
Statistics on social services for children and young people 2024

In 2024, 26,300 children and young people received 24-hour interventions at some point during the year, and on 1 November 2024, 35,300 individuals received at least one non-institutional intervention.

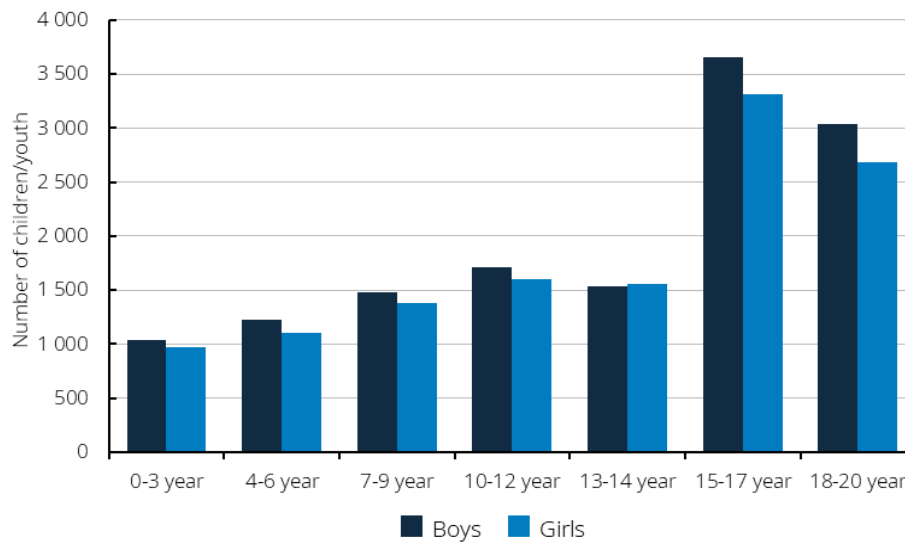
More children in the 7–9 age group receive 24-hour care

In 2024, 26,300 children and young people received a 24-hour intervention according to the Social Services Act (SoL), or the Act on Special Provisions on the Care of Young People (LVU). There were just under 500 individuals more than in 2023, an increase of approximately two percent.

The increase was most evident among children in the age group 7–9 years, where the number of children increased from just under 2,600 children in 2023 to approximately 2,900 children in 2024 (just under eleven percent). The increase in children in this age group is visible both among children voluntarily placed according to SoL and among children forcibly placed according to LVU.

Just over half (52 percent) of all children and young people who received a 24-hour intervention were boys and just under half (48 percent) were 15 years of age or older.

Figure 1. Number of children and young people who received 24-hour interventions 2024 by age and sex



Source: The register concerning measures for children and young people, the National Board of Health and Welfare.

Voluntary intervention most common

Interventions can be given voluntarily, with the support of the Social Welfare Act, or by force, according to the Children's Welfare Act.

Almost two-thirds of the 24-hour interventions given to children and young people in 2024 were decided according to chapter 4 § 1 SoL and one-third were decided according to §§ 2 or 3 of LVU alternatively decisions on immediate care according to § 6 LVU.

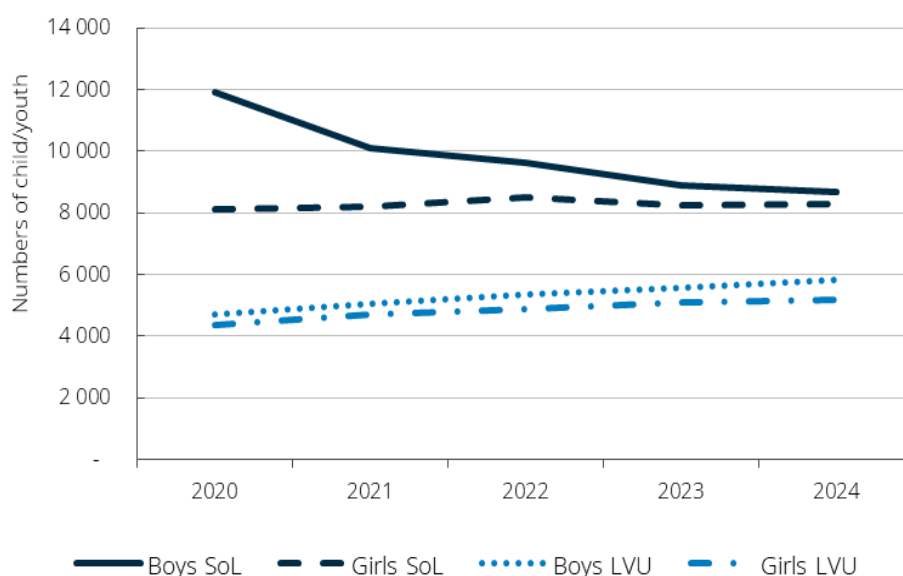
Reduction in voluntary 24-hour care 2020–2024

During the period 2020–2024, the number of children and young people who have received 24-hour interventions under SoL or LVU has decreased by 500 children and young people (two percent), from just over 26,800 children and young people in 2020 to just over 26,300 children and young people in 2024. There has primarily been a decrease in the number of boys who were voluntarily placed under SoL, from just over 11,900 to just under 8,700 children and young people, while the number of girls placed under SoL has increased from just over 8,100 to approximately 8,300 children and young people.

For 24-hour care under LVU (including immediate care), the development looks different – during the period, care supported by LVU has increased by

22 percent, but from a significantly lower level. The number of children in round-the-clock care according to LVU has increased from just over 9,000 children and young people in 2020 to just over 11,000 children and young people in 2024. The gender distribution is relatively even between boys and girls for compulsory care according to LVU.

Figure 2. Number of children and young people who received 24-hour interventions 2020–2024 by sex and intervention



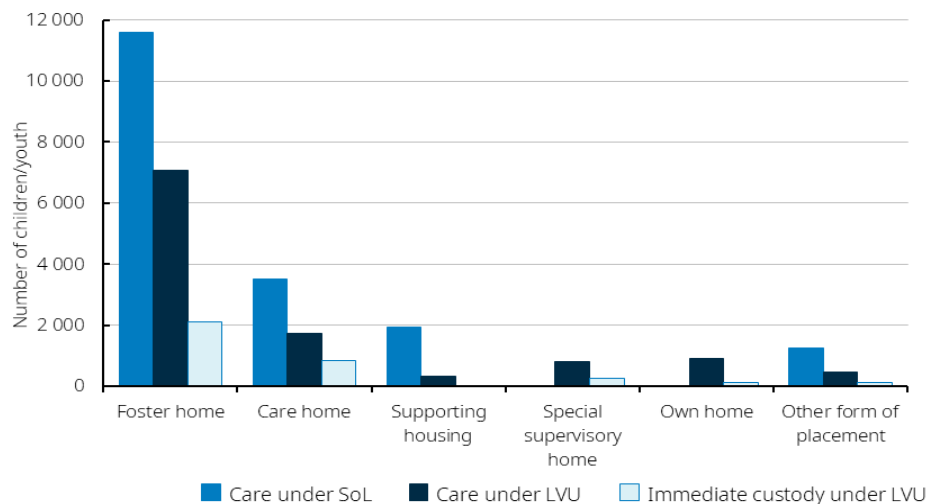
Source: National register of measures for children and young people, the National Board of Health and Welfare

Foster home most common

In 2024, almost 19,000 children and young people were placed in family homes, which was an increase of almost one percent compared to 2023. Almost three quarters of all placements were family home placements. The gender distribution is even among children and young people placed in family homes.

The second most common form of placement was in homes for care or living (HVB). There were 5,300 children and young people who were placed in HVB, which was an increase of just over eight percent compared to 2023. One fifth of all placed children and young people were placed in HVB. Of the placed children and young people, 57 percent were boys and 43 percent were girls.

Figure 3. Number of children and young people who received 24-hour interventions 2024, by intervention and placement



Source: National register of measures for children and young people, the National Board of Health and Welfare

Supportive housing was the third most common form of placement, with 2,200 children and young people placed (just over eight percent of all children placed). In the same way as for placements in family homes, the gender distribution was even, 51 percent were boys and 49 percent were girls.

Just under 1,000 children and young people were placed in special visory homes according to § 12 of the LVU, which was a decrease of ten percent compared to 2023. Of these, just over two-thirds were boys and just under one-third were girls.

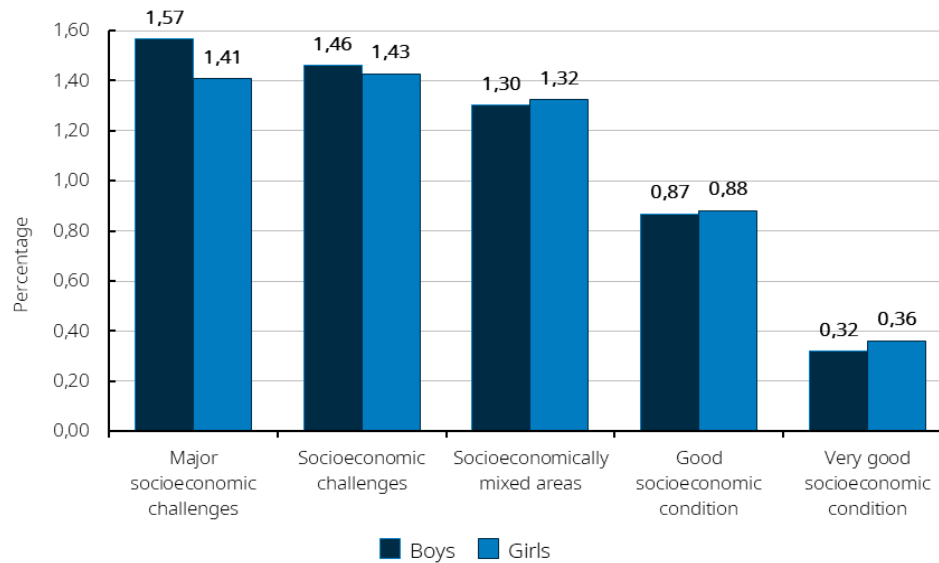
24-hour care and socioeconomic

24-hour care according to SoL and LVU is not evenly distributed across residential areas with different socio-economic conditions. In areas with major socio-economic challenges and in socio-economically mixed areas, more children and young people, in relation to the number of inhabitants, receive 24-hour care according to SoL and LVU than in areas with good or very good socio-economic conditions.

In 2024, it was almost four times as common for children and young people in areas with major socio-economic challenges to receive 24-hour care, compared to children and young people in areas with very good socio-economic conditions. The differences between boys and girls are very small (see Figure 4 and fact box below).

Figure 4. Children and young people who received 24-hour placements 2024, percentage in population 0-20 year by sex and areatypes (RegSo).

Divided into area type by regional statistical areas



Källa: National register of measure for children and young people, The National Board of Health and Welfare

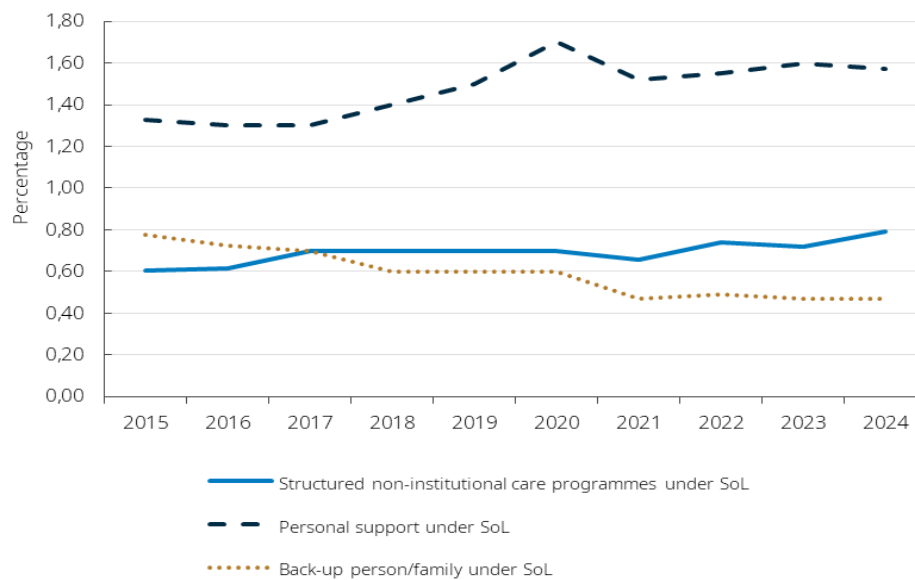
Increase in received non-institutional interventions

On 1 November 2024, just under 35,300 children and young people had at least one non-institutional intervention according to SoL, which is an increase of around 400 individuals (one percent) since 2023. The proportion of children and young people with interventions in relation to the population has also increased slightly. Among children and young people with outpatient interventions, the proportion of boys was slightly higher, just under 53 percent, than the proportion of girls, 47 percent.

A closer examination of the three largest non-institutional interventions reported shows that the development of the interventions differs over time. The proportion of children and young people who have received interventions in the form of personal support and structured non-institutional care programs has both increased over the past 10 years, while the opposite applies to the backup person/family intervention. Personal support is most common, and has been so since 2015, but it is the use of structured outpatient programs that has increased the most. The type of intervention has increased by 31 percent during this time period.

Figure 5. Children and young people with non-institutional interventions under the SoL during 2015–2024, as percentage of the population

Structured non-institutional care programmes, personal support and back-up personal/family



Source: Aggregated data concerning measures for children and young people, the National Board of Health and Welfare.

Intervention

Intervention refers to an 24-hour intervention and/or a non-institutional intervention. Please note that an individual can receive several interventions during a year, both as 24-hour and non-institutional interventions.

Regional statistical areas (RegSo) and area type RegSo divides Sweden into 3363 areas that follow county and municipal borders and are produced for registered persons on 31 December each year. Area type is based on the socio-economic index (SEI) that is calculated for each RegSo. SEI consists of the average value of three indicators: the proportion (in each area) with at most pre-secondary education (20–64 years), the proportion with a low economic standard (regardless of age) and the proportion with financial assistance and/or long-term unemployment (20–64 years). A higher SEI value indicates higher socioeconomic vulnerability. Based on the number of standard deviations from the average value, a grouped variable, area type, is created, which ranges from major socioeconomic challenges (1) to very good socioeconomic conditions (5). The latest relevant year for RegSo and area type is 2024 and 2023, respectively.

Non response

For data on *24-hour care*, the following municipalities had not reported data: Österåker, Tranemo, Leksand, Kalix, Pajala and Gällivare.

For *non-institutional interventions*, the following municipalities had not reported data: Upplands Väsby, Ekerö, Upplands-Bro, Flen, Boxholm, Linköping, Söderköping, Mjölby, Gullspång, Laxå, Leksand, Timrå, Vännäs, Övertorneå, Pajala and Gällivare.

More information

You can find more tables, graphs and information here: www.socialstyrelsen.se/statistik-och-data/statistik/alla-statistikamnen/barn-och-ungdom (in Swedish, but with English list of terms).

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