we have met are under 18 or have shared experiences from when they were under 18.

In this report, we use the term “children and young people” when referring to the full target group of SiS. At times, we also use the term “the placed children”.

When discussing children's rights and the protections provided under the CRC, we use the term **children**, which covers all individuals under the age of 18.

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<sup>21</sup> Section 21, Act (1990:52) containing special provisions on the care of young people (LVU).

In the quotations included in the report, we use the terms girl and boy, even when the individual concerned is now over 18. We do so partly because the events described often occurred when the person was under 18, and partly to protect interviewees' anonymity, since specifying age could jeopardise the interviewee's anonymity. Our categorisation of gender is based on whether the interviewee was placed in a girls' or boys' home. We have not asked interviewees about their gender identity.

## Structure of the report

The chapter State youth homes provides an overview of SiS youth homes, the children and young people placed there, and the typical length of stay. It also offers insights into the living environment, the special powers granted to staff, and the supervision of activities.

The chapter Human rights and compulsory care of children and young people with disabilities outlines the rules and rights particularly relevant to state child and youth care. The focus is primarily on the provisions of the Convention on the Rights of Persons with Disabilities and the CRC.

The chapter Our review reveals serious shortcomings for children and young people with disabilities presents the results of our investigation. Each section begins with a summary of what emerged from our interviews with children and young people in care, SiS staff, and social workers. These findings are then placed in the context of existing research and previous reviews. Each section concludes with an analysis grounded in human rights law, with particular emphasis on disability rights.

Our conclusions are set out under four themes in the chapter Summary assessment: institutionalisation, the use of isolation, discrimination and lack of effective investigation of complaints.

The report concludes with the chapter Our proposed measures.

# State youth homes

## SiS youth homes as society's ultimate safety net

At the time of our survey in 2025, SiS operated 22 youth homes with around 700 places. Most placements concerned children and young people placed under the Care of Young Persons (Special Provisions) Act (1990:52). Decisions on placement are taken by the social welfare committee for children and young people who cannot live at home, either due to serious deficiencies in parental care or because the young person exposes themselves to risk through substance abuse, criminality, or other destructive behaviour.<sup>22</sup>

SiS youth homes also accommodate children and young people who are serving sentences of secure youth care under the Act (1998:603) on the Enforcement of Secure Youth Care (LSU). However, this group represents only a small proportion of the total population in care and does not form the focus of this report.<sup>23</sup>

SiS youth homes are intended to function as society's ultimate safety net for children and young people at risk of serious harm. They are meant to provide a safe and secure environment where children and young people receive the help and support they need to build a life free from substance abuse, criminality, and other destructive behaviours. This mission places high demands on professionalism, legal certainty, and ethical awareness on the part of both staff and management.

Children and young people up to the age of 20 can be taken into care without consent under the Care of Young Persons (Special Provisions) Act (LVU) if all of the following conditions are met:

- There is a significant risk that the child's or young person's health or development will be harmed.
- The risk arises either from deficiencies in the home environment or from the child's or young person's own behaviour.
- Compulsory care is necessary because voluntary assistance is insufficient to protect the child or young person.

Source: Sections 2 and 3 of the Care of Young Persons (Special Provisions) Act.

<sup>22</sup> The number of homes and places has varied somewhat in recent years. The figures are taken from the SiS website: [Our youth homes - SiS - National Board of Institutional Care](#), retrieved on 3 September 2025.

<sup>23</sup> Last year, 117 places were allocated for children and young people serving secure youth care. SiS (2025), p. 10. The number in this group has increased in recent years, and according to SiS statistics, 249 children and young people were serving secure youth care on 11 August 2025. Information provided by SiS headquarters on 12 August 2025 via email at our request.

## **Most children and young people living in SiS youth homes have a disability**

The overwhelming majority of children and young people placed at SiS youth homes have neuropsychiatric or intellectual disabilities.

According to research, 79 per cent of children and young people who have been placed in SiS youth homes under the Care of Young Persons (Special Provisions) Act or the Act on the Enforcement of Secure Youth Care have.<sup>24</sup> If we also include children and young people who show clinical symptoms without a diagnosis, the proportion with disabilities is even higher. In that case, 92 per cent of girls have ADHD or ADD, which are the most common diagnoses. Among boys, the corresponding figure is 70 per cent. Children with autism are also significantly overrepresented at SiS youth homes, as are children with post-traumatic stress disorder (PTSD) and intellectual disabilities.

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<sup>24</sup> Jalling, Kristiansson & Rudolfsson (2025), pp. 27–28.

**Table: Overrepresentation of psychiatric diagnoses among girls and boys placed in SiS youth homes**

The percentage of girls and boys at SiS youth homes shows the proportion who have a confirmed diagnosis or exhibit corresponding clinical symptoms. The data is taken from the research report *Psychiatric care needs among children and young people within SiS*.<sup>25</sup>

Diagnosis	Girls at SiS youth homes	Boys at SiS youth homes	Prevalence among the general population
ADHD/ADD	92	70	10.5 % among boys and 6 % among girls aged 10 to 17 in Sweden
Autism	33	18	0.5–2 % of children in Sweden have this diagnosis
PTSD	64	28	5–6 % of the population in Sweden will experience PTSD at some point in their lives.
Intellectual disability	9	6	Approximately 1 % of the population in Sweden.

Sources: National Board of Health and Welfare (2023a) *Diagnosis and drug treatment for ADHD – Prevalence, trends and gender differences*, p. 10. Source: Jensen de López & Thirup Møller (2024) *Prevalence of Autism in Scandinavian Countries (Denmark, Norway, Sweden), and Nordic Countries (Finland, Iceland, the Faroe Islands, and Greenland). Neuropsychiatric Disease Treatment*. Vol. 20:1597–1612. Örjan et al (2005) *Trauma exposure and posttraumatic stress disorder in the general population*, *Acta Psychiatrica Scandinavica*, Vol. 111, No. 4, pp. 291–299. Morinaga et al (2024) *Changes in the prevalence of intellectual disability among 10-year-old children in Sweden during 2011 through 2021: a total population study*, *Journal of Neurodevelopmental Disorders*, vol. 16, no. 58.

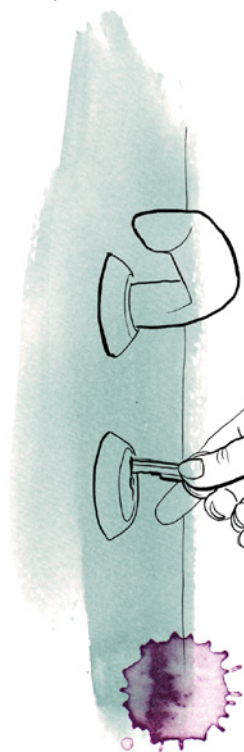
The overrepresentation of children and young people with neuropsychiatric disabilities at SiS youth homes has grown over time. This increase is significantly greater than the general rise in diagnoses observed in the wider population. According to the National Board of Health and Welfare, the prevalence of ADHD diagnoses among children and young people in the general population has increased by only a few percentage points over the past decade.<sup>26</sup> Among the children placed in SiS youth homes, however, the increase has been far more pronounced. What was once only slightly above the population average has now reached striking levels: 92 per cent of girls and 70 per cent of boys placed in SiS youth homes have a psychiatric diagnosis or exhibit symptoms that meet the diagnostic criteria for such a diagnosis.

<sup>25</sup> Jalling, Kristiansson & Rudolfsson (2025), p. 27.

<sup>26</sup> The National Board of Health and Welfare estimates that just over 10.5 per cent of boys and 6 per cent of girls aged 10–17 met the diagnostic criteria for ADHD in 2022. The agency estimates that the proportion could increase to 15 per cent for boys and 11 per cent for girls before the trend levels off. National Board of Health and Welfare (2023a).

## SiS youth homes are locked environments with strict rules

Most SiS youth homes are isolated, both geographically and physically. Many are enclosed by fences in addition to being situated apart from the surrounding community.



There has been a clear trend toward more restrictive care at SiS youth homes. In 1994, approximately 40 per cent of places were in locked units.<sup>27</sup> Today, more than 85 per cent of places for children and young people placed under the Care of Young Persons (Special Provisions) Act are in locked wards.<sup>28</sup>

SiS youth homes are equipped with cameras, alarms, and special rooms where children and young people can be confined if they behave violently or are under the influence of intoxicating substances.<sup>29</sup> Furniture is bolted down, and kitchens are not equipped with ordinary cutlery.<sup>30</sup> Rules of conduct are in place to prevent threats and violence, and everyday life follows strict routines.<sup>31</sup> These routines cover aspects such as meals and bedtimes, school hours, use of mobile phones, leisure activities, and physical exercise. The locked environment also restricts everyday freedoms. Children and young people must often request permission to perform basic activities, such as having a glass of water, listening to music, keeping personal belongings in their rooms, or going for a walk.<sup>32</sup>

27 Vogel & Enell (2018), The State and Capital. On the National Board of Institutional Care and its role in the child care market, in Sallnäs & Wiklund (eds.) The Social Services Market: On market orientation and competition in individual and family care, Liber, p. 191.

28 SiS (2025a) SiS in brief – A collection of statistical data on SiS, p. 5.

29 Section 15 c, LVU.

30 Nolbeck et al (2024), The importance of the physical environment for young people cared for in special youth homes A popular science summary of a research project carried out in 2017–2021, SiS report series Institutional Care in Focus, no. 1 2024, pp. 45–47, 54ff.

31 SiS (2021), Guidelines for rules of conduct and daily routines at SiS special youth homes, ref. no. 1.4.2-4246-2021.

32 Pettersson (2021), Experiencing, counteracting and managing conflicts in compulsory care and working with safety plans, SiS report series Institutional Care in Focus, no. 6 2021, pp. 66–68; Vogel (2020), Discipline, femininity and compulsory care: girls' everyday lives at special youth homes, Studentlitteratur, pp. 63–67.

## Special powers of staff

Staff at SiS youth homes are legally permitted to use coercion and restrict the freedoms of children and young people in several ways. For example, staff may conduct body searches by feeling a child's body through their clothes. They may also perform a superficial body search, which involves visually inspecting a child's naked body. These searches are carried out to ensure that children do not possess alcohol, drugs, or other prohibited items.<sup>33</sup> Staff may also search the rooms where children live if deemed necessary to maintain order.<sup>34</sup>

Staff may decide to separate children and young people who behave violently or are under the influence of alcohol, drugs or other intoxicants.<sup>35</sup>

**Separation** is a highly intrusive coercive measure regulated under Section 15 c of the Care of Young Persons (Special Provisions) Act. In practice, this intervention involves locking the child alone in a small room containing only a mattress on the floor, for a maximum of four hours. If the child does not comply voluntarily, which is often the case, staff may use physical force to transport them to the isolation room.

In homes with a higher level of security, staff may also lock the doors to children's living quarters for up to nine hours at night.<sup>36</sup>

Children and young people can also be placed in solitary care, where they have contact only with staff but no interaction with other children, if deemed necessary for their own care and safety, or for the safety of others at the home.<sup>37</sup>

In recent years, there has been a trend towards expanding staff authority to use coercion. The original section 15 of the Care of Young Persons (Special Provisions) Act, which allowed staff to prevent children and young people from leaving and harming others, has been supplemented with 22 additional provisions (§§ 15a to 15l) covering various coercive and restrictive measures.

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33 Sections 16 and 17, LVU.

34 Section 17b, LVU.

35 Section 15 c, LVU.

36 Sections 15b(4–6), LVU.

37 Section 15 d, LVU.

## Length of care

The length of stay at SiS youth homes varies. According to statistics from SiS, the average length of stay was 233 days in 2024. This corresponds to seven and a half months.<sup>38</sup> There are also shorter placements of a few months. A small number of children stay for a very long time, over two years.

Care periods have become significantly longer over the past ten years, as illustrated in the table below.

**Average lengths of stay for children and young people placed in SiS youth homes under the Care of Young Persons (Special Provisions) Act**

Year	Number of care days
2024	233
2023	214
2022	176
2021	100*
2020	148
2019	163
2018	182
2017	186
2016	167
2015	158

\*The lower number of care days in 2021 is due to both lower demand for places and a reduction in the number of available places due to renovations and emergency closures. SiS (2022a) SiS Annual Report 2021, p. 15.

Source: SiS publication series “SiS in brief” from the respective years.

38 SiS (2025a), p. 7.

For many young people, placement in a SiS home is something they experience several times.<sup>39</sup> The risk of returning to a SiS youth home or to other parts of the social care system increases if the child is a girl or is taken into care at an early age.<sup>40</sup>

## Supervision and audits of SiS youth care

Locked institutional care is one of the most intrusive measures a society can impose, placing high demands on supervision. Several authorities have mandates to review SiS youth homes, each from their own perspective. The Health and Social Care Inspectorate carries out regular supervision, inspecting all youth homes at least once a year.<sup>41</sup> In addition, the Parliamentary Ombudsman, the National Audit Office, and other public oversight bodies may exercise supervision within their respective areas of responsibility. This report also constitutes a review of state child and youth care, grounded in international human rights standards, with particular focus on the CRPD.

The Health and Social Care Inspectorate supervision occurs on-site at SiS youth homes. During these visits, children and young people in care have the right to speak privately with IVO representatives. Visits may be announced in advance or conducted without warning. The purpose of the supervision is to ensure that the activities are safe, of high quality, and in compliance with laws and regulations<sup>42</sup> Each inspection concludes with a decision identifying any shortcomings and specifying required improvements. Over the past three years, IVO has uncovered serious problems during its inspections. At some SiS youth homes, conditions were so severe that IVO has closed the home.<sup>43</sup>

The Parliamentary Ombudsman (JO) is tasked with visiting and inspecting all places where individuals are deprived of their liberty, in accordance with the Optional Protocol to the UN Convention against Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment.<sup>44</sup> These visits are often unannounced and aim to prevent torture or other forms of cruel, inhuman, or degrading treatment.

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39 National Board of Health and Welfare (2023b), *Instability among children and young people placed in full-time care under the Social Services Act and the Care of Young Persons Act – Placement patterns up to and including 2020 among children and young people born between 1990 and 2004*, p. 28. The National Board of Health and Welfare’s report deals with placement in residential social care in general, not just at SiS youth homes.

40 National Board of Health and Welfare (2023b), pp. 30–32.

41 Chapter 16, Section 1 of the Social Services Ordinance (2025:468). A corresponding rule was found in Chapter 3, Section 19 of the Social Services Ordinance, which was repealed on 1 July 2025.

42 Chapter 28, Section 2, Social Services Act (2025:400).

43 IVO (2025a), pp. 10–12; IVO (2023), pp. 10–12.

44 Article 3, Optional Protocol to the UN Convention against Torture. The activity is sometimes referred to as Opcat, which is the English abbreviation for the Optional Protocol to the Convention against Torture.

Like the Health and Social Care Inspectorate, the Parliamentary Ombudsmen has documented serious issues at the SiS youth homes. Examples of such issues include that youth homes have taken in children and young people with care needs that the home cannot meet, that children have been left alone in their rooms for long periods of time, and that they have been subjected to coercive measures that lack support in the law.<sup>45</sup>

The Swedish National Audit Office and the Swedish Agency for Public Management have evaluated the quality of care at SiS youth homes.<sup>46</sup> In its most recent audit, the National Audit Office highlighted extensive shortcomings, noting that only four per cent of departmental staff had training in neuropsychiatric disabilities and how to support children and young people with such diagnoses.<sup>47</sup> In specially strengthened wards, designed for children and young people with intellectual disabilities, autism, and serious self-harming or outwardly aggressive behaviours, the proportion of staff trained in neuropsychiatric disabilities was 15 per cent. These figures are strikingly low given that over 90 per cent of girls and 60 per cent of boys in SiS youth homes have at least one confirmed diagnosis or exhibit corresponding clinical symptoms.<sup>48</sup>

The audit focused specifically on the care of girls and revealed substantial deficiencies, particularly affecting girls with mental health problems and neuropsychiatric disabilities. These girls felt insecure, lacked access to necessary psychiatric care, and were subjected to a disproportionately high number of separations.<sup>49</sup>

Taken together, these reports paint a picture of a child and youth care system of unacceptably low quality. As one employee summarised:

“We lack competence. We are selling a service that we lack the competence of providing.”

Employee at one of SiS's youth homes

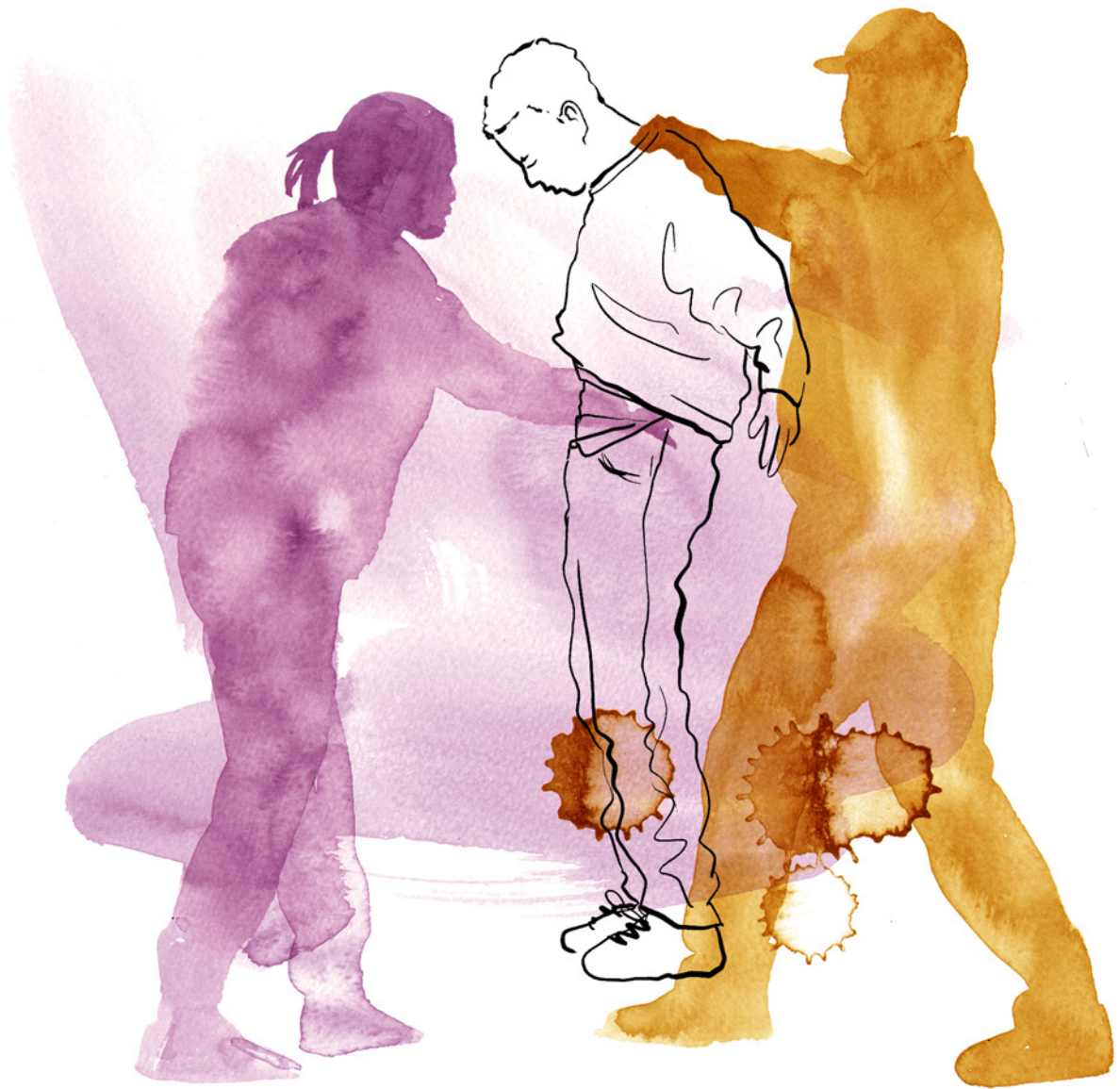
<sup>45</sup> JO, Opcat inspection of the National Board of Institutional Care, the special youth home Nereby, 14 and 15 February 2023, ref. no. O 5-2023; Opcat inspection of the National Board of Institutional Care, the special youth home Brättegården, 3–5 July 2023, ref. no. O 18-2023; Opcat inspection of the National Board of Institutional Care, the special youth home Rebecka, 13 September 2023, ref. no. O 20-2023.

<sup>46</sup> The Swedish National Audit Office is subordinate to the Riksdag and has a mandate to review all government activities based on how public resources are used and how well the authorities achieve their operational goals. The Swedish Agency for Public Management is the government's expert authority that analyses and evaluates public activities to provide a basis for the government's management of public administration.

<sup>47</sup> National Audit Office (2024), SiS special youth homes – shortcomings in the state's compulsory care of children and young people, RiR 2024:7, pp. 45 and 52.

<sup>48</sup> See section “Most children and young people in SiS youth homes have a disability”.

<sup>49</sup> Swedish Agency for Public Management (2022), SiS care of children and young people under the Care of Young Persons Act – conditions for safe and appropriate care, ref. no. 2021/66-5. section 3.2.



# Human rights and compulsory care of children and young people with disabilities



## Many rights are affected

Many freedoms and rights are affected when a child or young person is placed in care under the Care of Young Persons (Special Provisions) Act and admitted to a SiS youth home. In these homes, doors are often locked, and children are not allowed to leave the premises without staff supervision, resulting in a deprivation of liberty.

Protection against arbitrary deprivation of liberty is enshrined both in the Swedish Constitution and in international conventions to which Sweden is a party.<sup>50</sup> Any deprivation of liberty must be legally authorised, necessary, and proportionate to its purpose. The requirement of necessity means that a child may only be placed in a youth home if no less intrusive measures can adequately meet their need for protection and care. It also requires that restrictions on the child's freedom of movement be no greater than necessary during the period of care.

This principle is reflected in the Care of Young Persons (Special Provisions) Act, which stipulates that a child or young person may not be placed in a unit involving more intrusive supervision and control than is required to implement the care plan or maintain order and safety at the home.<sup>51</sup> The deprivation of liberty must also be limited to the shortest possible time.<sup>52</sup> The principle of proportionality requires that the restrictions on liberty be reasonable in relation to the child's need for protection and that the placement be appropriate to the child's individual needs.<sup>53</sup> The anticipated benefits of the placement must outweigh the limitation of the child's right to liberty.

The special powers exercised by staff at SiS youth homes raise important issues concerning protection against forced physical interventions, body searches, and other infringements of personal integrity, as safeguarded by the Instrument of Government.<sup>54</sup> All such measures must be legally authorised and meet the requirements of necessity and proportionality each time they are used.<sup>55</sup> For example, any body search, room search, or physical intervention must be strictly necessary in relation to its purpose. Restraining a child to prevent them from leaving the youth home must never involve more force than necessary, nor last longer than required.

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50 Chapter 2, Section 8 of the Instrument of Government (RF), Article 5 of the ECHR, Article 9 of the International Covenant on Civil and Political Rights, Article 37(b) of the CRC, and Article 14 of the CRPD.

51 Section 12, LVU.

52 Article 37(b), CRC.

53 Chapter 2, Section 21 RF, European Court of Human Rights, *D.L. v. Bulgaria*, judgment of 16 May 2016, application no. 7472/14, para. 74.

54 Chapter 2, Section 6, RF.

55 JO, decision of 29 November 2019, ref. no. 6774-2017.

Corresponding protections are provided under the ECHR, the CRC, and the CRPD.<sup>56</sup> Particularly severe violations of a child's integrity and dignity may amount to prohibited torture or cruel, inhuman, or degrading treatment or punishment.<sup>57</sup>

The CRC also contains specific provisions that apply specifically to state child and youth care. These rules are described in the next section.

## Placements outside the home according to the CRC

A fundamental principle of the CRC is that a child may only be separated from their parents and placed outside the home when this is necessary in the best interests of the child.<sup>58</sup> Children have the right to express their views on matters concerning such placement, and their views must be given due weight in accordance with their age and maturity.<sup>59</sup> Children placed outside the home are also entitled to special protection and support throughout the placement.<sup>60</sup>

The state is obliged to adopt legislative, administrative, educational, and other measures to protect children in state child and youth care from physical and psychological violence, neglect, abuse, and other violations.<sup>61</sup> The CRC Committee defines psychological violence as words or actions that cause a child to feel worthless, humiliated, or degraded in front of others.<sup>62</sup> Isolation and being forced to witness the abuse of other children are also forms of psychological violence. Such experiences can have severe and lasting effects on a child's health and development.

The Convention on the Rights of the Child further requires effective systems for monitoring, reporting, and accountability in cases of violations occurring at SiS youth homes. Children who have been subjected to violence or abuse must have access to the support, care, and rehabilitation they need to recover.<sup>63</sup>

In this report, we focus particularly on children and young people with disabilities. The CRC applies to all children, while the CRPD confirms and strengthens these protections with provisions specific to persons with disabilities. The following section introduces the CRPD and outlines the rules most relevant to state youth care.

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56 Article 8, ECHR; Articles 16 and 37(c), CRC; and Article 17, CRPD.

57 Article 3, ECHR; Article 7, International Covenant on Civil and Political Rights; Article 37(a), CRC; Article 15, CRPD.

58 Articles 9 and 3.1, CRC.

59 Article 12, CRC.

60 Article 20, CRC.

61 Article 19, CRC.

62 CRC Committee (2011), General Comment No. 13 on the right of the child to freedom from all forms of violence, CRC/C/GC/13, para. 21.

63 Article 19.2 of the CRC and the CRC Committee (2011), para. 52.

## The CRPD and its rights holders

The purpose of the CRPD is to promote, protect and ensure that persons with disabilities have access to all their human rights and fundamental freedoms.<sup>64</sup> The Convention applies to persons with various types of disabilities, including physical, mental and intellectual disabilities. To be regarded as a disability, the condition must be permanent and, in combination with various societal barriers, prevent the individual from participating fully and effectively in society on an equal basis with others.<sup>65</sup> Diagnoses such as ADHD, autism, PTSD and intellectual disability are examples of permanent disabilities. Most children and young people at SiS youth homes therefore fall within the scope of protection provided by the Convention.

The Convention is based on what is commonly referred to as the human rights model of disability.<sup>66</sup> This model distinguishes between functional impairment and disability. A functional impairment refers to limitations within the individual, whereas disability arises when a person with a functional impairment encounters an environment that is not adapted to their needs. It is therefore the environment, not the individual, that must be adjusted to ensure that persons with functional impairments can enjoy their rights on equal terms with others. The state has the responsibility to drive and implement this change.

A fundamental principle of the Convention, both for its implementation and monitoring, is the active involvement of persons with disabilities. States are required to consult with and involve persons with disabilities, through the organisations that represent them, in all matters that concern them. This obligation also applies to children with disabilities.<sup>67</sup> Their involvement ensures that the knowledge and lived experiences of both children and adults with disabilities are taken into account when shaping public policies and decisions that affect their lives.<sup>68</sup>

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<sup>64</sup> Article 1, CRPD.

<sup>65</sup> Article 1, CRPD.

<sup>66</sup> Degener (2016), A Human Rights Model of Disability, in Blanck & Flynn (eds.) *Routledge Handbook of Disability Law and Human Rights*. Routledge, pp. 31–49; CRPD Committee (2018a), General Comment No. 6 on equality and non-discrimination, CRPD/C/GC/6, paras. 8–11.

<sup>67</sup> Article 4.3, CRPD.

<sup>68</sup> CRPD Committee (2018b), General Comment No. 7 on the participation of persons with disabilities, including children with disabilities, through their representative organisations, in the implementation and monitoring of the Convention, CRPD/C/GC/7, paras. 24–26.

## The CRPD view on child and youth care

The CRPD sets out a clear vision for measures concerning children with disabilities: all such actions must prioritise the best interests of the child.<sup>69</sup> Children with disabilities have the right to family life and to live with their parents, just like any other child.<sup>70</sup> Where parents or close relatives are unable to care for a child with disabilities, the state is responsible for providing alternative care. The first option should be placement with a member of the child's extended family. If this is not possible, the state must ensure placement in a family-like environment within the community.<sup>71</sup>

The CRPD Committee takes a clear stance against institutional care, describing it as harmful and a form of separation that violates the Convention.<sup>72</sup> The Committee's definition of institutional care includes both large state-run facilities exclusively for persons with disabilities and smaller residential settings where persons with disabilities form the majority.

### Characteristics of institutional care that contravene the Convention

An unlawful institution is one where a disproportionate number of persons with disabilities are placed because of their disability and their need for care and support. Such institutions are typically isolated from the wider community, governed by rigid rules and routines that do not respect individual wishes and preferences. Residents are monitored for much of the day and offered only a limited range of leisure activities.

Source: CRPD Committee (2017a), para. 16 (c).

The Committee's strong opposition to institutional care is rooted in the history of neglect and abuse that has taken place within such settings. Sweden also has a dark history of institutional care for children, young people and adults with intellectual and mental disabilities. As Karl Grünewald describes in his book *Från idiot till medborgare* (From Idiot to Citizen), life in these institutions was marked by inactivity, coercion and rigid routines, with little regard for children's personal needs or wishes.<sup>73</sup> Care was based on an undignified view of children and young people as "uneducable" and as second-class citizens who did not belong in society.

<sup>69</sup> Article 7.2, CRPD. The provision has been formulated on the basis of Article 3.1 of the CRC.

<sup>70</sup> Article 23.3, CRPD.

<sup>71</sup> Article 23.5, CRPD.

<sup>72</sup> CRPD Committee (2022) Guidelines on deinstitutionalisation, including in emergency situations, CRPD/C/5, para. 12. See also UN Committee on the Rights of the Child & CRPD Committee (2022), Joint Statement – Rights of Children with Disabilities, para. 10

<sup>73</sup> Grünewald (2009), *From Idiot to Citizen*, Gothia Förlag AB.

The CRC Committee has also expressed strong criticism of institutional care. It stresses that such care should never be the first option for children with extensive needs for support, treatment and protection. Institutional placement should be used only as a last resort, when it is absolutely necessary and demonstrably in the best interests of the child.<sup>74</sup>

The quality of care and education in institutional settings is often poor and does not meet needs of the children. The CRC Committee has also highlighted the heightened risk of neglect, abuse and rights violations in such environments. Institutions are a special environment where children and young people in care are particularly vulnerable to psychological, physical and sexual abuse. Children with disabilities are particularly vulnerable, especially those with communication difficulties or intellectual disabilities.<sup>75</sup>

Like the CRPD Committee, the CRC Committee advocates smaller, family-like forms of care organised around the child's rights and individual needs.

## **Disability can never justify taking a child into care**

As stated earlier in this report, children with disabilities have the same right as all other children to family life and to live with their parents.<sup>76</sup> A child's disability can never justify placement in institutional care or any other restriction of the child's rights.<sup>77</sup> Nor can disability justify deprivation of liberty, such as placement in a locked ward.<sup>78</sup>

These rules reflect the application of the human rights model to children's right to family life and protection against arbitrary deprivation of liberty.<sup>79</sup> Under the human rights model, disability is not a problem in itself and therefore cannot constitute a legitimate ground for restricting human rights.

If a child with a disability is deprived of liberty for reasons unrelated to their disability, the state is nevertheless obliged to provide reasonable accommodation to ensure that the child is not disadvantaged in comparison with other children deprived of liberty.<sup>80</sup>

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74 CRC Committee (2006), General Comment No. 9, Rights of Children with Disabilities, CRC/C/GC/9, para. 47.

75 CRC Committee (2006), paras. 42 and 47.

76 Article 23.3, CRPD.

77 Article 23.4, CRPD.

78 Article 14.1 b, CRPD.

79 CRPD Committee (2018a), para. 9.

80 Article 14.2, CRPD.

## Institutional care is rarely compatible with the best interests of the child

The fundamental principle of the Convention on the Rights of the Child – that the best interest of the child must be a primary consideration – applies equally to children with disabilities. It applies to all children.<sup>81</sup>

**The best interest of the child** means that children should have their best interests assessed and taken into account as a primary consideration in all decisions concerning them. When several interests are at stake, as they are in cases concerning state youth care, the focus should be on finding the solution that is in the best interest of the child in the individual case, taking into account the child's own opinion and experience.

Source: CRC Committee (2013b) General Comment No. 14 on the right of the child to have his or her best interests taken as a primary consideration (Article 3, para. 1), CRC/C/GC/14

The CRPD Committee has not developed a separate, disability-specific model for determining the best interests of children with disabilities. Instead, it refers to the provision on the best interests of the child in the Convention on the Rights of the Child, emphasising that this should be applied with careful attention to the particular circumstances of children with disabilities.<sup>82</sup>

According to the CRPD Committee, the best interests of the child require States Parties to end the use of institutional care for children with disabilities. States should instead adopt strategies that enable children to remain with their families or, where this is not possible, in alternative family-like care within the community.<sup>83</sup>

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<sup>81</sup> Article 3.1, CRC; Article 7, CRPD.

<sup>82</sup> CRPD Committee (2018a), para. 38; CRC Committee and CRPD Committee (2022), paras. 4 and 10.

<sup>83</sup> CRPD Committee (2018a), para. 38.

## Protection of physical and mental integrity

The CRPD contains several provisions safeguarding personal integrity.

Article 15 prohibits torture or cruel, inhuman or degrading treatment or punishment. The provision applies in particular to serious violations of an individual's physical or mental integrity and dignity, including acts that are degrading or cause significant pain or suffering. Practices such as isolation, beatings, or humiliating undressing during superficial body searches may fall within this prohibition. Living conditions can also amount to degrading treatment: for example, being deprived of liberty in cold, unhygienic or dilapidated facilities.<sup>84</sup>

Article 16 requires States Parties to take measures to protect persons with disabilities from all forms of exploitation, violence and abuse, whether in the home or elsewhere. It further requires that all services and facilities for persons with disabilities be subject to effective oversight by an independent body. The State must also ensure that there are robust rules and systems for detecting, investigating and prosecuting violence and abuse against persons with disabilities.<sup>85</sup>

Article 17 complements these protections by affirming the right of persons with disabilities to respect for their physical and mental integrity on an equal basis with others. Framed as a principle of equal treatment, this provision underscores the historic and ongoing discrimination that children and adults with disabilities, particularly those with intellectual or mental disabilities, have faced within social care systems.

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<sup>84</sup> Fenell (2018), Art.15 Protection against Torture and Cruel or Inhuman or Degrading Treatment or Punishment in Bantekas, Ashley Stein & Anastasiou (eds.) *The UN Convention on the Rights of Persons with Disabilities – A Commentary*, Oxford University Press, pp. 464–465; See also JO (2024), *National Preventive Mechanism – NPM – Report on activities in 2023*, pp. 32–34.

<sup>85</sup> Article 16, paragraphs 3 and 5, CRPD.

A young girl with a prosthetic hand is holding a smartphone. The image is overlaid with a semi-transparent purple filter. The text is centered on the upper half of the image.

**Our review reveals  
serious shortcomings  
for children and  
young people with  
disabilities**

## Children are placed in SiS youth homes due to a lack of alternatives

The social welfare committee decides what type of accommodation a child in need of social care should receive.<sup>86</sup> If the child or young person is considered to require special supervision, placement in a SiS youth home may be considered.

A clear theme in our interviews with social workers is the difficulty of finding appropriate solutions for children and young people with multiple diagnoses combined with externalising behaviour, substance abuse and self-harming tendencies. Social workers report that suitable foster homes or residential care homes (HVB) that can meet the needs of these children are often lacking. This situation has also been highlighted by the government inquiry into residential care homes and by the government's coordinator for more high-quality placements in child and youth care.<sup>87</sup>

Several social workers described a gap in the system for children and young people with extensive psychiatric care needs. It is not uncommon for young people to be discharged from inpatient psychiatric care without a plan for how their care will continue within child and adolescent psychiatry (BUP).

Some social workers argued that children and young people with neuropsychiatric or intellectual disabilities should not be placed in SiS youth homes at all, describing them as too risky an environment for this group:

"I don't think children and young people with NPF belong at SiS. It just creates more trauma that they have to work through."

Social worker who works with children placed in SiS youth homes

"Many of those placed there have some kind of NPF diagnosis that makes them very vulnerable to serious criminals."

Social worker who works with children placed in SiS youth homes

<sup>86</sup> Section 11, LVU.

<sup>87</sup> Ardenfors & Kaunitz (2024), [presentation slides from the interim report on the assignment as national coordinator for more high-quality care places in social child and youth care, \(S2023:G\)](#), obtained on 3 September 2025; SOU 2025:84, Homes for children and young people, For safe, secure and meaningful care, p. 363.

Social workers emphasised that these children would be better placed in foster homes or in specialised accommodation for children or young people eligible for support under the Act (1993:387) concerning Support and Service for Persons with Certain Functional Impairments (LSS). While such solutions require more resources, social workers' experience is that they often lead to better outcomes. When placement in a SiS youth home is chosen, it is frequently described as a last resort, "a necessary evil" when other placements have failed.<sup>88</sup> Many social workers expressed ethical stress about making such decisions.

The lack of suitable alternatives also contributes to children and young people with disabilities remaining at SiS youth homes even after SiS has assessed that they are ready for discharge and no longer in need of compulsory care:<sup>89</sup>

"We [social services] assess that it is not good for them to remain at SiS. We feel that it is better to work in open forms. But we have no open forms that can take care of these young people."

**Social worker who works with children placed in SiS youth homes**

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<sup>88</sup> See also the Swedish National Audit Office (2024), p. 39

<sup>89</sup> You can read more about these children and young people in the Institute's forthcoming report on overtime at SiS.

## Our remarks

According to the Convention on the Rights of the Child, “lack of alternatives” is not a legitimate reason for separating a child from their parents or placing them in an environment that entails deprivation of liberty. Placement decisions must always be based on what is best for the individual child.<sup>90</sup> The CRPD and the Care of Young Persons (Special Provisions) Act contain similar requirements.<sup>91</sup>

We recognise that there are situations where children—whether or not they have disabilities—may need to be placed in a secure environment for a short period of time. However, the institutional care currently provided at SiS youth homes is not appropriate for children and young people with extensive needs for support, treatment and care. The environment is not adapted to their needs, and staff often lack the necessary competence to support them.<sup>92</sup>

The CRPD confirms that children with disabilities have the same right as other children to live with their families, and when this is not possible, in a family-like environment in the community.<sup>93</sup>

The Convention also prohibits deprivation of liberty on the basis of disability. A diagnosis, or behaviours such as self-harm or aggression that are linked to a disability, can therefore never justify placement in a SiS youth home. Nor can such factors justify a child’s continued placement once they are otherwise ready for discharge.

The CRPD also prohibits deprivation of liberty on the grounds of disability. Neither children, young people nor adults may be deprived of their liberty because of a disability or for reasons closely linked to their disability.<sup>94</sup> A diagnosis, or self-destructive or outwardly aggressive behaviour that results from such a diagnosis, can therefore never justify placement in a SiS youth home. Nor can it serve as a legitimate reason for keeping a child or young person in a SiS home once they have been assessed as ready for discharge.

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90 Articles 3.1 and 9.1 Convention on the Rights of the Child.

91 Section 1, fourth paragraph, LVU; Articles 7.2 and 23.4, CRPD. See also the section “Institutional care is rarely compatible with the best interests of the child”.

92 National Audit Office (2024), pp. 45 and 52; deficiencies in the environment are also described below in the section “The repressive environment”.

93 Article 23.5, CRPD.

94 Article 14.1(b), CRPD. See also CRPD Committee (2017b), Guidelines on the Right to Liberty and Security of Persons with Disabilities, annex to Report of the Committee on the Rights of Persons with Disabilities, A/72/55, paras. 6–9.

The Supreme Administrative Court has confirmed this principle in cases concerning care under the Care of Young Persons (Special Provisions) Act.<sup>95</sup> Behaviour that can be understood as a symptom of mental illness or disability cannot form the legal basis for compulsory care.

#### **Case concerning socially disruptive behaviour (RÅ 2010 ref. 24)**

The case concerned M., a 16-year-old girl with a neuropsychiatric disability who acted impulsively, damaged property, and exposed herself to dangerous situations. The question before the court was whether her behaviour could be classified as “socially disruptive behaviour” and thus justify her being taken into care under Section 3 of the Care of Young Persons (Special Provisions) Act. The court concluded that it could not. M.’s impulsiveness and behaviour were closely linked to her disability, and taking her into care on these grounds would have been contrary to the purpose of the Care of Young Persons (Special Provisions) Act.

The court reasoned that, for behaviour to be considered socially disruptive under the law, it must not be an expression of mental illness or disability. Rather, it must be behaviour that could just as easily occur in someone without a disability.

## **Lack of care and treatment**

A recurring theme in our interviews with children and young people who have been cared for at one of SiS’s youth homes is the lack of care and treatment. They did not feel that they have received help with the social problems that led to their placement in SiS youth care.

“I ended up in an assessment unit. They didn’t even assess me. They did nothing. I ended up in a treatment unit. There was no treatment. I even went up to the staff and asked why we weren’t getting treatment. They just said, ‘because we don’t have the staff to do it.’”

Girl who was placed in one of SiS’s youth homes

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<sup>95</sup> RÅ 2010 ref. 24.

Similar findings are reported in research on state-run youth care.<sup>96</sup> While SiS has developed several treatment programmes for children and young people in its care, reports from the National Audit Office and the Swedish Agency for Public Management confirm that only a small proportion of the placed children actually participate in these programmes, and even fewer complete them.<sup>97</sup>

Part of the reason children and young people experience a lack of care and treatment may be that much of SiS's work is oriented toward upbringing. The focus is on establishing healthy routines, teaching children to "behave," and thereby improving their chances of leading socially functional lives. This approach differs from what is commonly understood as targeted care and treatment.

**"Call things what they are. Routines and treatment are not the same thing."**

**Girl who was placed in one of SiS's youth homes**

We have also received accounts from children whose mental health and self-harming behaviour deteriorated significantly during their time at SiS youth homes. Many report that these problems were not taken seriously enough by staff.

**"[Being placed at SiS] made my situation worse. I became very outwardly aggressive, and my mental health deteriorated. I started self-harming far more than before and tried to take my own life several times."**

**Girl who was placed at one of SiS's youth homes**

Similar testimonies are also documented in reports from both SiS's own research unit and various interest groups.<sup>98</sup> These reports highlight significant shortcomings in suicide prevention efforts<sup>99</sup>, including unaddressed deficiencies in the living environment, disregarded procedures, and unprofessional treatment by staff. The situation is particularly serious given the high incidence of suicide attempts among children and young people in SiS youth homes. In 2024, 127 suicide attempts were recorded, and in the first half of 2025, a further 75.<sup>100</sup> During the same period, two children tragically took their own lives while in SiS care.

96 Vogel (2020), pp. 71–73.

97 National Audit Office (2024), pp. 71–75; Swedish Agency for Public Management (2022) pp. 68–69, 87–88, 137–138.

98 See, for example, Engström et al (2023) Experiences of compulsory care among young people regarding staff treatment at SiS and BUP institutions, SiS report series Institutional Care in Focus, no. 2 2023, pp. 39 and 51, and Riksförbundet Attention (2022) "What's wrong with you?" Girls with NPF at SiS, pp. 28–29.

99 IVO (2025a), p. 13; Barnrättsbyrån (2025), p. 14, och Barnrättsbyrån (2024), p. 9.

100 Information provided by SiS headquarters via email at our request.

Another challenge is the lack of access to health and medical services outside the SiS youth homes. Children are often placed in municipalities other than their own, which disrupts established healthcare contacts in their home communities.

A health examination is supposed to be conducted in connection with a placement under the Care of Young Persons (Special Provisions) Act. In practice, these examinations are not always carried out, and when they are, they are not always conducted satisfactorily.<sup>101</sup> Staff shortages at youth homes often lead to cancelled care visits, and there are instances where child and adolescent psychiatric services (BUP) refuse to accept children who display violent behaviour.<sup>102</sup> Access to dental care is also insufficiently addressed.<sup>103</sup>

The pilot project Integrated Care was a development collaboration involving nine SiS youth homes and four regional authorities. The project aimed to improve care for children and young people who, in addition to social problems, also have extensive psychiatric needs. In practice, this included children with autism and intellectual disabilities, serious and repeated self-harming or suicidal behaviour, as well as children with psychoses and other severe psychiatric conditions.<sup>104</sup> According to SiS headquarters, the project has improved cooperation between participating youth homes and regional services, thereby enhancing access to psychiatric treatment for 100 children. In November 2024, the government took a decision to continue this work.<sup>105</sup>

### **Integrated care**

Integrated care is a multi-year development project focusing on children under the age of 18 who are in care and have extensive needs for psychiatric care from BUP. The aim has been to investigate whether interprofessional collaboration between SiS and BUP can meet the overall care needs of these children.

Four regions participated in the project: Östergötland Region, Skåne Region, Västra Götaland Region and Stockholm Region.

Nine of SiS's youth homes participated in the project: Folåsa, Hässleholm, Brättegården, Ljungbacken, Margeretelund, Nereby, Fagared, Rebecka and Tysslinge.

Source: [Integrated care – SiS – Swedish National Board of Institutional Care](#)

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101 SOU 2023:66, For children and young people in social care, pp. 857–859.

102 Conversations with staff at SiS youth homes and at SiS headquarters.

103 SOU 2023:66, pp. 852–853; [Serious deficiencies in oral health among young people in special youth homes - Research - Jönköping University](#), retrieved on 3 September 2025.

104 National Board of Health and Welfare (2024), Development of integrated care for children in SiS special youth homes - Interim report 2024, pp. 7 and 12.

105 Ministry of Health and Social Affairs (2024), Government decision: Assignment to carry out development work to improve care for children and young people who are cared for at SiS and who have significant needs for psychiatric care, ref. no. S2024/02037 (in part).

## Our remarks

Children and young people in state care have the same right to the highest attainable standard of physical and mental health as their peers.<sup>106</sup> According to the UN Committee on the Rights of the Child, states have a particular responsibility to these children and must address the barriers that prevent them from accessing healthcare services.<sup>107</sup>

The CRPD confirms that children and young adults with disabilities are entitled to the same range of healthcare services as persons without disabilities.<sup>108</sup> All forms of discrimination in healthcare are prohibited, and the quality and standard of care must be equal. Children and young people with disabilities also have the right to any specialised care they need as a result of their disability, including habilitation and rehabilitation services.<sup>109</sup>

It is well documented that both SiS and regional healthcare providers fall short of meeting these requirements.<sup>110</sup> Our investigation confirms these gaps. Shortcomings in access to psychiatric care are particularly concerning, as many children have extensive psychiatric needs, and care in a locked environment, where they are separated from family and friends, places an additional and significant burden on them.<sup>111</sup>

Initiatives such as the Integrated Care pilot project represent a positive step towards improving and equalising access to healthcare within the state youth care system. However, to fully realise the right to health for all children and young people placed in SiS youth homes, further measures are needed to address the persistent deficiencies in care and treatment.

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106 Article 24, CRC; Article 25, CRPD.

107 CRC Committee (2013c) General Comment No. 15 (2013) on the right of the child to the highest attainable standard of health (Art. 24), CRC/C/GC/15, paras. 28–29.

108 Article 25 (a) and (d), CRPD.

109 Article 25(b) and Article 26, CRPD.

110 See, for example, Zillén & Mattsson (2025), The right to mental health for children and young people in social care – who is responsible?; Dahlin, Juth & Sjöström (eds.) Coercion for better or worse: A research anthology and coercion in welfare, Iustus; SOU 2023:66, chap. 9.3; Swedish Agency for Public Management (2022), pp. 96–102; Ombudsman for children (2019), Who cares – when society becomes a parent, pp. 41–49; SOU 2015:71, Children and young people's rights in compulsory care. Proposal for a new LVU, pp. 757–759, 767–770.

111 Jalling, Kristiansson & Rudolfsson (2025); National Board of Health and Welfare (2025) Mental ill health among children and young people placed in social care – A survey focusing on children and young people born between 2002 and 2016 and placed in care in 2022.

## The repressive environment

Both the children and staff working at SiS youth homes whom we have spoken to say that the environment increasingly resembling a prison.

“This ward [locked ward] is a real prison. The bars and the feeling you get from living here. But also the rules.”

Boy who was placed in a locked ward at one of SiS's youth homes

“Before, we worked for the best interests of the children, now it's just for the best interests of society.”

Employee at one of SiS's youth homes

“It was a completely different institution in 2018, and it's just getting tougher and tougher.”

Employee at one of SiS's youth homes

“This agency has become a prison.”

Employee at one of SiS's youth homes

Everyday life at SiS youth homes is marked by multiple security measures. The indoor environment is minimalist: there are no curtains, decorations, or personal items, as these could potentially be used to harm oneself or others.<sup>112</sup> In homes with enhanced security, the residential buildings are fenced or otherwise secured to prevent residents from leaving.<sup>113</sup> A security assessment is required before a child is allowed to participate in any activity outside their own department. The extensive powers exercised by staff further contribute to the sense of living in a prison.

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<sup>112</sup> National Audit Office (2024), p. 56.

<sup>113</sup> 13 of SiS's 22 youth homes have high-security units with perimeter protection, strict entry and exit procedures, and special rules for access to telephones and the internet. Information provided by SiS headquarters via email at our request.

Such an environment would be challenging for anyone, but it is particularly harmful for children. It can be especially difficult for those with mental, neuropsychiatric, or intellectual disabilities, as well as for children and young people who have experienced trauma. The National Audit Office highlights the impact of the environment at SiS youth homes, noting that bare, often dirty or run-down surroundings can diminish children's sense of self-worth, adversely affecting both their self-esteem and mental well-being.<sup>114</sup>

Children and young people who have experienced trauma often develop coping strategies, such as exercising, engaging in creative activities, or talking to friends. In the repressive environment of a SiS youth home, such strategies are often difficult, if not impossible, to use. Many children instead adopt destructive strategies, which can include self-harming behaviour.<sup>115</sup> These behaviours may then trigger physical interventions by staff, as well as placement in separation rooms (isolation) and solitary care.

Follow-ups on the use of isolation at SiS youth homes show that children and young people with neuropsychiatric or intellectual disabilities are subjected to isolation more frequently than other children. Those who engage in self-harming behaviour are also disproportionately isolated.<sup>116</sup>

#### **Our remarks**

The repressive environment at SiS youth homes is problematic from both a child rights perspective and a disability rights perspective. As the CRC Committee has emphasised, children differ from adults in terms of physical and mental development, as well as emotional and educational needs.<sup>117</sup> These differences form the basis for the principle that children should be treated differently from adults in the criminal justice system. Placing children in prison-like environments risks harming their development and should therefore be avoided.

The CRPD specifies that the best place for children with disabilities who cannot live with their parents or close relatives is in a family-like environment in the community.<sup>118</sup> We believe that the locked, stripped-down environment at SiS youth homes and the special powers of the staff clearly violate this right.

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114 National Audit Office (2024), p. 55.

115 Nolbeck et al (2024), p. 17.

116 National Audit Office (2022), p. 72.

117 CRC Committee (2019), General Comment No. 24 (2019) on children's rights in the criminal justice system, CRC/C/GC/24, para. 2.

118 Article 23.5, CRPD.

Children with disabilities also have the right to be placed in an environment that is adapted to their needs. This follows from the human rights model of disability as well as from individual provisions in the CRPD.<sup>119</sup> We believe that SiS youth homes do not meet these requirements. It is the state's responsibility to adapt the environment. This responsibility covers the entire operation, including the design of the children's rooms, the size and composition of the group of children, staff density and the design of activities.

## Girls with disabilities are more often subject to separation

Several of the children and young people we have spoken to have shared their experiences of separation. A recurring theme in their accounts is that violence often stems from boredom and frustration. Conflicts between the children, and between children and staff, frequently begin with minor disputes and escalate because staff fail to intervene in a calming or supportive way.

The children also told us about episodes of self-harming behaviour that resulted in isolation. One girl with ADHD and autism described how she never understood why staff perceived her as threatening:

“Sometimes there have been staff who have written that they perceive me as threatening and violent, but no one has ever told me this, so I have never known what to do to improve.”

Girl with ADHD and autism who was placed in one of SiS's youth homes

The NGO Riksförbundet Attention reports similar concerns in its 2022 study.<sup>120</sup> In one case, a girl's violent behaviour was dismissed by staff as merely “attention-seeking” or the result of being unaccustomed to boundaries. In reality, she was overwhelmed and struggling to regulate her emotions due to cognitive overload.

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119 Articles 14.2, 19 (b) and 26, CRPD.

120 Riksförbundet Attention (2022), p. 12.

SiS's annual report "SiS in brief" shows that girls are subject to separation more often than boys – a pattern that has persisted for many years. Young girls are particularly vulnerable: last year, girls under the age of 16 were subjected to ten times as many separations as boys between the ages of 16 and 21.<sup>121</sup>

Children and young people with neuropsychiatric or intellectual disabilities are also overrepresented in the statistics, as are children who engage in self-harming behaviour.<sup>122</sup>

The Swedish Agency for Public Management's review suggests that this higher incidence of this form of highly intrusive intervention is partly linked to a lack of staff competence. Some staff are unable to meet the children's needs or manage challenging behaviour in ways other than restraint and isolation.<sup>123</sup>

### **Our remarks**

Girls, especially young girls, and children with neuropsychiatric and intellectual disabilities are separated more frequently than other children. We regard this as a serious indication of discrimination. In the absence of a clear and legitimate justification for their higher rates of separation, there is a significant risk that these children are subjected to unlawful discrimination on the basis of gender, disability, age, or a combination of these grounds.

The prohibition of discrimination in the CRPD applies to all laws, guidelines, and individual actions that restrict an individual's human rights where there is a connection to disability.<sup>124</sup> Such a connection may be either direct or indirect.

Direct discrimination occurs when rights are restricted specifically because of a disability. In our view, it constitutes direct discrimination when children and young people with autism or intellectual disabilities are separated because their behaviour is labelled "disruptive" or "dangerous" rather than being recognised as a stress reaction. Similarly, it may amount to direct discrimination when a child with a mental disability is isolated because self-harming behaviour is used as a coping strategy.

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121 Barnrättsbyrån (2025), p. 4.

122 The Swedish National Financial Management Authority (2022), p. 72.

123 Swedish Agency for Public Management (2022), pp. 71–73.

124 Article 2, CRPD. See also Article 2, CRC.

The CRPD also provides protection against discrimination on grounds other than disability, such as gender, race or age. It further prohibits discrimination based on multiple grounds and intersectional discrimination.<sup>125</sup> Measures to prevent and combat discrimination in connection with separation must therefore take account of the ways in which different grounds for discrimination can interact and compound each other.

## Children are placed in separate care in specially strengthened wards

There are special wards for children and young people with autism and intellectual disabilities, called specially strengthened wards [särskilt förstärkta avdelningar] (SFA). These wards are intended to provide an environment adapted to the needs of this group. In practice, however, there are serious shortcomings.

Children and young people who have lived in specially strengthened wards have told us that staff often lack the necessary competence. They also describe a monotonous daily life, with few meaningful activities and limited opportunities for social interaction.

“It was the same staff I had met in the regular department and most of the time I just watched TV series.”

Girl who was placed at specially strengthened ward at one of SiS's youth homes

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<sup>125</sup> Articles 2 and 5.2, CRPD; CRPD Committee (2018a), para. 19 och 21–22; Nilsson (2018), Art. 2 Definitions i Bantekas, Ashley Stein & Anastasiou (eds.) The UN Convention on the rights of persons with disabilities – A commentary, Oxford University Press, s. 77–78.

### **SFAs- specially strengthened wards**

SFA wards were created for children and young people with autism and intellectual disabilities who had faced particular difficulties in mainstream schools. Many had engaged in self-harm, used violence against staff or other children, and had been subjected to the intervention of separation on multiple occasions.

The focus at these wards is on rehabilitation. Staff are expected to identify and address the underlying causes of challenging behaviour rather than simply reacting to or reprimanding the behaviour itself. The goal is to support children in developing strategies and practising skills that will help them manage everyday life.

Groups are small, with a high staff-to-child ratio; at least one staff member per child. Rooms are designed with sound-absorbing materials and muted colours to minimise unnecessary stimuli and reduce the risk of sensory overload. Furniture is robust and safe.

Source: [Särskilt förstärkta avdelningar](#)

SiS's own survey of children and young people placed in specially strengthened wards shows that the girl quoted at the beginning of this section is not alone in her experience. A majority of respondents said they felt safe in the unit and that they had received help with their problems. At the same time, however, the survey reveals significant criticism of the care provided.<sup>126</sup>

Several children describe the stress of spending so much time alone in their rooms and being constantly monitored by cameras. They report staff with a "bad attitude" and a lack of understanding of their disabilities.<sup>127</sup> Instead of responding calmly to frustration, staff are said to raise their voices and threaten consequences. As one girl told us:

**"They used physical interventions there too. Once, I was thrown to the floor and he banged my head against the floor several times. My glasses were completely destroyed."**

**Girl who was placed in a at one of SiS's youth homes**

126 SiS (2022b), Evaluation of the specially strengthened wards, SFA A part-time evaluation of implementation and care outcomes at SiS's five specially strengthened wards, ref. no. 1.1.4- 6462-2022, pp. 17–18; SiS (2025b), Follow-up of specially strengthened wards (SFA), ref. no. 1.1.3-3341-2025, p. 9.

127 SiS (2025b), pp. 9–11.

SiS's own follow-ups show that the number of separations decreases significantly for some children placed in specially strengthened wards, but not for all. For others, the number of placements in separation rooms even increases.<sup>128</sup> Overall, the total number of incidents of separation at these wards is roughly the same as in regular wards. Girls continue to be subjected to separations far more often than boys, even in specially strengthened wards.

The same criticism levelled at regular SiS youth homes also applies to specially strengthened wards: care is often provided in run-down and unhygienic premises, and staff lack expertise in intellectual disabilities. As a result, staff struggle to respond to children appropriately, as they do not fully understand the complexity of the children's needs and limitations.<sup>129</sup>

What makes the specially strengthened wards particularly problematic from a human rights perspective is that care is provided in locked wards and, above all, in isolation. In practice, this means long periods of time confined to the living quarters, despite the children's right to social interaction and care in community with others. When children call for staff, it may take a long time before anyone arrives, and sometimes staff remain outside the door, communicating through it rather than entering the room. According to SiS's own evaluation, more than half of the children placed in specially strengthened wards in 2023 spent 90 per cent of their time in isolation.<sup>130</sup> Girls spent more days in isolation than boys.

"Then I got a stomach ache. She [a girl with autism] was there [at specially strengthened ward] for a month. She wasn't in the category where she needed even more confinement, or as she said, 'Everything is locked [name], everything. Even the toilet. Staff should be able to look into the rest room.' It was so invasive of her privacy."

Social worker who works with children placed in one of SiS's youth homes

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128 SiS (2025b), pp. 21–24.

129 JO, ref. no. O 18-2023, pp. 4–7; O 20-2023, pp. 3–6; National Audit Office (2024), p. 52.

130 SiS (2025b), pp. 24 and 29.

As the Parliamentary Ombudsman has observed, it is highly questionable whether this form of care complies with the legal requirements for separate care. Such restrictions on human rights must always be proportionate to the benefits of the care and in line with the best interests of the child.<sup>131</sup>

### **The Parliamentary Ombudsman's criticism of specially strengthened ward (SFA)**

The Parliamentary Ombudsman has inspected two of the four specially strengthened wards (SFA) at SiS youth homes. In September 2023, the Ombudsman visited the specially strengthened ward Freja at Rebeckahemmet. Freja was a locked ward, and at the time of the inspection the children and young people placed there were cared for in isolation, without contact with other children. Many of them had been in this situation for extended periods, often for more than a year.

The Ombudsman noted a risk that the requirement of proportionality in the use of coercive measures was being breached. Solitary care is an exceptionally intrusive intervention, intended only for temporary use. The need for isolation must be reassessed continuously, with the principle that it should be ended as soon as possible. In such assessments, the benefits of continued isolation must always be weighed against the restrictions on rights that it entails, particularly in relation to the child's freedom of movement, autonomy, and integrity. If the question of whether or not the child should be subject to solitary care is effectively predetermined by placement in a specially strengthened ward, no ongoing proportionality assessment is carried out. This creates a serious risk of children being subjected to unnecessarily prolonged separation and isolation.

The Ombudsman also underlined that the best interests of the child must be the guiding principle in all decisions concerning care and treatment measures for children.

Source: Parliamentary Ombudsman, O 20-2023, pp. 13-14

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131 JO, ref. no. O 20-2023, pp. 14-15, and ref. no. O 18-2023, p. 14.

## Our remarks

We share the Ombudsman's criticism of the specially strengthened wards (SFA). The long periods of care in these wards significantly increase the risk of harm to children and young people, who are often cared for in isolation for extended durations. In 2023, the average stay was around one year for girls and ten and a half months for boys, with some children remaining in the wards for nearly a year and a half.<sup>132</sup>

Both the CRC Committee and the UN Special Rapporteur on Torture have highlighted the serious risks associated with prolonged isolation. Children's dignity must be respected even when coercive measures are deemed necessary. Isolation that deprives children of meaningful daily contact with others contravenes Article 37 of the Convention on the Rights of the Child.<sup>133</sup> Where separation from others is unavoidable, appropriately trained staff should either accompany the child or be immediately available to provide support and companionship.<sup>134</sup>

For children and young people with mental and intellectual disabilities, long periods of enforced solitude are particularly harmful and difficult to endure. Prolonged isolation can heighten the risk of self-harm and suicide<sup>135</sup>, and there have been cases of children taking their own lives at SiS youth homes in connection with solitary care.<sup>136</sup> Any assessment of the best interests of the child must therefore consider the risks to the health, safety, and development of the individual child.

The very design of the specially strengthened wards also raises concerns under the CRPD. Care in a locked ward conflicts with the principle that the existence of a disability cannot constitute a legitimate reason for deprivation of liberty.<sup>137</sup> Since the target group for specially strengthened wards is children and young people with specific diagnoses and disabilities combined with self-harming or acting-out behaviour, the practice risks amounting to disability-based deprivation of liberty.

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132 SiS (2022b), pp. 17–18; SiS (2025b), p. 21.

133 CRC Committee (2019), para. 95 (g).

134 CRC Committee (2019), para. 95 (h).

135 UN Special Rapporteur on Torture (2011), Interim report of the Special Rapporteur of the Human Rights Council on torture and other cruel, inhuman or degrading treatment or punishment, A/66/268, paras. 67–68, 77, 81, 86 and UN Special Rapporteur on Torture (2015) Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, Juan E. Méndez, A/HRC/28/68, paras. 44 and 86 (d).

136 Barnrättsbyrån (2025), p. 8. Corren, [PART 1 – Hidden recording reveals lawbreaking when Kalle died at Folåsa](#), published 16 March 2024, updated 27 May 2025, retrieved 3 September 2025; Corren, [Lina and Elsa tried to die when they lived at the youth home](#), published and updated 26 May 2024, retrieved 3 September 2025; [13-year-old Jasmine was isolated at a state home – took her own life](#) SVT Nyheter, published 16 October 2017, updated 28 October 2024, retrieved 3 September 2025.

137 Article 14.1(b), CRPD.

## Life on hold

A recurring criticism from the children and young people we spoke with is that life in the SiS youth homes is boring and that they would like to have more activities.

“And then after school, there’s not much going on. On Tuesdays, we go shopping and buy things, but the rest of the days, there’s not much going on. Then it’s more like if you have an iPad, that is, if you’re allowed to have an iPad [...] for an hour.”

School-age girl who was placed in one of SiS’s youth homes

“I wake up early. Then we get the news from 8:30 to 9:15 on TV. Then the TV is turned off, because many people go to school. I’m not one of them, but then the TV is turned off. Then you don’t do anything. You just stare at the wall until three.”

A boy who was not of compulsory school age and was placed in one of SiS’s youth homes

The boredom and idleness experienced by children in SiS youth homes are well documented in both research and supervisory reports.<sup>138</sup> In its supervisory report from spring 2025, the Health and Social Care Inspectorate noted that some young people’s right to outdoor recreation had been restricted to as little as one walk per week. The report also highlighted that planned activities were frequently cancelled due to staff shortages resulting in.<sup>139</sup>

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138 See, for example, Engström et al (2023); and Pettersson (2021), pp. 35–36 and 43.

139 IVO (2025a), p. 12.

## Our remarks

According to the Convention on the Rights of the Child, all children have the right to leisure, recreation and cultural activities.<sup>140</sup> For children and young people placed in SiS youth homes, this includes both activities that can be carried out at the home and activities outdoors and in the community. The CRC Committee has emphasised the importance of ensuring that the range of activities at state youth homes is not limited to compulsory outdoor activities or jointly organised activities.<sup>141</sup>

The state is responsible for ensuring that there are suitable premises, sufficient resources and trained and motivated staff to fulfil the right to a meaningful leisure time for children in societies care.

The CRPD also requires that the range of leisure activities be adapted so that children with disabilities can participate on an equal basis with other children.<sup>142</sup>

Being able to participate in sports activities, go on excursions and take part in other activities with peers is an important part of being included in the community.<sup>143</sup> The absence of such opportunities reinforces the impression that SiS youth homes have become institutions for children and young people with disabilities, in contravention of the rules of the CRPD.<sup>144</sup>

Swedish law also safeguards the right of children in care to daily outdoor recreation, as well as opportunities for physical activity and other leisure pursuits.<sup>145</sup> Children or young people placed in care have the right to choose activities themselves, within the limits imposed by treatment needs and safety considerations.<sup>146</sup>

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140 Article 31, CRC; and Article 30, paragraphs 1 and 5, CRPD.

141 CRC Committee (2013a), General Comment No. 17 on the right of the child to rest, leisure, play and recreation, and to participate in cultural and artistic life (art. 31), CRC/C/GC/17, para. 51.

142 Article 30.5, CRPD.

143 CRPD Committee (2017), para. 16(b).

144 A distinctive feature of unlawful institutional care is that the range of leisure activities does not take into account the child's own interests, but is the same for everyone. CRPD Committee (2017a), para. 16 (c).

145 15 (b) §, second paragraph, LVU.

146 Prop. 2017/18:169, Strengthened legal certainty in the exercise of special powers at special youth homes and LVM homes, p. 76.

## The harmful effects of institutional care

Most of the children and young people we have met have been in the social services system for a long time. Many of them have also been placed in more than one youth home.

“The longest I’ve been free from SiS is about a year. Then I went back in again. So yes, SiS is my home. And I don’t want to say it, but SiS has become my home. [...] I mean, even though SiS is fucked up, it’s haunted me.”

**Girl who has been placed repeatedly in several SiS youth homes**

The children talk about how their time at SiS youth homes has made it harder for them to make friends, talk to people they don’t know, cook food and pay bills. One girl described how, out of pure habit, she sometimes stands in front of closed doors waiting for someone to come and unlock them, even though she no longer lives in a youth home.

“I didn’t think being at SiS would affect me that much. But this past weekend, I was out at the Christmas market and people started talking to me and then it was like... how do I talk? No, but it was really weird. Because when you’re out doing activities [during your placement at SiS], you don’t really talk to other people. But at this Christmas market... well, it felt really strange. If they ask me something and I don’t know what to say.”

**Girl who was placed at one of SiS’s youth homes**

The staff at the SiS youth homes we visited also talk about signs of institutionalisation. After a year, they said, the children usually change their attitude towards the care. From really wanting to leave at the beginning, they instead want to stay because they are scared of what awaits them afterwards.

“As the year [of care at SiS] draws to a close, we see how their attitude changes from wanting to leave, hating this place, to no, I don’t want to leave here.”

Employee at one of SiS’s youth homes

The majority of the children and young people we met also told us that they witnessed or experienced violence and abuse during their placement at SiS youth homes.

“[In a locked ward at one of SiS’s youth homes] there was a lot of violence from the staff. [...] I mean excessive violence, violence that took place behind closed doors. A lot of racism and bullying and abuse of power.”

Girl who was placed at one of SiS’s youth homes

“They did a lot of wrong things at [name of one of SiS’s youth homes]. For example, you’re only allowed to be in separation [avskiljning] for three hours. I had to sleep in separation. It was really disgusting. So what do you get to sleep on – a mattress with urine on it.”

Girl who was placed in one of SiS’s youth homes

The harmful effects of institutional care are well documented. These range from traumatic experiences and impaired health during the period of placement to long-term consequences such as ongoing health problems, low self-esteem, and difficulties adapting to life outside the institution. Environments characterised by control, isolation, and idleness are particularly damaging.<sup>147</sup> In a report from the NGO Riksförbundet Attention, three girls with neuropsychiatric disabilities describe the impact of their time at SiS youth homes.<sup>148</sup> One girl struggles with trauma suffered during her placement and mourns the teenage years she lost, while another girl experiences recurring nightmares about being locked up and left alone.<sup>149</sup>

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147 Nölbeck (2022), Care environment with a bias towards security and control at SiS, Social Politik. The long-term effects of being subjected to and witnessing physical interventions and separations in institutional care are currently being investigated by the Swedish Agency for Health Technology Assessment and Social Services (SBU). SBU, Alternative methods to coercive measures, SBU 2023/1016.

148 Riksförbundet Attention (2022), "What's wrong with you?" Girls with NPF at SiS, pp. 14–19 and 27–29.

149 Riksförbundet Attention (2022), pp. 33–34.

Children and young people can be harmed by their time in an institutional environment even if they have not been subjected to direct abuse, isolation, or restraint. Being compelled to follow strict routines without opportunities to make their own choices can lead to institutionalised behaviour patterns. These patterns make it harder to manage social relationships, take initiative, and cope with the demands of everyday life. The effects can persist long after the placement has ended. Several researchers have described an adaptation process at SiS, in which young people learn to “behave” and follow the rules of the home, rather than developing the skills they need to live a fulfilling life outside SiS.<sup>150</sup>

### **Our remarks**

The harmful effects of institutional care are a key reason why human rights standards emphasise that social care for children and young people should take place in open, family-like settings.<sup>151</sup> Both the CRC Committee and the CRPD Committee have highlighted the risks of neglect, abuse, and discrimination inherent in closed institutional environments.

The quality of care in such institutions is often inadequate and insufficient to meet children’s needs or prepare them for life outside the institution.<sup>152</sup> While a short stay in a youth home may sometimes be necessary to protect a child, long-term institutional care is rarely compatible with the best interests of the child.<sup>153</sup>

The CRPD Committee has also expressed concern that children with disabilities are disproportionately placed in institutions in Sweden. The Committee has recommended that Sweden develop and implement a national strategy for deinstitutionalisation.<sup>154</sup> A central element of such a strategy is to strengthen support for children with disabilities and their families, enabling children to grow up in a family environment rather than in an institutional setting.

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150 See, for example, Vogel (2020), chapters 3 and 4; Petterson (2021), pp. 29–30.

151 Article 23.5, CRPD; Articles 20.3 and 23.1, CRC.

152 See the section “The CRPD view of child and youth care”.

153 CRPD Committee (2022), para. 12; CRC Committee & CRPD Committee (2022), para. 10.

154 CRPD Committee (2024), para. 42.

## Children's opportunities for redress

The children and young people we have met feel that they have little chance to obtain redress for the violations they have experienced. Many doubt that anyone will believe them and express hopelessness. They describe how complaints are not taken seriously unless there is surveillance footage of the incident, and even then, reporting abuse rarely leads to any consequences.

**"Nothing happens. You don't get to know what happens with the complaint."**

**Boy who was placed in one of SiS youth homes**

Several children were also unsure where they should turn if they have been subjected to abuse. One girl stated that the Health and Social Care Inspectorate no longer accepts complaints from children in care while another was told to raise concerns with staff at the youth home.

Social workers we interviewed confirm that children sometimes report violence and abuse during their placements at SiS youth homes. They describe the difficulty of assessing such reports when the children call them directly. Often the information is passed on to their managers, although in some cases the social worker has filed a report together with the child and their guardians.

**"We have discussed whether we should report it to the Health and Social Care Inspectorate, but we have also been told that it would be strange for one authority to go against another authority. So it has been better to raise the issue and let our managers resolve it. As social workers, we can only take it so far, and then our unit manager has to engage in dialogue with the SiS unit managers and placement institutions and everyone else who may be involved."**

**Social workers who work with children placed in SiS youth homes**

There are, in fact, several bodies to which children and young people can turn with complaints relating to SiS youth homes.

The children can always contact their social worker. The social worker in their home municipality is responsible for the children even during placements at SiS youth homes.<sup>155</sup> However, our investigation indicates that social workers are sometimes uncertain about how best to respond to complaints. Children can also talk to staff at the home where they are placed, which is reasonable in relation to less serious or less sensitive complaints.

Children can also contact the Health and Social Care Inspectorate to report violations or shortcomings in care. The Health and Social Care Inspectorate has a special telephone line for children and young people in care who want to raise concerns or ask about their rights. In 2024, the Health and Social Care Inspectorate received a record 444 complaints about SiS youth homes. Of these, 48 concerned violence and abuse by staff, and 10 were so serious that the Health and Social Care Inspectorate filed reports of concern with the relevant social welfare committees.<sup>156</sup> The Health and Social Care Inspectorate uses the information as a basis for its supervisory activities, to prioritise supervision of activities where the shortcomings are greatest. However, the Health and Social Care Inspectorate does not investigate complaints from children and young people and generally provides no feedback other than confirming that receipt of the information.

Since 1 February 2024, SiS headquarters has operated a central complaints function. By 26 June 2025 it had received 93 complaints, most of them from children and young people but also from guardians, social workers and SiS staff.<sup>157</sup> Of these 93 complaints, four concern kicking, hitting and other abuse by staff while others raised issues such as failure to provide psychiatric care, offensive body searches and misuse of special powers. Unlike the Health and Social Care Inspectorate, SiS is obliged to investigate each and provide feedback to the complainant once the investigation is complete.

The Parliamentary Ombudsman can investigate children and young persons' complaints concerning SiS, with reference to Swedish law, including the protection of individuals' fundamental freedoms and rights as set out in Chapter 2 of the Instrument of Government, the ECHR and the Convention on the Rights of the Child. The Parliamentary Ombudsman does not have access to statistics on how many children and young people have contacted the authority regarding conditions at SiS youth homes, but the

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155 Chapter 22, Sections 8 and 11, Social Services Act.

156 Barnrättsbyrån (2025), p. 9. The obligation to report concerns is set out in Chapter 19, Section 1 of the Social Services Act.

157 Information provided by email from SiS headquarters on 4 July 2025 in response to our request on 26 June 2025.

Parliamentary Ombudsman estimates that the number is relatively small.<sup>158</sup> In 2024, the Ombudsman announced a decision in a case that had been initiated by a complaint from an individual and concerned SiS's handling of public documents.<sup>159</sup> The Parliamentary Ombudsman has the power to bring charges or disciplinary measures against state and municipal employees who violate their duties.<sup>160</sup> In one recent case, a preliminary investigation was initiated against municipal officials and employees at SiS after a child had been unlawfully held in a locked ward.<sup>161</sup>

Children and young people who are victims of crime at SiS youth homes, like all other victims, have the right to report the crime to the police.

Complaints of discrimination can be reported to the Equality Ombudsman (DO), which has the authority to investigate and bring cases to court.

In relation to schooling, children may also turn to The Children and Pupils' Ombudsman which investigates violations and bullying within SiS's educational activities.

#### **Our remarks**

Children who are subjected to violence and violations of their human rights have the right to have their complaints investigated and adjudicated by an independent body.<sup>162</sup> They also have the right to express their views and be heard on matters that concern them.<sup>163</sup>

Our investigation shows, however, that children's experiences of violence and rights violations are rarely investigated or reviewed by an independent body. Many children contact the the Health and Social Care Inspectorate, but this supervisory authority does not examine complaints as individual cases.

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158 In 2024, the Ombudsman received 37 complaints against SiS. Some of these may have come from children and young people at SiS or their relatives. As SiS also runs homes for substance abuse treatment in accordance with the Act (1988:870) on the Care of Substance Abusers in Certain Cases (LVM), some of the complaints probably concern this form of care. Information provided by email by a legal expert at the Parliamentary Ombudsman on 7 July 2025 in response to our request on 8 July 2025.

159 JO, decision on 16 December 2024, ref. no. 3315-2024.

160 Sections 21–22, Act (2023:499) containing instructions for the Parliamentary Ombudsmen (JO).

161 JO, decision on 16 December 2024, ref. no. 3348-2023. The child was to be provided with care due to deficiencies in the home (Section 2, LVU), which does not allow for care in a locked ward.

162 Article 19.2, CRC; Article 13, CRPD; and Article 13, European Convention on Human Rights.

163 Article 12, CRC.

The creation of a central complaints function at SiS may be an appropriate way of giving children in care the opportunity to have their say and submit their views on the care they receive. However, this function is not sufficiently independent to handle allegations of violence or human rights violations in a legally certain and credible manner.

For children to trust the system, every complaint must be taken seriously and subject to proper investigation. Allegations of crime must be referred to the police and prosecutors for judicial review. Complaint processes must also be perceived as safe. Children must be able to lodge complaints without fear of reprisals.<sup>164</sup> This is particularly important in closed settings such as SiS youth homes. The latest report from the Barnrättsbyrå contains testimonies that staff have threatened children with reprisals if they contacted the Health and Social Care Inspectorate <sup>165</sup> We have also heard similar accounts in our own conversations with children and young people.

To help children navigate the current complaints system and support them throughout the process, independent children's ombudsmen or equivalent bodies can play an important role in assisting children to identify, formulate and pursue complaints.<sup>166</sup> Crucially, such a support function needs to be performed by someone who is independent of SiS and in whom the child or young person can place their trust.

**An independent children's ombudsman** is a person who supports children and young people in their dealings with authorities. The independent children's ombudsman is based in civil society and does not represent any authority or municipality. Their primary role is to listen to children and help them to exercise their rights and ensure their voices are heard. In this way, the ombudsman strengthens children's ability to influence decisions that affect their lives.

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<sup>164</sup> Committee of Ministers of the Council of Europe (2010), Guidelines of the Committee of Ministers of the Council of Europe on child-friendly justice, para. 11.

<sup>165</sup> Barnrättsbyrå (2025), p. 9. The threats involve violence, withdrawal of outdoor recreation and notes in the child's records.

<sup>166</sup> Regulation (2025:119) on state subsidies for pilot projects with independent children's ombudsmen.

# Summary assessment

## SiS youth homes have become institutions for children and young people with disabilities

Of the children and young people placed in SiS youth homes under the Care of Young Persons (Special Provisions) Act or the Act on the Enforcement of Secure Youth Care, around 4 out of 5 have a disability.<sup>167</sup> Our interviews with social workers show that it is often difficult to find suitable foster homes or residential care homes that match the needs of this group. This is particularly true for children and young people with disabilities combined with externalising behaviour, substance abuse and self-harm issues.<sup>168</sup>

SiS youth homes have several features that characterise an unacceptable institution according to the CRPD Committee:

- The homes are often isolated from the community.
- The children placed there must follow rigid rules and routines that do not take into account personal wishes and preferences.
- The children are supervised for most of the day.
- There is a limited range of leisure activities to choose from.
- Care periods can be long, which increases the risk of institutionalisation and difficulties in readjusting to life in the community after discharge.<sup>169</sup>

We believe that the repressive environment is particularly problematic. It contravenes the CRPD's requirement that children separated from their parents should be cared for in a family-like environment.<sup>170</sup>

The elements of coercion that exist at SiS youth homes undermine the children's trust in the staff, which in turn hinders the care and treatment for which SiS is responsible. The Swedish National Audit Office has found that even the best treatment programmes have little chance of success if the children and young people participating in the programme do not trust the staff or feel safe in their living environment.<sup>171</sup> Reports from the Swedish Agency for Public Management, the Health and Social Care Inspectorate, the Parliamentary Ombudsmen, and civil society show that the special powers granted to staff are being abused and that children are being subjected to illegal, disproportionate coercion.<sup>172</sup>

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<sup>167</sup> See section "Most children and young people living in SiS youth homes have a disability".

<sup>168</sup> See section "Children are placed in SiS youth homes due to a lack of alternatives".

<sup>169</sup> CRPD Committee (2017), para. 16 (c).

<sup>170</sup> Article 23.5, CRPD.

<sup>171</sup> National Audit Office (2024), p. 43.

<sup>172</sup> Swedish Agency for Public Management (2022), pp. 47–48 and 53–54; IVO (2025), p. 12; JO, ref. no. O 20–2023; Barnrättsbyrån (2025).

Our overall assessment is that the care provided at SiS youth homes is not compatible with the rules of the CRPD.<sup>173</sup> The CRPD requires that children who are taken into care are placed in “a family-like environment in the community”. Extensive reform is needed before the youth care system can meet this requirement. The SiS inquiry must relate to what the CRPD states and ensure that its proposals for change contribute to strengthening the protection of children’s freedoms and rights.

It is not enough to provide resources for renovation of dilapidated premises, to solve staffing shortages and to raise the competence level of staff. On the contrary, the CRPD Committee advises states against investing large resources in improving existing institutions.<sup>174</sup> Instead, the CRPD Committee believes that resources should be used to develop various support services that enable children with disabilities to grow up with their families or within a family-like environment. Support for children and their families should be offered as early as possible. The support should aim to include children in society and provide them the opportunity to develop their full potential.<sup>175</sup> Several social workers that we have spoken to also call for alternative support measures and placement options for children and young people with neuropsychiatric and intellectual disabilities.<sup>176</sup>

## Children and young people are exposed to isolation

Children and young people placed in a specially strengthened ward (SFA) spend a lot of time alone without social interaction with their peers. A majority of the children and young people placed in SFA in 2023 spent 90 percent of their time in isolation.<sup>177</sup> The Parliamentary Ombudsman has stated that long periods of care in isolation risk violating the requirement that all coercive measures must be proportionate to the purpose of the measure.<sup>178</sup> The Parliamentary Ombudsman has also highlighted the risks that isolation poses to children’s health and development. The CRC Committee and the UN Special Rapporteur on Torture have also highlighted the risks of long periods of solitude. They have also highlighted that such isolation may violate the ban against torture.<sup>179</sup> This is particularly true in the case of children and young people who are particularly vulnerable due to their young age or disability.

Even a short period of isolation can violate a child’s human rights. This applies, for example, to seclusion. Several UN committees have unanimously and consistently criticised the use of isolation at SiS youth homes.<sup>180</sup> As early as 2009, the CRC

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173 See section “The CRPD view on child and youth care”.

174 CRPD Committee (2022), paras. 20 and 29.

175 CRPD Committee (2022), paras. 43–45 and 82.

176 See section “Children placed in SiS youth homes due to lack of alternatives”.

177 See section “Children are placed in solitary care in the specially strengthened wards”.

178 JO, ref. no. O 20–2023, pp. 12–13.

179 UN Committee on the Rights of the Child (2019), paras. 95 (g) and (h); UN Special Rapporteur on Torture (2011), paras. 67–68, 77, 81, 86; and (2015), paras. 44 and 86 (d).

180 The criticism is described in the Director’s foreword at the beginning of this report.

Committee called on Sweden to prioritise the issue, limit isolation to very exceptional cases and, in the long term, abolish this coercive measure altogether.<sup>181</sup> Since then, the CRC Committee has repeated its criticism.<sup>182</sup> In its latest review from 2023, the committee was deeply concerned in regards to the use of coercive measures at SiS youth homes. They then strengthened their recommendation to state that Sweden should introduce an explicit ban on isolation.<sup>183</sup> The CRPD Committee has also criticised the use of coercion in social care since its first review of Sweden in 2014. The committee has consistently recommended Sweden to abolish the use of such interventions.<sup>184</sup>

Despite criticism, the development in Sweden has moved in opposite direction. At the end of 2024, the possibilities to use isolative measures were expanded to include locking the doors to residents' rooms at night.<sup>185</sup> There are also proposals to allow isolation of children and young persons in their rooms for reasons of maintaining order and security.<sup>186</sup> We have previously informed the government of the fact that these measures risk violating the prohibition on torture or cruel, inhuman or degrading treatment.<sup>187</sup>



181 CRC Committee (2009), Concluding observations and recommendations on Sweden, CRC/C/SWE/CO/4, paras. 70–71 (a) and (b).

182 CRC Committee (2015), Concluding observations and recommendations on Sweden, CRC/C/SWE/CO/5, paras. 25–26 (a) and (b). In this review, the Committee focused in particular on the separation of children in compulsory psychiatric care. However, the recommendation to prohibit separations extended beyond psychiatric care to other settings where children may be subject to such coercion.

183 CRC Committee (2023), para. 23.

184 CRPD Committee (2024), paras. 33–34, and (2014), Concluding observations on Sweden's first report, CRPD/C/SWE/CO/1, paras. 39–40

185 Prop. 2024/25:41, Privacy in connection with daily rest – for increased safety and security at special youth homes.

186 Ds. 2024:26, Consultation Increased safety and security at special youth homes and LVM homes – final report on issues concerning the special powers of the National Board of Institutional Care, chapter 5.

187 Swedish Institute for Human Rights (2024), Response to memorandum on privacy during night-time rest – An interim report on issues concerning the special powers of the National Board of Institutional Care (Ds. 2024:7), ref. no. 3.2.1-315-2024.

## Discrimination

Even though so many children and young people with disabilities are placed in SiS youth homes, the care is not designed to meet their needs. This means that children with disabilities receive poorer care, support and treatment compared to children without disabilities.

Reports and investigations have clearly shown that children and young people at SiS youth homes have difficulties in obtaining the health and medical care they need, including emergency psychiatric care.<sup>188</sup> Here are some reasons for this:

- lack of resources – there are not enough staff to accompany the children to their healthcare appointments
- lack of competence among staff working at SiS youth homes – they do not always recognise when children need medical care
- lack of cooperation and unclear division of responsibilities between SiS and the regions.

The situation is particularly serious due to many of the children having extensive psychiatric care needs when in SiS youth homes. The repressive environment at SiS youth homes may thus constitute an additional psychological strain.

The pilot project Integrated Care and similar initiatives have improved access to psychiatric care for a certain group of children placed in SiS youth homes. However, further measures are needed to ensure that all children and young people living in SiS youth homes have access to healthcare and dental care on equal terms with their peers. We believe that the current situation may constitute a form of discrimination on the grounds of disability. As we see it, the current situation contravenes both the CRPD and the Swedish Discrimination Act.<sup>189</sup>

Statistics show that girls, especially young girls, and children and young people with neuropsychiatric and intellectual disabilities are separated more often than others.<sup>190</sup> According to the Swedish Agency for Public Management's study, part of the explanation for this is that staff lack the skills to treat these children. Staff have too little knowledge about children and young people with neuropsychiatric disabilities, intellectual disabilities and self-harming behaviour.<sup>191</sup> We believe that it may be a case of direct discrimination when children and young people with autism or intellectual disabilities are separated because of challenging behaviour that could have been avoided with the right support and communication to help the child cope with stress and frustration.

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188 See, for example, Zillén & Mattsson (2025); SOU 2023:66, Chapter 9.3 and the Swedish Agency for Public Management (2022), pp. 96–102.

189 Article 25, CRPD; Chapter 2, Section 13, Discrimination Act (2008:567). See also Zillén & Mattsson (2025), pp. 369–372.

190 SiS's annual statistics "SiS in brief" contain data on the number of separations broken down by gender. See also the Barnrättsbyrå (2025), p. 4 and the Swedish Agency for Public Management (2022), p. 72.

191 Swedish National Financial Management Authority (2022), pp. 71–73.

## Complaints from children and young people in care are rarely investigated

The seriousness of the situation at SiS youth homes underscores the importance of effective systems for both supervision and complaints. Such systems can prevent future violations and provide redress to children and young people who have already been subjected to them. The CRPD requires that such systems are in place, and the CRPD Committee has recommended that Sweden strengthen the systems we have today.<sup>192</sup>

The overall picture from our conversations with children and young people in care and with representatives from civil society is that children's complaints about violence and violations are rarely investigated or examined by an independent body. Many children and young people contact the Health and Social Care Inspectorate and the central complaints function of SiS. However, the Health and Social Care Inspectorate does not investigate individual cases, and the SiS complaints function is, for obvious reasons, not an independent party. Although children can turn to the Parliamentary Ombudsman, the Discrimination Ombudsman and the police, this rarely happens in practice.<sup>193</sup>

The processes for lodging complaints must be effective, legally certain and adapted to the fact that it is children and young people with disabilities who will be using them. This also applies to the investigation of complaints. This is absolutely central from a rights perspective. The Council of Europe's Committee of Ministers has drawn up guidelines for a child-friendly justice system that could provide guidance on what is required to make complaint procedures suitable for children.<sup>194</sup> The Council of Europe's guidelines state that a justice system should:

- be accessible
- be age-appropriate
- be swift
- be adapted to and focused on the needs of the child
- respect the rights of the child.

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<sup>192</sup> Article 16, paragraphs 3 and 5, CRPD. See also UN General Assembly (2010), Guidelines for the Alternative Care of Children, A/RES/64/142, paras. 99 and 107.

<sup>193</sup> See section "Children's opportunities for redress".

<sup>194</sup> Council of Europe Committee of Ministers (2010).

The guidelines also state that children must be informed about their right to file complaints, who to contact and how to do so. SiS headquarters has produced such information, but our conversations with children and young people indicate that the information does not always reach them.<sup>195</sup> SiS has also produced visual support material with corresponding information that will be implemented in all youth homes during the autumn of 2025. We see this as a step in the right direction towards complaint processes that are accessible to children and young people with various disabilities, including children who use alternative means of communication due to a disability.

The law enforcement authorities are responsible for investigating and prosecuting crimes committed at SiS youth homes. For this to be done effectively and with respect for children's rights, those who handle and examine such cases need to know how to do so in a legally certain and child-friendly manner.<sup>196</sup> This applies, for example, to police officers, prosecutors, judges, social workers and other experts.

The legal process also needs to be adapted to be accessible to children with disabilities.<sup>197</sup> This concerns both how cases are handled by authorities and how the court process works. The UN Special Rapporteur on the rights of persons with disabilities, in collaboration with the CRPD Committee and the disability rights movement, has developed international principles and guidelines on how persons with disabilities can gain greater access to the justice system.<sup>198</sup>

Support, like that offered by independent ombudsmen for children, can help children understand the complaints system and formulate their complaints. This, in turn, can increase accessibility and children's opportunities for redress in practice.

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195 See SiS information leaflet "To those receiving care at SiS youth homes", obtained on 3 September 2025.

196 Committee of Ministers of the Council of Europe (2010), paras. 14–15.

197 Article 13, CRPD.

198 UN Special Rapporteur on the rights of persons with disabilities (2020) International Principles and Guidelines on Access to Justice for Persons with Disabilities. The CRPD Committee referred to the guidelines in its recommendation to Sweden to remove barriers to access to the justice system for persons with disabilities. CRPD Committee (2024), para. 30.

# Our proposed measures



## 1. Develop a strategy for deinstitutionalisation

SiS youth homes have clear features of unacceptable institutional care, in breach of the CRPD.<sup>199</sup> In their current form, the state youth homes therefore need to be phased out, in line with the recommendations of the CRPD Committee.

The state has a responsibility to replace all forms of institutional care for children and young people with disabilities with alternative, family-like solutions. The new forms of care must fully comply with the CRPD and the Convention on the Rights of the Child. In this process, the CRPD Committee's guidelines for deinstitutionalisation provide essential guidance.<sup>200</sup>

The development of a national deinstitutionalisation strategy should actively involve the disability rights movement. Equally, children and young people with disabilities who have lived experience of SiS youth care must be invited into the dialogue.<sup>201</sup> Their unique knowledge of their own situation is indispensable, and under the Convention on the Rights of the Child, they have the right to be heard and to influence decisions that directly affect them.<sup>202</sup>

### Recommendations from the CRPD Committee

"[...] in close consultation with and with the active involvement of persons with disabilities [...] develop and implement a national deinstitutionalization strategy that includes the following:

[...]

c) Relevant policies to close existing institutions and to prevent the reinstitutionalization of persons with disabilities."

Source: CRPD Committee (2024), para. 42

199 See section "SiS youth homes have become institutions for children and young people with disabilities".

200 CRPD Committee (2022).

201 Article 4.3, CRPD.

202 Article 12, CRC.

## 2. Develop support for children and young people with disabilities at risk of harm and their families

Deinstitutionalisation takes time. In parallel with such a reform, support for children and young people at risk of harm, and their families, must be strengthened. Support for children should be individually tailored, enabling them to develop and participate in society on an equal footing with their peers. Support for parents may include measures that help them fulfil their parental role more effectively.

In some cases, the lack of care in the home is so serious that removal becomes necessary. In such situations there is a need for foster homes with the capacity and expertise to care for children with neuropsychiatric and intellectual disabilities, including those who display externalising behaviour and who self-harm. Our discussions with social workers confirm that it is often difficult to find appropriate placements that can meet these needs today. Both the government inquiry into residential care homes and the government's coordinator for more high-quality placements in social child and youth care have highlighted the same issue.<sup>203</sup>

The Agency for Participation has identified several areas that where development is needed to better meet the needs of children and young people with disabilities in crime prevention efforts.<sup>204</sup> A particularly important area is early intervention in preschool, school and the home. Long waiting times for habilitation, speech therapy and child and adolescent psychiatric services remain a major obstacle, as do delays in accessing interventions under social services or the Act concerning Support and Service for Persons with Certain Functional Impairments (LSS).<sup>205</sup>

In developing new forms of support and care, it is essential to engage in dialogue with the disability rights movement as well as with children and young people with disabilities themselves.

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203 Ardenfors & Kaunitz (2024); SOU 2025:84, p. 363. See the section "Children are placed in SiS youth homes due to a lack of alternatives".

204 The Agency for Participation (2025), Crime prevention work for children and young people with disabilities – A knowledge compilation on norm-breaking behaviour and criminal recruitment of children and young people with disabilities.

205 The Agency for Participation (2025), p. 76ff.

### **Recommendations from the UN**

“[...] in close consultation with and with the active involvement of persons with disabilities [...] develop and implement a national deinstitutionalization strategy that includes the following:

a) access to individualized personal assistance and support to all persons with disabilities

d) measures to strengthen the support system for children with disabilities to live with their families or grow up in family environments instead of institutions”

Source: CRPD Committee (2024), para. 42

“Increase the number and strengthen the capacity of professionals working with families and children, in particular social workers, to ensure customized support, enhance their awareness of the specific needs of children in alternative care and guarantee respect for children’s views;

Allocate sufficient financial, technical and human resources to social services and improve their collaboration with education and health authorities;”

Source: CRC Committee (2023), para. 29

### 3. Prohibit the isolation of children and young people

In practice, the measure separation [avskiljning] means that children and young people are locked alone in a room. The separation room is small and bare, with only a plastic-wrapped mattress on the floor. The door is made of steel and has a small hatch through which staff can communicate with the child.<sup>206</sup> Research shows that this form of isolation causes serious harm to children's mental and physical health. It also risks amounting to inhuman or degrading treatment, in violation of the prohibition of torture in both the CRPD and the CRC.<sup>207</sup>

A ban on isolation of children and young people at SiS youth homes is therefore necessary. Experience shows that as long as staff have the legal authority to lock children and young people in separation rooms, they will use this means of coercion. Despite various measures taken by SiS to reduce its use, the number of separations remains high. According to SiS's own statistics, 199 children were subjected to separation in 2024, with a total of 911 separations carried out, most of them involving young girls.<sup>208</sup>

The NGO Barnrättsbyrån has monitored the use of separations at SiS youth homes. Its latest monitoring report shows that the number of separations varies enormously between different youth homes, despite serving the same target group. At some homes, there were several hundred of separations in 2024, while at others this measure was hardly used at all.<sup>209</sup> This suggests that separation is not a necessary element of state youth care.

In certain situations, it may be necessary to separate a child or young person from a group, but this can be ways that do not leave the child alone for long periods. Above all, the most effective safeguard for ensuring a safe environment in child and youth care is to have sufficient staff, well-trained staff on site; staff who possess the competence to meet the children's needs treatment, support and security without resorting to isolation.

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206 National Audit Office (2024), p. 22.

207 Article 15, CRPD; Article 37, CRC.

208 SiS (2025a), p. 9. According to Barnrättsbyrån, the figure is significantly higher, 1705, if physical interventions that do not result in the child or young person being taken to a seclusion room are included. Barnrättsbyrån (2025), p. 4.

209 Barnrättsbyrån (2025), p. 6.

### **Recommendations from the UN**

“Prevent all forms of coercive measures against children in alternative care institutions and strengthen mechanisms for protection, reporting and punishment.”

Source: Recommendation No. 24.249 from Italy to Sweden at the UN Universal Periodic Review (UPR) 2025

“[...] prohibit the use of coercion and restrictive practices [...] for children and adults with disabilities still in group homes, special housing environments and all forms of institutions on children and adults with disabilities in group homes, special housing and all forms of institutions.”

Source: CRPD Committee (2024), para. 34(a)

“Take legislative measures to explicitly prohibit the use of solitary confinement, isolation and restraint in alternative care settings, and ensure that all staff receive training on non-coercive methods of care.”

Source: CRC Committee (2023), para. 23(a)

“Abolish the use of solitary confinement for minors”

Source: UN Committee Against Torture (2021), para. 16(b)

## 4. Implement the proposals on health care, medical care and dental care for children and young people placed in SiS youth homes presented in the inquiry For children and young people in social care (SOU 2023:66)

Both the CRPD Committee and the CRC Committee have noted that children placed in SiS youth homes lack access to the health and medical care they need. They have recommended that Sweden change this.<sup>210</sup> The problems have been known for a long time and have several causes, including unclear divisions of responsibility, shortcomings in organisation and routines and a lack of resources and prioritisation – both within SiS and among care providers. Several government reports and supervisory authorities have mapped the problems and presented concrete measures to ensure that children and young people in care have their health and medical needs assessed and met.<sup>211</sup>

The inquiry “For children and young people in social care” (SOU 2023:66) proposes several reforms to guarantee equal access to health care for this group.<sup>212</sup> Among its recommendations are: clarifying the legal responsibility of the regions to provide health care, giving SiS the power to initiate a coordinated individual plan (SIP), and improving access to health and medical care at youth homes through mobile teams and digital tools.

We believe that it is now time to implement these proposals. Children and young people in state care have the same right as all other children to the highest attainable standard of physical and mental health. They must be able to access publicly funded health and medical services on equal terms.<sup>213</sup> As things stand today, these children are disadvantaged in a way that risks constituting unlawful discrimination.

### Recommendations from the UN

“Take measures to ensure that all persons with disabilities, in particular persons with intellectual and/or psychosocial disabilities [...] persons with disabilities still living in institutions and children and women with disabilities, have access to [...] health services, including sexual, reproductive and mental health services”

Source: CRPD Committee (2024), para. 54(a)

“[...] ensure the provision of customized care for all children in alternative care, including regular access to psychiatric support.”

Source: CRC Committee (2023), para. 29(b)

210 CRPD Committee (2024), paras. 53–54; CRC Committee (2023), para. 29.

211 SOU 2023:66, chapters 9.5–9.7; SOU 2015:71, chapter 15.8; Swedish National Financial Management Authority (2022), chapter 5.3; Swedish National Audit Office (2024), pp. 51–54 and 96–97.

212 See Chapter 9.

213 Article 24, CRC, and Article 25, CRPD.

## 5. Establish an independent complaints mechanism

The CRPD requires states to establish an effective regulatory framework to ensure that violations and abuse against children and young people with disabilities are detected, investigated and prosecuted.<sup>214</sup> Our investigation shows, however, that complaints from children and young people placed in SiS youth homes are rarely investigated.

Several of the children and young people we spoke to were unsure who to contact when they had been subjected to abuse. Many expressed doubt that reporting would lead to justice. Social workers also described uncertainty about how to handle complaints from children and young people in care.<sup>215</sup>

The results of our investigation underscore the urgent need for measures to guarantee children's right to redress when they have been subjected to violence and abuse. This need has also been emphasised by the CRPD Committee and the CRC Committee. The seriousness of the situation at SiS youth homes confirms the importance of establishing an independent complaints system that is accessible, child-friendly and trusted by the children placed in care.

An independent complaints mechanism is needed to which children and young people can safely turn with their grievances. This body should have the mandate not only to investigate complaints, but also to represent children in court to secure compensation for those who have suffered harm at SiS youth homes. One possible step forward would be to develop the child-focused functions within the Health and Social Care Inspectorate into such an independent, accessible and child-friendly complaints body.

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214 Article 16.5, CRPD.

215 See the section "Children's opportunities to obtain redress".

### Recommendations from the UN

“Take all legislative, administrative and policy measures necessary to ensure that children and adults with disabilities who are subjected to violence in institutional settings, including compulsory care, are recognized as victims of crime to ensure reporting, investigation and prosecution on an equal basis with others.”

Source: CRPD Committee (2024), para. 36(c)

“Ensure that children have access to confidential, child-friendly and independent complaint mechanisms for reporting cases [relating to solitary confinement, isolation and restraint] in particular in alternative care settings.”

“Ensure [...] that accessible and child-friendly channels for reporting and remedying violence or abuse against children in care, [...]”

Source: CRC Committee (2023), paras. 23(b) and 29(a)

Do you remember the girl who reported on her first day at the SiS youth home in the beginning of this report? Her message to politicians and decision-makers also concludes the report:

“Politicians! Stop seeing those who end up at SiS as criminals or monsters. Because not all of them are. I, for example, was just a normal twelve-year-old who had run away from home, or no, I had run away from my residential care home because I wanted to go home to my mum and dad. Of course, a twelve-year-old wants to go home to her safety.”

Girl with ADHD and autism who has been placed in a SiS youth home

# References

**For the original Swedish titles, see the list of references provided after this reference list.**

Barnrättsbyrån (2025) Separations, violence and abuse within SiS youth care 2024

— (2024) Separations, violence and abuse within SiS youth care 2023.

Björk, Sabina & Valeria Helander (2024) In the hands of the state: A story about SiS and state youth homes, Fri tanke förlag.

Cera, Rachele (2017), Article 5 [Equality and Non-Discrimination] in Della Fina, Cera & Palmisano (eds.), The United Nations Convention on the Rights of Persons with Disabilities: A Commentary, Springer, 2017.

Degener, Theresia (2016) A Human Rights Model of Disability, in Blanck & Flynn (eds.) Routledge Handbook of Disability Law and Human Rights. Routledge. DOI: <https://doi-org.ludwig.lub.lu.se/10.4324/9781315612881>.

Dir. 2025:74, Strengthened state governance and support in social child and youth care.

Dir. 2024:13, A reform of state child and youth care for safe and high-quality care.

Ds. 2024:26, Consultation Increased safety and security at special youth homes and LVM homes – final report on issues concerning the special powers of the National Board of Institutional Care, chapter 5. Ref. no.: S2024/01907.

Engström, Ingemar, Karin Engström, Veikko Peltö-Piri, Tabita Sellin & Lars Kjellin (2023) Experiences of compulsory care of young people regarding staff treatment at SiS and BUP institutions, SiS report series Institutional Care in Focus, No. 2 2023.

European Court of Human Rights, D.L. v. Bulgaria, judgment of 16 May 2016, application no. 7472/14.

Committee of Ministers of the Council of Europe (2010), Guidelines of the Committee of Ministers of the Council of Europe on child-friendly justice.

Fennell, Phil Art.15 Protection against Torture and Cruel or Inhuman or Degrading Treatment or Punishment in Bantekas, Ashley Stein & Anastasiou (eds.) The UN Convention on the Rights of Persons with Disabilities – A Commentary, Oxford University Press.

Grünewald, Karl (2009) From idiot to citizen. Gothia Förlag AB.

Hedberg, Kristina & Thomas Karlsson (2025), New report: Girls overmedicated in social care, Dagens Nyheter, 27 May 2025.

Health and Social Care Inspectorate (2025a) Supervision of SiS 2024 – Shortcomings, measures and systematic improvement work

— (2025b) Decision on 29 April 2025, ref. no. 3.2.2-12547/2024-38

— (2023), Supervision of SiS special youth homes 2021–2022. Report on government assignment S2021/03345.

Jalling, Camilla, Marianne Kristiansson & Lisa Rudolfsson (2025). Psychiatric care needs among children and young people within SiS, Institutional care in focus, no. 2.

Jensen de López Kristine M., & Heidi Thirup Møller (2024) Prevalence of Autism in Scandinavian Countries (Denmark, Norway, Sweden), and Nordic Countries (Finland, Iceland, the Faroe Islands, and Greenland). *Neuropsychiatr Dis Treat*, 1597-1612. DOI: <https://doi.org/10.2147/NDT.S466081>.

Morinaga, Maki, Viktor H. Ahlqvist, Michael Lundberg, Anna-Clara Hollander, Dheeraj Rai & Cecilia Magnusson (2024). Changes in the prevalence of intellectual disability among 10-year-old children in Sweden during 2011 through 2021: a total population study, *Journal of Neurodevelopmental Disorders*, vol. 16, no. 58. DOI: <https://doi.org/10.1186/s11689-024-09576-3>.

Ministry of Health and Social Affairs (2024) Government decision: Assignment to carry out development work to improve care for children and young people cared for at SiS who have significant needs for psychiatric care, ref. no. S2024/02037 (partial).

National Audit Office (2024), SiS special youth homes – shortcomings in the state's compulsory care of children and young people, RiR 2024:7.

National Board of Health and Welfare (2025) Mental ill health among children and young people placed in social care – A survey focusing on children and young people born between 2002 and 2016 and placed in care in 2022

—(2024) Development of integrated care for children in SiS special youth homes – Interim report 2024

—(2023a) Diagnosis and drug treatment for ADHD – Prevalence, trends and gender differences

—(2023b) Instability among children and young people placed in full-time care under the Social Services Act and the Care of Young Persons Act – Placement patterns up to 2020 among children and young people born between 1990 and 2004.

National Board of Institutional Care (2025a) SiS in brief 2024 – A collection of statistical data on SiS, ref. no. 1.1.4-2781-2025

—(2025b) Follow-up of specially strengthened wards (SFA), ref. no. 1.1.3-3341-2025

—(2023a) Response to request from the Institute for Human Rights regarding how SiS works to ensure human rights, ref. no. 1.7.2-2826-2023

—(2022a) SiS Annual Report 2021, ref. no.: 1.1.3-3907-2021.

Nilsson, Anna (2018) Art. 2 Definitions in Bantekas, Ashley Stein & Anastasiou (eds.) The UN Convention on the Rights of Persons with Disabilities – A Commentary, Oxford University Press.

Nolbeck, Kajsa, Franz James, Göran Lindahl, Stefan Lundin, Sepideh Olausson, Charlotta Thodelius & Helle Wijk (2024) The importance of the physical environment for young people cared for in special youth homes A popular science summary of a research project conducted in 2017–2021, SiS report series Institutional Care in Focus, No. 1 2024.

Nolbeck, Kajsa (2022) Care environment with a bias towards security and control at SiS, Social Politik.

Ombudsman for Children (2019), Who cares – when society becomes a parent.

Parliamentary Ombudsman (2024) National Visiting Body – NPM – Report on activities in 2023

—Opcat inspection of the National Board of Institutional Care, the Nereby special youth home, 14 and 15 February 2023, ref. no. O 5-2023;

—Opcat inspection of the National Board of Institutional Care, the special youth home Brättegården, 3–5 July 2023, ref. no. O 18-2023;

— Opcat inspection by the National Board of Institutional Care, the Rebecka special youth home, 13 September 2023, ref. no. O 20-2023.

Pettersson, Tove (2021) Experiencing, counteracting and managing conflicts in compulsory care and working with safety plans, SiS report series Institutional Care in Focus, No. 6 2021.

Prop. 2024/25:41, Privacy in connection with night-time rest – for increased safety and security at special youth homes.

Prop. 2017/18:169, Strengthened legal certainty in the exercise of special powers at special youth homes and LVM homes.

Riksförbundet Attention (2022) “What’s wrong with you?” Girls with NPF at SiS.

SOU 2025:84, Homes for children and young people For safe, secure and meaningful care.

SOU 2023:66, For children and young people in social care.

SOU 2015:71, Children’s and young people’s rights in compulsory care. Proposal for a new LVU

— (2022b), Evaluation of the specially strengthened wards, SFA A part-time evaluation of implementation and care outcomes at SiS’s five specially strengthened wards, ref. no. 1.1.4- 6462-2022.

Swedish Agency for Participation (2025), Crime prevention work for children and young people with disabilities – A knowledge compilation on norm-breaking behaviour and criminal recruitment of children and young people with disabilities.

Swedish Agency for Public Management (2022) SiS care of children and young people under the Care of Young Persons Act – conditions for safe and appropriate care, ref. no. 2021/66-5.

Swedish Institute for Human Rights (2024), Response to memorandum on privacy during daily rest – Interim report on issues concerning the special powers of the National Board of Institutional Care (Ds 2024:7), ref. no. 3.2.1-315-2024

— (2023) Letter regarding the National Board of Institutional Care’s measures to ensure human rights, ref. no. 6.1.5-172/2023.

Swedish National Financial Management Authority (2025) Consider different relevant perspectives in the impact assessment – ESV Forum, obtained on 3 September 2025.

UN Committee on the Rights of the Child (2023), Concluding observations and recommendations on Sweden's combined sixth and seventh periodic reports, CRC/C/SWE/CO/6-7

—(2019) General Comment No. 24 (2019) on the rights of the child in the criminal justice system, CRC/C/GC/24

—(2013a), General Comment No. 17 on the right of the child to rest, leisure, play and recreation, and to participate in cultural and artistic life (art. 31), CRC/C/GC/17

—(2013b) General Comment No. 14 on the right of the child to have his or her best interests taken as a primary consideration (Article 3, para. 1), CRC/C/GC/14

—(2013c) General Comment No. 15 (2013) on the right of the child to the highest attainable standard of health (art. 24), CRC/C/GC/15

—(2011), General Comment No. 13 on the right of the child to freedom from all forms of violence, CRC/C/GC/13

—(2006) General Comment No. 9 Rights of children with disabilities, CRC/C/GC/9.

UN Committee on the Rights of the Child & UN Committee on the Rights of Persons with Disabilities (2022), Joint Statement – Rights of Children with Disabilities.

UN Committee on the Rights of Persons with Disabilities (2024) Concluding observations on Sweden's combined second and third periodic report, CRPD/C/SWE/CO/2-3.

—(2022) Guidelines on deinstitutionalisation, including in emergency situations, CRPD/C/5

—(2018a) General Comment No. 6 on equality and non-discrimination, CRPD/C/GC/6

—(2018b) General Comment No. 7 on the participation of persons with disabilities, including children with disabilities, through their representative organisations, in the implementation and monitoring of the Convention, CRPD/C/GC/7

—(2017a) General Comment No. 5 on independent living and inclusion in the community, CRPD/C/GC/5

—(2017b) Guidelines on the right to liberty and security of persons with disabilities, annex to the Report of the Committee on the Rights of Persons with Disabilities, A/72/55

—(2014), Concluding observations on Sweden’s first report, CRPD/C/SWE/CO/1.

UN Committee Against Torture (2021) Concluding observations on Sweden’s eighth periodic report, CAT/C/SWE/CO/8.

UN Special Rapporteur on the rights of persons with disabilities (2020) International Principles and Guidelines on Access to Justice for Persons with Disabilities.

UN Special Rapporteur on Torture (2015) Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, Juan E. Méndez, A/HRC/28/68

—(2011) Interim report of the Special Rapporteur of the Human Rights Council on torture and other cruel, inhuman or degrading treatment or punishment, A/66/268.

Vogel, Maria Andersson (2020) Discipline, femininity and compulsory care: girls’ everyday lives in special youth homes, Studentlitteratur.

Vogel, Maria Andersson & Sofia Enell (2018), The State and Capital. On the National Board of Institutional Care and its role in the child care market, in Sallnäs & Wiklund (eds.) The social services market: On market orientation and competition in individual and family care, Liber.

Zillén, Kavot & Titti Mattsson (2025) The right to mental health for children and young people in social care – who is responsible? in Dahlin, Juth & Sjöström (eds.) Coercion for better or worse: A research anthology and coercion in welfare, Iustus, pp. 369–372.

Örjan, Frans, Per-Arne Rimmö, Lars Åberg & Mats Fredrikson (2005) Trauma exposure and posttraumatic stress disorder in the general population, *Acta Psychiatrica Scandinavica*, Vol. 111, No. 4, pp. 291–299.

# References in Swedish (original titles)

Barnombudsmannen (2019), Vem bryr sig – när samhället blir förälder.

Barnrättsbyrån (2025) Avskiljningar, våld och missförhållanden inom SiS ungdomsvård 2024.

— (2024) Avskiljningar, våld och missförhållanden inom SiS ungdomsvård 2023.

Björk, Sabina & Valeria Helander (2024) I statens våld: En berättelse om SiS och de statliga ungdomshemmen, Fri tanke förlag.

Cera, Rachele (2017), Article 5 [Equality and Non-Discrimination] i Della Fina, Cera & Palmisano (red.), The United Nations Convention on the Rights of Persons with Disabilities: A Commentary, Springer, 2017.

Degener, Theresia (2016) A Human Rights Model of Disability, i Blanck & Flynn (red.) Routledge Handbook of Disability Law and Human Rights. Routledge. DOI: <https://doi-org.ludwig.lub.lu.se/10.4324/9781315612881>

Dir. 2025:74, Förstärkt statlig styrning och stöd inom den sociala barn- och ungdomsvården.

Dir. 2024:13, En reform av den statliga barn- och ungdomsvården för en trygg och kvalitativ vård.

Ds. 2024:26, Remiss Ökad trygghet och säkerhet på särskilda ungdomshem och LVM-hem – slutredovisning angående frågor om Statens institutionsstyrelsens särskilda befogenheter, kapitel 5. Dnr: S2024/01907.

Ekonomistyrningsverkets vägledning Beakta olika relevanta perspektiv i konsekvensutredningen - ESV Forum, inhämtad den 3 september 2025.

Engström, Ingemar, Karin Engström, Veikko Peltö-Piri, Tabita Sellin & Lars Kjellin (2023) Tvångsvårdade ungdomars erfarenheter av personalens bemötande vid SiS- och BUP-institutioner, SiS rapportserie Institutionsvård i fokus, nr 2 2023.

Europadomstolen, D.L. mot Bulgarien, dom den 16 maj 2016, ansökan nr 7472/14.

Europarådets ministerkommitté (2010), Guidelines of the Committee of Ministers of the Council of Europe on child-friendly justice.

Fennell, Phil Art.15 Protection against Torture and Cruel or Inhuman or Degrading Treatment or Punishment i i Bantekas, Ashley Stein & Anastasiou (red.) The UN Convention on the rights of persons with disabilities – A commentary, Oxford University Press.

FN:s kommitté för barnets rättigheter (2023), Sammanfattande slutsatser och rekommendationer om Sveriges kombinerade sjätte och sjunde periodiska rapport, CRC/C/SWE/CO/6-7.

—(2019) Allmän kommentar nr 24 (2019) om barnets rättigheter i det straffrättsliga systemet, CRC/C/GC/24

—(2013a), Allmän kommentar nr 17 om barnets rätt till vila, fritid, lek och rekreation samt till det kulturella och konstnärliga livet (art. 31), CRC/C/GC/17

—(2013b) Allmän kommentar nr 14 om barnets rätt att i första hand få beaktat vad som bedöms vara barnets bästa (artikel 3, para. 1), CRC/C/GC/14

—(2013c) Allmän kommentar nr 15 (2013) om barnets rätt till bästa uppnåeliga hälsa (art. 24), CRC/C/GC/15

—(2011), Allmän kommentar nr 13 om barnets rätt till frihet från alla former av våld, CRC/C/GC/13

—(2006) Allmän kommentar nr 9 Rättigheter för barn med funktionsnedsättningar, CRC/C/GC/9.

FN:s kommitté för barnets rättigheter & FN:s kommitté för rättigheter för personer med funktionsnedsättning (2022), Gemensamt uttalande – Rättigheter för barn med funktionsnedsättning.

FN:s kommitté för rättigheter för personer med funktionsnedsättning (2024) Sammanfattande slutsatser om Sveriges kombinerade andra och tredje periodiska rapport, CRPD/C/SWE/CO/2-3.

- (2022) Riktlinjer om avinstitutionalisering, inklusive i nödsituationer, CRPD/C/5
- (2018a) Allmän kommentar nr 6 om jämlikhet och icke diskriminering, CRPD/C/GC/6
- (2018b) Allmän kommentar nr 7 om deltagande för personer med funktionsnedsättning, inbegripet barn med funktionsnedsättning, genom deras representativa organisationer, i implementeringen och övervakningen av konventionen, CRPD/C/GC/7
- (2017a) Allmän kommentar nr 5 om ett självständigt liv och att vara inkluderad i samhällsgemenskapen, CRPD/C/GC/5
- (2017b) Riktlinjer om rätten till frihet och säkerhet för personer med funktionsnedsättning, bilaga till Rapport från Kommittén för rättigheter för personer med funktionsnedsättning, A/72/55
- (2014), Sammanfattande slutsatser avseende Sveriges första rapport, CRPD/C/SWE/CO/1.
- FN:s kommitté mot tortyr (2021) Sammanfattande slutsatser om Sveriges åttonde periodiska rapport, CAT/C/SWE/CO/8.
- FN:s särskilda rapportör om rättigheter för personer med funktionsnedsättning (2020) International Principles and Guidelines on Access to Justice for Persons with Disabilities.
- FN:s särskilda rapportör mot tortyr (2015) Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, Juan E. Méndez, A/HRC/28/68
- (2011) Interim report of the Special Rapporteur of the Human Rights Council on torture and other cruel, inhuman or degrading treatment or punishment, A/66/268.
- Grünwald, Karl (2009) Från idiot till medborgare. Gothia Förlag AB.
- Hedberg, Kristina & Thomas Karlsson (2025), Ny rapport: Flickor övermedicinerar i samhällsvården, Dagens Nyheter, 27 maj 2025.
- Institutet för mänskliga rättigheter (2024), Remissvar över promemoria Avskildhet vid dygnsvilan - En delredovisning angående frågor om Statens institutionsstyrelsens särskilda befogenheter (Ds 2024:7), dnr 3.2.1-315-2024.
- (2023) Brev angående Statens institutionsstyrelsens åtgärder för att säkerställa de mänskliga rättigheterna, dnr 6.1.5-172/2023

Inspektionen för vård och omsorg (2025a) Tillsyn av SiS 2024 – Brister, åtgärder och systematiskt förbättringsarbete

— (2025b) Beslut den 29 april 2025, dnr 3.2.2-12547/2024-38

— (2023), Tillsyn av SiS särskilda ungdomshem 2021–2022. Redovisning av regeringsuppdrag S2021/03345.

Jalling, Camilla, Marianne Kristiansson & Lisa Rudolfsson (2025). Psykiatriska vårdbehov bland barn och ungdomar inom SiS, Institutionsvård i fokus, nr 2.

Jensen de López Kristine M., & Heidi Thirup Møller (2024) Prevalence of Autism in Scandinavian Countries (Denmark, Norway, Sweden), and Nordic Countries (Finland, Iceland, the Faroe Islands, and Greenland). *Neuropsychiatr Dis Treat*, 1597-1612. DOI: <https://doi.org/10.2147/NDT.S466081>

Justitieombudsmannen (2024) Nationellt besöksorgan – NPM – Rapport från verksamheten 2023

— Opcat-inspektion av Statens institutionsstyrelse, det särskilda ungdomshemmet Nereby, den 14 och 15 februari 2023, dnr O 5-2023;

— Opcat-inspektion av Statens institutionsstyrelse, det särskilda ungdomshemmet Brättegården, den 3–5 juli 2023, dnr O 18-2023;

— Opcat-inspektion av Statens institutionsstyrelse, det särskilda ungdomshemmet Rebecka, den 13 september 2023, dnr O 20-2023.

Morinaga, Maki, Viktor H. Ahlqvist, Michael Lundberg, Anna-Clara Hollander, Dheeraj Rai & Cecilia Magnusson (2024). Changes in the prevalence of intellectual disability among 10-year-old children in Sweden during 2011 through 2021: a total population study, *Journal of Neurodevelopmental Disorders*, vol. 16, nr. 58. DOI: <https://doi.org/10.1186/s11689-024-09576-3>

Myndigheten för delaktighet (2025), Brottsförebyggande arbete för barn och unga med funktionsnedsättning - En kunskapssammanställning om normbrytande beteende och kriminell rekrytering av barn och unga med funktionsnedsättning.

Nilsson, Anna (2018) Art. 2 Definitions i Bantekas, Ashley Stein & Anastasiou (red.) *The UN Convention on the rights of persons with disabilities – A commentary*, Oxford University Press.

Nolbeck, Kajsa, Franz James, Göran Lindahl, Stefan Lundin, Sepideh Olausson, Charlotta Thodelius & Helle Wijk (2024) Den fysiska miljöns betydelse för ungdomar som vårdas inom de särskilda ungdomshemmen En populärvetenskaplig sammanfattning av ett forskningsprojekt som genomfördes 2017–2021, SiS rapportserie Institutionsvård i fokus, nr 1 2024.

Nolbeck, Kajsa (2022) Vårdmiljö med slagsida mot säkerhet och kontroll på SiS, Social Politik.

Pettersson, Tove (2021) Att uppleva, motverka och hantera konflikter inom tvångsvård och arbetet med Trygghetsplaner, SiS rapportserie Institutionsvård i fokus, nr 6 2021.

Prop. 2024/25:41, Avskildhet i anslutning till dygnsvilan – för ökad trygghet och säkerhet på särskilda ungdomshem.

Prop. 2017/18:169, Stärkt rättssäkerhet vid genomförande av särskilda befogenheter på särskilda ungdomshem och LVM-hem.

Riksförbundet Attention (2022) ”Vad är det för fel på dig?” Tjejer med NPF på SiS.

Riksrevisionen (2024), SiS särskilda ungdomshem – brister i statens tvångsvård av barn och unga, RiR 2024:7.

SOU 2025:84, Hem för barn och unga För en trygg, säker och meningsfull vård.

SOU 2023:66, För barn och unga i samhällsvård.

SOU 2015:71, Barns och ungas rätt vid tvångsvård. Förslag till ny LVU.

Statens institutionsstyrelse (2025a) SiS i korthet 2024 – En samling statistiska uppgifter om SiS, dnr 1.1.4-2781-2025.

— (2025b) Uppföljning särskilt förstärkta avdelningar (SFA), dnr 1.1.3-3341-2025

— (2023a) Svar på begäran från Institutet för mänskliga rättigheter om hur SiS arbetar för att säkerställa de mänskliga rättigheterna, dnr 1.7.2-2826-2023.

— (2022a) SiS Årsredovisning 2021, dnr: 1.1.3-3907-2021

— (2022b), Utvärdering av de särskilt förstärkta avdelningarna, SFA En deltidsvärdering av implementering och vårdutfall vid SiS fem särskilt förstärkta vårdavdelningar, dnr 1.1.4- 6462-2022.

Statskontoret (2022) SiS vård av barn och unga enligt LVU – förutsättningar för en trygg och ändamålsenlig vård, dnr 2021/66-5.

Socialdepartementet (2024) Regeringsbeslut: Uppdrag att genomföra ett utvecklingsarbete för att förbättra vården för barn och unga som vårdas på SiS och som har stora behov av psykiatrisk vård, dnr S2024/02037 (delvis).

Socialstyrelsen (2025) Psykisk ohälsa hos barn och unga placerade i samhällsvård – En kartläggning med fokus på barn och unga födda 2002–2016 och placerade under 2022.

— (2024) Utveckling av integrerad vård för barn i SiS särskilda Ungdomshem - Delrapport 2024

— (2023a) Diagnostik och läkemedelsbehandling vid adhd - Förekomst, trend och könsskillnader

— (2023b) Instabilitet bland barn och unga placerade i heldygnsvård enligt SoL och LVU – Placeringsmönster t.o.m. år 2020 bland barn och unga födda 1990–2004.

Vogel, Maria Andersson (2020) Disciplinering, femininitet och tvångsvård: tjejjers vardag vid särskilda ungdomshem, Studentlitteratur.

Vogel, Maria Andersson & Sofia Enell (2018), Staten och kapitalet. Om Statens institutionsstyrelse och deras roll på barnavårdsmarknaden, i Sallnäs & Wiklund (red.) Socialtjänstmarknaden: Om marknadsorientering och konkurrensutsättning av individ- och familjeomsorgen, Liber.

Zillén, Kavot & Titti Mattsson (2025) Rätten till psykisk hälsa för barn och unga i samhällsvård – vem bär ansvaret? i Dahlin, Juth & Sjöström (red.) Tvång på gott och ont: En forskningsantologi och tvång i välfärden, Iustus, s. 369–372.

Örjan, Frans, Per-Arne Rimmö, Lars Åberg & Mats Fredrikson (2005) Trauma exposure and posttraumatic stress disorder in the general population, *Acta Psychiatrica Scandinavica*, Vol. 111, nr 4, s. 291–299.

