

# Day care and the integration of disabled children in Norway

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**More than 40 per cent of all children in Norway under seven years of age participate in formal day care. The priority right of disabled children to a place in mainstream care is enshrined in the Norwegian Child Day Care Centre Act of 1975, and applies to a wide range of disabilities including physical, intellectual, learning and behavioural.**

**T**his article discusses the experience in Norway of integrating disabled children into mainstream day care. It is based on a Norwegian study which looked at factors conditioning admission of disabled children to mainstream day care centres, with particular attention to the role of the mandatory right of disabled children to day care centres (Eriksen 1994).

## **Family Policy**

Following the radicalisation of the late 1960s, women in Norway demanded three reforms in addition to control over reproduction to enable them to combine mothering with paid employment. These were easy access to day care, paid maternity leave and shorter working days.

## **Day care**

In 1964 only 2 per cent of all preschool-aged children were in organised day care and only 9 per cent of mothers with preschool-aged children were gainfully employed (Blix 1991). In the following years the gap between employment rates for women with small children and day care facilities increased. By 1976, 36 per cent of these mothers had paid work, but only 9 per cent of all preschool-aged children were in organised care.

From the late 1970s, day care received increased attention as the sufficient provision of high quality day care facilities became accepted politically as a public responsibility.



ity. Currently, more than 40 per cent of all children aged 0–6 years and living in Norway are in organised day care, with more than 60 per cent of women with small children gainfully employed (Blix 1991).

#### **Parental leave**

The period of paid maternity leave in Norway has gradually increased, with 42 weeks fully paid parental leave (or 52 weeks at 80 per cent pay) currently able to be taken over a period of two years within a flexible 'time-account' system combining full- or part-time work and leave. While the leave may be shared between the parents, three weeks must be taken by the mother prior to the birth, and four weeks must be taken by the father. In addition, parents are entitled to up to ten days fully paid sick leave per year to care for sick children under the age of 12 years.

#### **Working hours**

The demand for shorter working hours for parents with small children has not and is not likely to be met in the near future. Interna-

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tional research indicates that many young fathers currently work longer hours than before – a fact which can be attributed in part to structural changes in the labour market where more jobs are characterised by non-fixed working hours (Ellingsæter 1990).

#### **Norwegian Day Care System**

The Norwegian day care system is community based, uniform and universal, and aimed at supplementing family care.

The ready acceptance in Norway of centre care for children is in some ways surprising. Day care centres were initially advocated by highly educated city career women in the 1960s and 1970s who wanted to combine motherhood with paid employment, and the centres could easily have been viewed as an alien arrangement in the more traditional rural areas.

But there are a number of practical reasons why this was not the case. With low birth rates and long distances between

farms, rural parents desired a safe and controlled environment in which their children could actively socialise, and day care centres provided this security. Furthermore, rural areas were subscribing to modern values more generally, and the centres represented welcome job opportunities for country women and were welcomed by local authorities.

Day care centres are today strongly promoted and advocated by the Central Government where women now have 35 per cent representation in Parliament and more than 40 per cent in the Cabinet. Day care reform was initiated at a time when women were gaining increased representation in local councils, and child care became their political cause.

In order to understand the strategy behind efforts to integrate disabled children into mainstream day care, it is important to have a general understanding of the system's features.

### **Community-based care**

Norway has a population of around 4.3 million people distributed over more than 438 municipalities. More than three-quarters of these municipalities have less than 10,000 inhabitants, and well over half have less than 5,000. Only eight of the 438 municipalities have more than 50,000 inhabitants and in several of these services are decentralised to sub-municipal units. If a municipality has 5,000 inhabitants, approximately 450 of them will on average be preschool children (under seven years of age). Further, if the prevalence of disability is, say, 3–5 per cent, then around 20 children in such a municipality will probably be disabled.

Estimates of the prevalence of disability in a population vary according to definitions, delimitations and methods. According to a detailed British survey, approximately 2.5 per cent of all children of preschool age have one or more disabilities (Bone and Meltzer 1989). In Norway, Grue (1993) has estimated that 4–5 per cent of children have developed a disability prior to commencing school. Other studies claim that 15 per cent of more of all preschool-aged children need some kind of extra support or training (Vedeler 1982).

Responsibility for the provision of day care facilities rests with local government. Each municipality is responsible for implementing and maintaining a local infrastructure which includes compulsory education and primary health and social services including the provision of day care facilities for children of preschool age. Employment-based day care is mainly restricted to some hospitals. Thus, the vast majority of day care centres are located in residential communities.

Local councils own and operate more than half of all day care centres in Norway. The remainder are operated by parent groups and cooperatives, voluntary organisations and church groups, and are generally similar in structure and funding to those operated by the local council. There are no commercially run day care centres.

Family day care, when recognised by local authorities, is supervised by the local day care centre. In previous years, family care was viewed politically as an easy solu-

tion to the provision of child care (especially for children under three years of age) and, until recently, private day care arrangements (whereby women look after children in their home) were a widespread form of care.

But family care has turned out to be more costly than expected and local administrators of day care, often trained as day care teachers, are concerned about the quality of this service as most 'day mothers' lack professional training. However, with increased coverage of organised care such arrangements are now less important and, with changes to taxation laws, many previous 'black-market' day care mothers are now offering their services within the organised day care system.

### **Uniformity**

The Norwegian day care system is quite uniform, and has developed over a period of about 15 years within the framework of the Child Day Care Centre Act of 1975. It is

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heavily promoted by the Central Government and implemented by local governments according to central guidelines. Teachers are trained by a limited number of colleges with similar curricula.

Although children start school at seven years of age, there are no kindergartens in Norway offering age-specific programs or programs with emphasis on academic skills. Because of this, a system of compulsory preschool for six-year-olds is currently in preparation, although its content is not yet clear. Already, most six-year-olds attend a short preschool of some kind (which can be anything from one week to several months' duration) either in a day care centre or at the local primary school, but far from all children are in centres on a full week and/or full day basis.

### **Universal care**

The day care system is universal and widely used and accepted, with more than 40

per cent of all children under seven years of age in formal day care. (The real coverage for one to six is actually higher, especially for the five- and six-year-olds, since few children less than 12 months old are in day care.)

Previously, dual-earner families together with single mothers often had priority for centre places. But now centres have a wider basis for recruiting children and, in 1991, 28 per cent of mothers who were not in paid work had their children in a centre and another 30 per cent of them wanted to (Blix 1991).

Recent research documents that on a national basis there is now close to a balance between day care facilities provided and the expressed demand for such care. However, this does not exclude local surplus or shortages (especially for children under three years of age) and there is some concern that because day care is more often used by highly educated mothers, subsidies are disproportionately given to the parents with the highest incomes (Blix 1993).

There is no stigma attached to being in a day care centre – in fact, there is a widespread notion in Norway that day care centres are good for children, providing safe and professional care, playmates and social training. Therefore, the discussion about whether centre care is inferior to family care or has adverse effects on the development of children, is not a heated one in Norway. The arguments are well summarised in McGurk, Caplan, Hennessy and Moss (1993), 'Controversy, theory and social context in contemporary day care research', or for a more comprehensive overview see Ochiltree (1994).

### **Role of families**

Generally, care in centres is seen not to compete with parental care, but to supplement it. Many parent groups have established centres, other parents run family day care. Parents are expected to cooperate with the centre and their views, in turn, are taken into account by staff and management. This is formalised through regular parent meetings and conferences, and by parent representation on the Board.

### **Centre management**

The required staffing is three full-time personnel for 17 or 18 children, with double staffing for children under three years of age. Due to the strong expansion of centres, there is currently a shortage of fully trained personnel.

The running costs of day care centres are generally covered equally by the local government, Central Government (transferred to local government) and parents. Opening hours are between 7am–8am and 4pm–5pm, with very few centres opening either at night or on weekends.

The limited opening times can create problems for working parents whose hours do not correspond with their children's pick-up and delivery times. However, with day care supply approaching demand, there is an increased willingness by centres and local government to accommodate the varied needs of children and parents.

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## Integration of Disabled Children

### *The mandatory right*

The Norwegian Child Day Care Centre Act of 1975 gives disabled children a priority right to a place in a mainstream day care centre. This Act applies to children with a wide range of disabilities. Besides physical, motor and sensory disabilities, poor health is included along with mental health, language and speech retardation, and behavioural and intellectual disorders.

There are certain conditions attached to the priority right: that is, the Act specifies the right as 'valid as far as possible' and 'if the child will benefit'. The responsibility for implementing the Act rests with the local government, and there is a special grant for this purpose.

are to be made available by taking on fewer non-disabled children.

### *Fewer disabled children*

For many years the number of disabled children in day care centres increased steadily as more day care centre places became available. This trend was broken in 1986. That year, and over the following years, the number of children admitted under Section 10 of the Child Day Care Centre Act decreased. Since there was no reason to believe that the proportion of disabled children in society had decreased, the Ministry commissioned the Institute of Applied Social Research to explain this new trend.

Many possible causes were considered: lack of resources, personnel, competence, out-dated attitudes, and the possibility of dis-

eral years to explain the reduced number of disabled children (Lorentzen 1994). Further, in 24 municipalities lengthy interviews were conducted with personnel responsible for intake, centre coordinators, and with the educational-psychological service (which is responsible for assessing and designing programs for disabled children, and is referred to in the Act as central).

Parents seeking a placement for their child must apply to the day care centre concerned and, where their child is disabled, Section 10 of the Child Day Care Centre Act comes into force. Generally, the applications are dealt with by an admission committee for the whole municipality.

A number of factors influence the intake practice of the committee, including the availability and suitability of day care facil-

Picture courtesy of Playworks



**Most early intervention programs are implemented within a day care centre setting because of its widespread use and acceptance, a lack of alternatives, and a strong belief that a centre placement is, in itself, good for the child's development.**

However, the placement provisions for disabled children have been more or less nullified by the Ministry for Children and Family Affairs which, in a number of guidelines to the Act, states that mainstream facilities are now so widely available that it is always possible to accommodate an application from a disabled child and that a disabled child will always benefit from such a placement.

The new Act (under preparation) goes further and states that in this matter parents should have the decisive say and, where a shortage of resources is apparent, resources

crepancies between the intentions of legislation and actual practice. It should be noted that in this period the formal process of deinstitutionalising care for the disabled came to an end, and with institutional care no longer available, day care centres were seen as an important first step towards the full integration of disabled people into mainstream society.

### *Data*

The study analysed in detail the child day care centre statistics by municipality over sev-

ities, resources and professional advice. In Norway, most early intervention programs are implemented within a day care centre setting because of its widespread use and acceptance, a lack of alternatives, and a strong belief that a centre placement is, in itself, good for the child's development.

### **Factors Conditioning Intake of Disabled Children**

This section begins with a somewhat paradoxical conclusion: even though the statistics

definitely showed a drop – or stagnation at best – in the number of disabled children in day care, the study found that the Child Day Care Centre Act and its mandatory priority right to places in day care centres for disabled children enjoyed wide local acceptance and support.

Local day care authorities did not boycott or circumvent the rights of disabled children. On the contrary, parents were encouraged to apply for a place where it was felt the child could in any way benefit. So what started out as a fairly simple question about how a specific section of the Child Day Care Centre Act was understood and practised locally, turned out to be a matter of complex interplay between a number of factors.

### **Significance of sufficient day care facilities**

Statistical analysis revealed that the number of disabled children in day care did not depend on the number of day care places or coverage. In logical terms this is fairly obvious, at least when the coverage is over a certain minimum level. Since disabled children have a priority right to a place, they are accepted before other children. Thus, whether the coverage is 15 per cent or 35 per cent will not matter.

### **Economic resources**

There is a specific grant from Central Government to local government to integrate disabled children into day care centres. The grant is in addition to regular subsidies and is designed to cover running costs for day care facilities. The amount is dependent on the number of day care places, therefore the more places, the higher the grant. There is thus no link between the amount transferred for integration costs and the number of disabled children integrated in a specific community.

While this system might at first seem illogical, it was designed as an encourage-

ment in a time where there were few day care places and few integrated children. Furthermore, it has several merits: first, that it is easy to administer; second, that a simple alternative without adverse side effects is difficult to design; and third, it places responsibility with the local authorities (where it belongs) and reduces the stigma attached to children.

But at the local level (especially in relation to extra personnel), finance and intervention programs are attached to the specific child and, to date, economic resources do not appear to be a critical factor in the actual provision of day care places for disabled children.

However, the federal grant is not intended to cover all integration costs and the Ministry expects local councils to spend at least an equivalent sum from their own resources. According to our data this practice varies, but many councils went to great lengths to find money to meet these costs. (Federal funds are also available for integration, particularly for special education.)

It should also be noted that the grant from the federal government has significantly increased in recent years with the rapid expansion of day care facilities, but that a corresponding increase in the number of disabled children attending these centres has not occurred. As a consequence, while this federal grant represented 1,500 Norwegian kroner (A\$300) per disabled child in care in 1986, in 1994 it will come close to 80,000 Norwegian kroner (A\$15,000) per integrated child.

The main explanation for this tremendous increase is that more severely disabled children are now integrated. The occurrence of children in need of continuous help and care requiring one full-time carer, is not unusual. But a possible concentration of resources on few children raises the question of whether care and intervention programs for the less severely disabled children are adequate.

### **Day care centres as child policy**

The central role of day care centres in child policy is one reason why the inclusion of disabled children is so readily accepted. There are two aspects to this: first, local authorities responsible for children have few choices when needing to place a disabled child; and second, a great deal of resources and effort have been put into centres to enable them to accommodate a wide variety of needs.

Centres today are highly valued by professionals and parents as a good place for children. There seems to be a conviction that locally-based centres have an intrinsic ability to promote the development of children and particularly to correct or counterbalance any problems. Consequently, if a problem with a child is detected or anticipated by local authorities, action is taken to encourage parents to request a place for that child in day care.

### **The profession**

Professional ideologies and standards, with emphasis on the individual child and on inclusion, play an important part in efforts to integrate disabled children. However, opportunities for advancement or promotion for workers in this field are limited and there is a need for wider training, particularly in the area of special education.

Increased specialisation will have significant impacts for the status of the profession, not only in terms of providing workers in the field with a heightened sense of pride and achievement, but in its direct ramifications for career mobility.

### **Underreporting**

During the interviews a considerable amount of underreporting of disabled children was found in the day care statistics. There are several reasons for this. With almost full coverage of day care there is less need for parents to refer to Section 10 of the Act when applying for a place, and as many

## **Child Care**

### **Moves Towards Inclusion in Australia**

In Australia, there is an increasing demand for access to child care services. In response to this demand the number of child care places has continued to increase throughout the country in both the community and private child care sectors.

The needs of families of children with disabilities choosing to access child care services has been recognised by the Commonwealth Government. To address the shortfall of child care places the Commonwealth Government's Children's Services Program has established priority of access guidelines to ration available child care places in Commonwealth funded Child Care Services.

In order of ranking these priorities are: parent workforce participation or training;

children with disabilities; children at risk; and parents at home. The Supplementary Services Program has also been established. This is a national strategy that recognises and attempts to overcome the disadvantage experienced by sectors of the community – children with disabilities, children from non-English-speaking backgrounds, Aboriginal and Torres Strait Islander children, and children in remote or isolated areas.

As part of this program, statewide Resource and Training agencies, in conjunction with locally based workers in the Supplementary Services Program, develop and provide resources, information and options to families and services. Child care workers from Commonwealth funded

Long Day Care Centres (private, community or tertiary based), Occasional Care Centres, Family Day Care Schemes, Before and After School Care and School Holiday Care programs are offered the program's assistance. This support includes the provision of training, resources and information to develop the confidence and skills of staff to include *all* children, with their diverse range of individual needs, within child care programs.

**Information provided by Playworks Resource Unit for Children With Disabilities in Child Care, Victoria. For further information contact the Commonwealth Department of Human Services and Health in your state.**

local municipalities give priority to all children with special needs, the problem of differentiating between different conditions and needs is resolved.

While avoiding classification of children, this makes reporting accurate statistics more difficult. For instance, if a child is granted a day care place without the allocation of money for specific programs, the child is often not reported as disabled. Similarly this occurs when the disability is only discovered after the child had been admitted to a centre.

More generally, it was found that day care personnel did not primarily think of the children in their centre as disabled or not. They had a number of children to care for,

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most with some level of problem – be it large or small, temporary or permanent – and in many ways, the question was irrelevant to them. The reason for the problem, be it lack of care at home, a learning problem, a behaviour disorder or a disability, was not important in itself.

#### **Children with special needs**

A major finding of the study was that Section 10 of the Child Day Care Centre Act was not as central to the provision of child care places for disabled children as expected because of the effects of other legislation in combination with the role of the educational–psychological service.

The educational–psychological service is part of the educational system, with its major legal reference in the Elementary Education Act. This is traditionally a very strong Act, giving indisputable rights to children. For example, it stipulates that every citizen has a right to special education if needed, and this right applies to children of preschool age. The Child Protection Act also specifies a place in a child care centre as a measure for children at risk, and centres are often used in such cases.

The local educational–psychological service is responsible for assessing children with special needs, whether that be a learning delay or problem that results in a delay, and for children who fall within its parameters a child care centre place is often recommended, sometimes in conjunction with an early intervention program. The basic concern of the service is to assess the child and design a program to assist that child to reach his or her development potential.

Of course, there is a considerable overlap between the two sets of legislation, but it is the educational–psychological service that is ultimately responsible for assessing children with special needs, and the admission committee relies heavily on the service for professional advice.

#### **Discussion**

This is the tale – basically a happy tale – but is it true to life? Day care statistics of a fair number of very different local municipalities were scrutinised and data from the study support the conclusions outlined above. However, the findings of another study which looked at integration in a Norwe-



Picture courtesy of Playworks

gian municipality were less encouraging (Tronvoll 1993), so a number of qualifications should be added.

Given that day care personnel are strongly committed to their work, it cannot be ruled out that in answering questions, ideology – to a greater or lesser degree – was mixed with reality, as happens with most of us. Similarly, it is possible that the experience of the parents, who were not interviewed, might differ from that of day care personnel.

Therefore, from the study it can be concluded that children with special needs *are* in day care; however, conclusions cannot be drawn as to the adequacy of the integration itself and the quality of early intervention programs.

Another factor arises with problems of definition when speaking about disability. There are considerable numbers of children with mild or uncertain degrees of disability – for instance, how much asthma or eczema must a child have to qualify as disabled with a right to day care under Section 10 of the Act?

What the study found was that if children did not qualify for a place in a day care centre under the Act, they were often admitted to day care on other grounds. However, it can often take considerable time for local administrators to find personnel and facilities appropriate to the identified needs of a child. In small municipalities – and there are many of them – this is understandable, but for parents the delays can be quite difficult.

In 1994 day care coverage is still low in many places for children under three years

of age, day care rates are on the increase, and neither free places nor transport support are available for disabled children. The extent to which this will impact on the overall wellbeing and integration of disabled children is yet to be determined. Councils have given high priority to day care but the economic situation has deteriorated and there is a fear that standards cannot be maintained in the future.

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