

Subject: Norway's answer to questions concerning Human Rights Council resolution 37/20 "Rights of the Child"

Question 1

a. Inclusion is the basic principle and goal of the Norwegian Government's educational policy and targets private and public kindergartens, public schools and private schools with state funded support. We have no grade retention. Young people are entitled to three (four years if attending vocational education) of upper secondary education or training. They don't have to pass certain exams in order to have this right, and adapted education is the basic principle.

The Kindergarten Act: Children with disabilities are entitled to priority for admission to a kindergarten and the municipality is responsible for ensuring that priority is given. The educational and psychological counselling service will ensure that expert assessments are made by law. They might also assist the kindergarten in the work of competence and organizational development.

The Education Act: Education shall be adapted to the abilities and aptitudes of the individual pupil, apprentice and training candidate. Pupils who either do not or are unable to benefit satisfactorily from ordinary teaching have the right to special education. Before the municipality or the county authority takes a decision concerning special education, an expert assessment shall be made by the educational and psychological counselling service of the pupil's specific needs. The Ministry may issue regulations concerning medical supervision and assistance for pupils who receive special education. Primary and lower secondary school pupils have the right to attend the school that is closest to where they live or the school designated for the catchment area where they live. Pupils shall not normally be organised according to level of ability, gender or ethnic affiliation. The school shall, when necessary, participate in collaborative work on the preparation and follow-up of measures and objectives in an individual plan under other legislation/regulations. Order of admission to upper secondary education, the county municipality shall first include applicants who have the right to special education. The Ministry of Education has instructed the County Governor to grant exemption for assessment in the subject foreign language to students with dyslexia or specific language difficulties.

b. All pupils attending primary and secondary schools are entitled to a good physical and psychosocial environment conducive to health, well-being and learning.

The Government agency for special needs education – Statped - is in charge of providing equitable services to municipal and county authorities that require assistance. They give guidance and support, produces teaching materials in Braille and audio, in Sign Language and teaching material in alternative and supplementary communication. Their mission statement 2017–2022 (available online in English) is called "Inclusion is worth it".

Norway has a strategy for recruitment of staff and for raising competence among teachers and other staff in kindergartens and a important further education program for teachers.

Norway will present a new White Paper to the Parliament in the autumn 2019, on early intervention and inclusive communities in kindergartens and schools. Here policies for strengthening high quality inclusive education will be presented.

Question 2

a. In 2016 Norway submitted our report to the UN Committee on the Rights of the Child (CRC) regarding our efforts towards implementing the CRC. A children's report was prepared, and describes what it is like to grow up in Norway in the word of children and young people. Young people with disabilities was represented in this report.

b. Every year, The Norwegian Ministry of Children and Equality with political leadership conduct meetings with civil society and Norwegian Young Disabled, and other organizations. The idea is to share experiences and views in relation to the rights of children and young people.

c. The Escalation Plan against Violence and Abuse (2017-2021) was adopted in April 2017. The plan describes the main challenges associated with violence and abuse, especially in relation to children, and presents measures to meet these challenges. In the escalation plan, the Government has committed to give better information about violence to groups that are at higher risk of experiencing violence. The digital resource "Jeg Vet" was launched in April. It aims to educate children across the country on their rights to be protected against violence. The Directorate for Children, Youth and Family Affairs has recently published guidelines on how to disclose and handle violence and sexual abuse against children with disabilities.

In June 2018, the Norwegian Government presented a new *parental support strategy* – the first strategy of its kind in Norway. The strategy consists of 34 measures within five target areas. Two of these target areas – adjusted support to parents with special needs, and better coordination of services – are especially relevant for parents with disabilities, and for parents who have children with disabilities. Lack of coordinated services is highlighted as a key challenge for persons with disabilities. Lack of information and unsystematic support is another obstacle parents who have children with disabilities face. The new parents support strategy address these issues.

d. Youth councils and other youth participation bodies is not mandatory for local authorities. Most municipalities and county authorities chose to involve the young by establishing youth councils or other youth participation bodies. Ninety percent of the municipalities in Norway have youth councils or other youth participation bodies.

The Ministry of Local Government and Modernisation will propose a legal framework for youth councils and other youth participation bodies. Youth councils will not be mandatory for the local authorities. However, if a municipality or county authority choose to establish youth councils, they must comply with the legal framework for such schemes.

The Norwegian Health and Care services act regulate, among other things, the responsibilities of the municipalities for providing health and care services for children with

disabilities and their carers. Section 1-1 states that the purpose of the legislation is to "ensure that the individual has the opportunity to live and dwell independently and have an active and meaningful life in fellowship with others".

The Norwegian Patient Right's act states that patient and service users are entitled to participate in the implementation of his or her health care. This includes the patient's right to participate in choosing between available and medically sound methods of examination and treatment.

The municipalities are through the Health and Care Service Act obligated to have an offer of personal assistance and support contacts, including practical assistance and training organised as user-controlled personal assistance. Practical assistance also includes time for recreational activities. This enables people with disabilities to live as active and independent a life as possible.

The Norwegian Directorate of Health has published guidelines for services to people with large and complex needs. It states that services must be adapted to suit a family and network perspective. The individual and the family must be able to live a life that's as normal as possible despite the need for services.

The Norwegian state housing bank has grants that the municipalities can apply for when building new residential homes and nursing homes. Two of the criteria in the guidelines for this grant is that the housing units should not have an institution-like appearance and that they should be placed in ordinary and good housing environments.

Question 3

Not relevant for Norway.

Question 4

See question 2d.

Question 5

Kindergartens: The municipality shall supervise undertakings. The county governor supervises the legality of the municipality's fulfilment of duties as a child welfare authority. The county governor may in special cases supervise the running of the kindergarten.

Schools: There is a statutory requirement for schools to undertake self-evaluation, using data provided to them through the School Portal. The Directorate for Education and Training has developed school analysis tools for schools to help them review their practice. The school owners are required to implement a quality framework and ensure that their schools have self-evaluation processes in place. The Directorate for Education and Training is the primary national authority responsible for inspection work. The County Governors' offices shall carry out inspections of topics and themes both selected by the counties themselves and of co-ordinated national themes.

The Norwegian board of health supervision, supervise that child welfare, health and social services are in accordance with national acts and regulations. The supervising authority is organized under the Ministry of Health and Care Services but work independently of the political management. The supervising authority conduct planned supervision of services and investigate individual cases. In 2009 the supervising authority conducted a national survey of the municipal health and care services to children in residential accommodation and respite care accommodation.

Question 6

In Norway, the social model of disability is commonly agreed upon. Therefore, when trying to understand and better the situation for people with disabilities, we focus on how social and physical barriers affect the living conditions of the population. This also affects the data collection in this area. Norway does not register disability status in national statistics, neither regarding adults or children. We use statistics and indicators to monitor the living conditions of persons with disabilities, but we mostly rely on survey data, which most often is limited to the adult population. We do however, indirectly, monitor the inclusion of persons with disabilities through register-based statistics. For example, through data on special education, and the provision of health services, we monitor certain aspects of the situation for children with disabilities in health and education. In addition to this, Statistics Norway and the Norwegian Directorate for Children, Youth and Family Affairs are currently working towards making better use of register-based statistics. The purpose is to gain even more valid knowledge about the living conditions and inclusion of people with disabilities.

a. Norway has information systems for kindergartens (BASIL), compulsory education (GSI) and upper secondary education and training (VIGO). Norway collect data on the number of children who receive special needs support in kindergartens and the age of the children. The same goes for compulsory school. Here we also collect the number of children who get their special education in ordinary classes and groups, as well as in more permanent special settings. We also overview the pupils' hours of special education a year. In upper secondary school, only 3 per cent of the pupils receive special education, significantly fewer than in 10th grade of lower secondary school with 11 per cent. There is more common with special education in the vocational programmes than in the programmes for general studies.

b. The Norwegian Directorate of Health has through IPLOS (Individual-based statistics for health and care) statistics on people with long term stay in institutions. These statistics can be used as an indicator for the number of children under 18 who are living in institutions or care facilities in Norway. There are no diagnostic criteria for the provision of these services, nor do we have sourced diagnostic data on these individuals, but provision of these services would usually mean that the person has some kind of a disability. These statistics are only available on an aggregated level. The statistics only provides the number of children in the institutions mentioned below in total and does not distinguish between the different kind of institutions. For 2017, the number of people under the age of 18 who had long term stay in institutions was 117. This includes institutions with 24-hour health- and care services for children and youth under 18 years of age who live outside the parent home in residential accommodation, including respite homes, institutions with 24-hour health- and care services for people with a drug addiction and nursing homes.