



UiT The Arctic University of Norway

# COUNTRY REPORT – NORWAY

IAS - Increasing accessibility of integrated Early Childhood Education and Care (ECEC) services

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Photo: Mostphotos

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## Preface

This report is part one of several reports and is the product of a larger project co-funded by the Erasmus+ Programme, referred to as IAS, which stands for “Increasing accessibility of integrated Early Childhood Education and Care (ECEC) services”. A total of five countries participated in the project, including Belgium, Finland, Norway, Poland and Slovenia. The aim of IAS is to exchange ideas and inspire practices that would affect policy and research on improving the accessibility of integrated ECEC services for families with young children. The project period lasted from 2018 to 2021. This report includes demographic information about Norway, as well as an overview of the ECEC services available to families with young children in the country. More information about IAS can be found at:

[IAS | Increasing Accessibility of Integrated ECEC-services | VBJK](#)



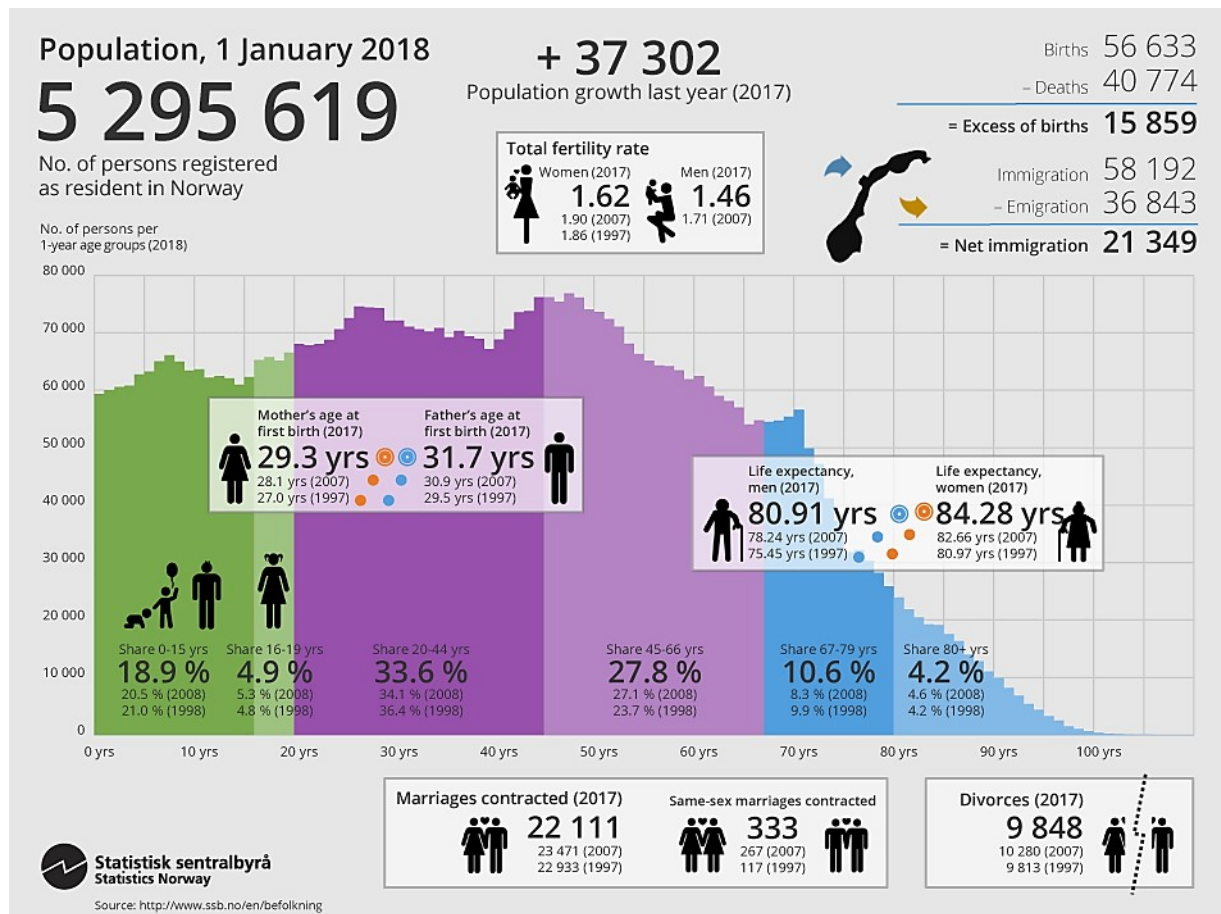
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# 1. Norway in brief

Norway has a population of approximately 5.3 million people, 19% of whom are children aged 0-15 years. Further descriptive statistics, e.g., fertility, life expectancy, cohabitation, and immigration, can be found in Figure 1 (Statistics Norway, 2020c).

**Figure 1 - Descriptive statistics of the population of Norway**



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Norway is a constitutional monarchy, led by King Harald V. In practice the king has very little political power, as all legislative power resides in the elected Parliament (Stortinget) led by a Prime Minister. Despite this, Norway's Royal Family remains popular throughout the country. Members of the Stortinget are elected for 4-year terms, and the majority party or coalition of parties forms the government. Norway, like the other Scandinavian countries, has a strong social democratic tradition supported by a comprehensive tax system that funds the country's well-developed welfare system, which offers free education, good health care, and social and social security schemes. This welfare system has helped Norway achieve a standard of living and a level of gender equality and human rights that are among the highest in the world (Thuesen, Thorsnæs, & Røvik, 2020).



*Constitution Day (17th May) in Oslo. Photo: Nataliia Anisimova/ Mostphotos*

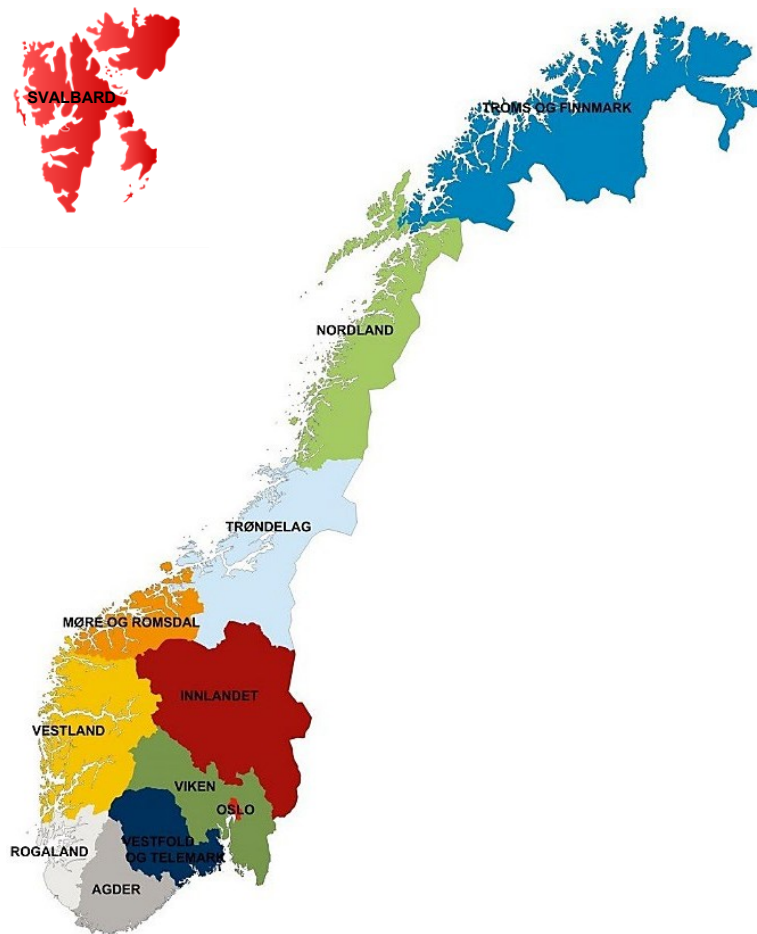
The population of Norway is diverse. The Sámi people are an indigenous Finno-Ugric people who inhabit Sápmi, a region which stretches over Norway, Sweden, Finland, and the Russian Federation (Kola Peninsula). The total Sámi population in these four countries is estimated at approximately 80 000, of whom around half live in Norway. Slightly under half of these people speak Sámi. The Sámi Parliament was established in 1989 and is located in Karasjok, a small village in northern Norway, in the county of Troms and Finnmark (Berg-Nordlie & Gaski, 2021; Thuesen et al., 2020). It is democratically elected by and among the Sámi, and deals with all matters concerning the Sámi people.



*The Sámi Parliament 2017-2021. Photo: Kenneth Hætta / Sametinget*



**Figure 2** – The eleven counties of Norway



*Reprinted with permission from Ministry of Local Government and Modernisation*

and a municipality. The population of municipalities varies, from small municipalities like Utsira with over 200 inhabitants, to the largest municipality of Oslo, which has almost 650 000. The area of municipalities also varies, from 6 km<sup>2</sup> in Utsira, to 9 704 km<sup>2</sup> in Kautokeino. The municipality of Sør-Varanger is located at the northeastern-most part of Norway, close to the Varanger fjord; it is as far east as Cairo, farther east than Finland, and only 15 km from the Russian border (Thuesen et al., 2020).

## Geography

The total area of Norway is 385 170 km<sup>2</sup> (148 710 mi<sup>2</sup>). Norway shares a long land border with Sweden and is bordered by Finland and Russia to the northeast, with an extensive coastline facing the Atlantic Ocean and the Barents Sea. The length of the Norwegian coastline is 25 148 km, including fjords. The highest peak in Norway is Galdhøpiggen, at 2 469 m above sea level. Norway is divided into 11 administrative regions, called counties, and 356 municipalities (Figure 2). The capital city of Oslo is considered both a county

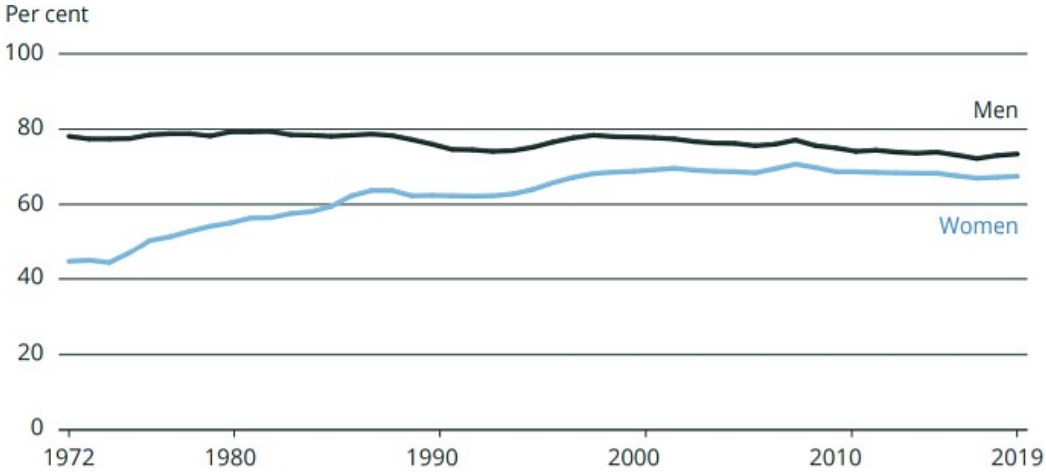
The Norwegian welfare system

Norway has an exceptional welfare system, which assures the country’s residents certain rights, including the right to education and health services, as well as paid benefits if they are unemployed or ill. It also means that residents have duties and obligations, including actively seeking employment and providing for themselves if they can, obeying the law and paying taxes, taking part in organizations to help themselves and others, and governing the country – by voting in elections, if nothing else (Directorate of Integration and Diversity (IMDi), 2021).

Work and pay

In 2019, there were 2.8 million people in the Norwegian labor force, representing slightly more than 70% of the population aged 15-74 years, and women constituted 47% of the labor force (Figure 3) (Statistics Norway, 2020b). In 2018, women’s income was only around two-thirds that of men (Figure 4) (Statistics Norway, 2020a).

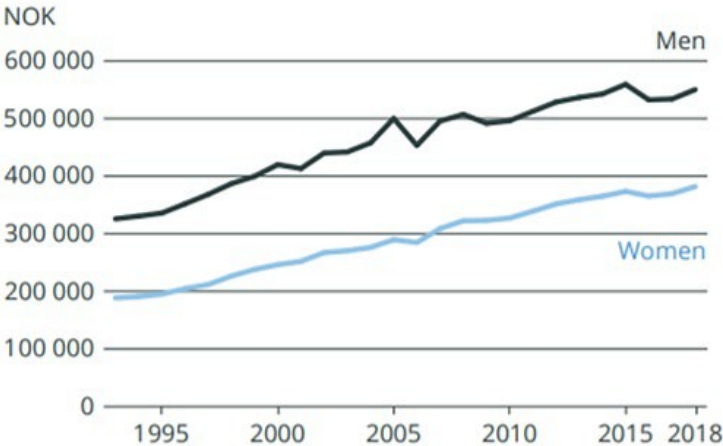
**Figure 3** – Overview of labor force participation in Norway



*Reprinted with permission from Statistics Norway (ssb.no)*



**Figure 4 – Average income in Norway**



Reprinted with permission from Statistics Norway (ssb.no)

Housing

There are approximately 2 610 000 dwellings in Norway, of which 49% are detached houses; 21% are semi-detached or row houses, terrace houses, and other small houses; and 25% are flats in multi-dwelling buildings (Figure 5). Although detached houses are the most common overall in Norway, there are major geographical differences, with blocks of flats being the most common dwellings in cities.

**Figure 5 – Dwellings in Norway**



Reprinted with permission from Statistics Norway (ssb.no)

This is especially true for Oslo, where the proportion of flats in multi-dwelling buildings is 73% and the proportion of detached houses is only 8%. A total of 77% of households own their homes, while 23% are tenants. The proportion of households who own and live in a detached house in Norway is high compared to most other European countries (Figure 5) (Statistics Norway, 2020c).



*Tromsø, a city in northern Norway, with a population of about 76 000. Photo: Mostphotos*

## 2. Child and family policy



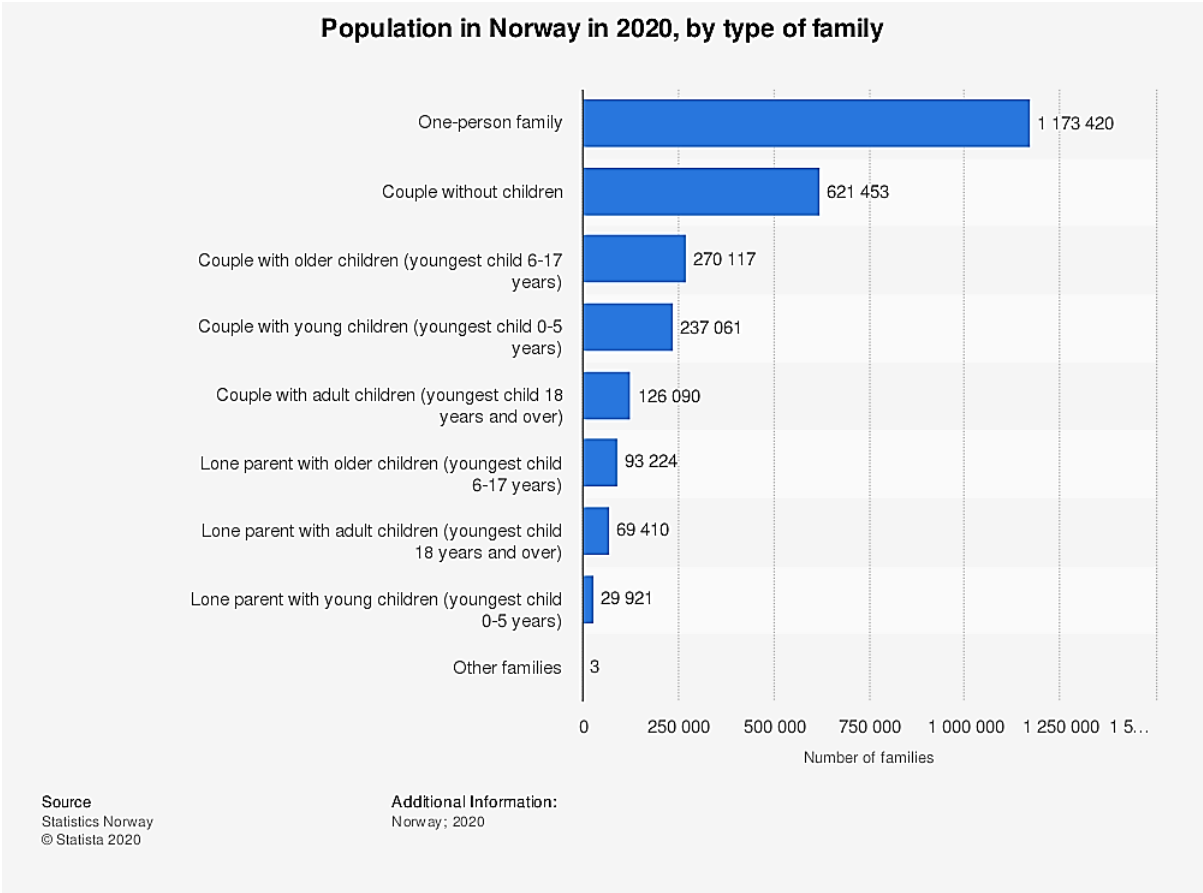
*Illustration photo: Maria Sbytova/ Mostphotos*

Children and young people should grow up in good and safe conditions, and should have equal rights and opportunities. The Ministry of Children and Families endeavors to ensure that children and young people receive a good upbringing and that families can feel secure, both financially and socially. The Ministry has the overall responsibility for child welfare services, family affairs, childhood development, religious and life stance affairs, and consumer affairs (Ministry of Children and Families, 2020).

Families and households

In Figure 6, the statistic shows the population in Norway in 2020, by type of family. In 2020, about 1.2 million one-person families were registered in Norway. Furthermore, around 621 000 couples without children were registered, as well as nearly 270 000 couples with older children (Statista, 2020).

**Figure 6 – Population and type of family**



*Reprinted with permission from @Statista (statista.com)*

The number of divorces in Norway increased steadily until it stabilized in the early 1990s at about 10 000 per year. Since 2010, however, the number of contracted marriages has declined, and as a consequence of that, the number of divorces also has declined. If this rate of growth holds, 39% of all marriages will end in divorce. However, we have no data on the number of cohabiting couples who split up, and the growing proportion of cohabiting couples means that divorce figures are gradually becoming less indicative of relationship breakups (Statistics Norway, 2020c).



## Family Counselling Service

The Family Counselling Service provides advice and guidance on relationship problems to the whole family, couples, or individuals. Most parents come to the Family Counselling Service for advice and to talk about everyday problems when there are difficulties, conflicts, or crises in the family. Parents can also receive help to maintain their relationship as a couple or after the breakup of a relationship. Parents who are not living together are free to agree on arrangements regarding their children. However, the child's best interests and needs must be the primary consideration in such agreements, and cooperation must be emphasized. The Family Counselling Service can assist in the drafting and amending of parental agreements and provides guidance and support to parents who need to strengthen their cooperation. Parents can book appointments themselves, and no referral is needed. There is a Family Counselling Service in all counties, and the service is free of charge (Ministry of Children and Families, 2020).



*Illustration photo: Aleksandr Davydov/ Mostphotos*

### 3. Services for families with children



*Children napping outside at a Norwegian kindergarten. Photo: Sandnes/ Mostphotos*

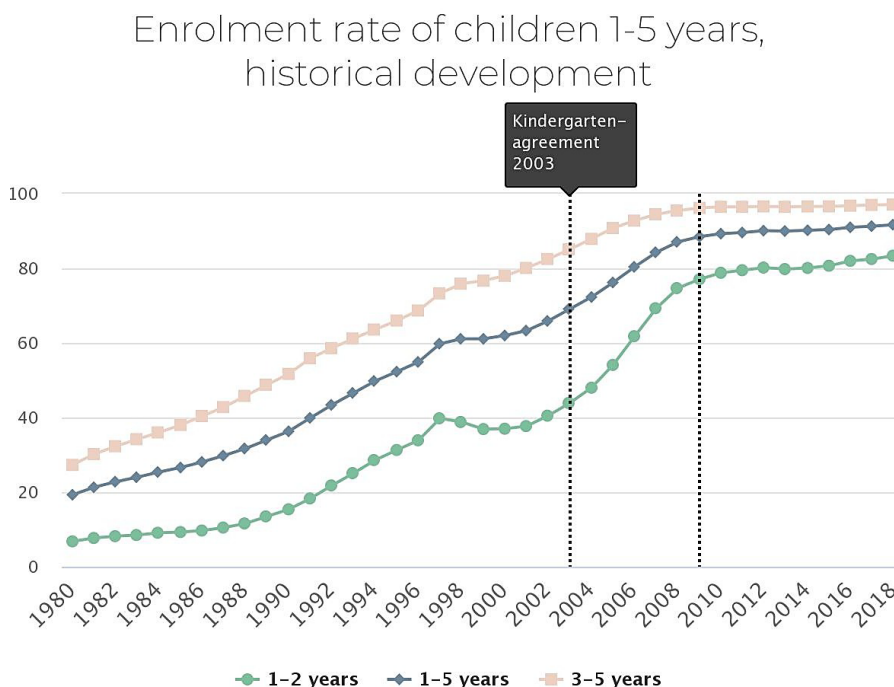
#### Early Childhood Education and Care

Childcare in Norway is integrated into the national educational system, thus the Norwegian Directorate for Education and Training, which is the executive agency for the Ministry of Education and Research, is responsible for the development of childcare (kindergarten), as well as primary and secondary education. A keystone of Norwegian educational policy is that children and young people have an equal right to education, regardless of where they live, their gender, social and cultural background, or any special needs. All public education in Norway, including higher education, is free of charge. Public and private childcare centers, referred to as “kindergartens” in Norway, are not free, but a low, maximum fee is regulated by the government (Ministry of Education and Research, 2021).

## Kindergarten

There are 5 788 kindergartens in Norway, of which 498 are family kindergartens and 117 are open kindergartens (i.e., part of Family's Houses, see section 4). Forty-seven percent of kindergartens are public, while 53% are privately owned. Kindergartens in Norway offer childcare for children until compulsory school age, i.e., until the year they turn 6 years of age, when it is compulsory that they attend school. In addition to being a good pedagogical institution for children, kindergartens are considered a means to gain equality between the genders, as the childcare they provide allows all parents the possibility to work or study. In 2003, the Norwegian parliament adopted the Kindergarten Agreement. It established that kindergarten should be available to every child by law and had a major impact on children's participation in ECEC. A significant increase in kindergarten enrollment was observed after 2003, due both to changes in society, such as rising labor force participation among women, and to various political initiatives. In 1963, only 2% of children aged 1-5 years were enrolled in kindergarten, compared to 91.7% today. Between 1980 and 2018, the proportion of children enrolled in kindergarten increased with age (73.2% of 1-year-olds; 97.6% of 5-year-olds) (Figure 7). The biggest increase in kindergarten enrollment has been seen among the youngest children and among minority language children (Ministry of Education and Research, 2021).

**Figure 7** – Kindergarten enrollment among children aged 1-5 years, historical development



*Reprinted with permission from the Norwegian Directorate for Education and Training (udir.no)*



The Kindergarten Act of 2005, its related regulations (The Kindergarten Act, 2005), and the kindergarten reform, represent some of the most important and extensive steps taken by the Norwegian welfare system in recent decades. Among other things, it legislated children's right to attend kindergarten, gave clearer regulations on the content of kindergartens, and gave a clearer description of roles and responsibilities in the sector. The Kindergarten Act states that municipalities are the local authorities for kindergartens, and that municipalities must provide guidance and ensure that kindergartens are operated in accordance with current rules and regulations. Children have a statutory right to a place in kindergarten from 1 year of age until compulsory school age, and municipalities are obligated to offer this to all their resident children. The main goal of the kindergarten policy is to provide affordable, high-quality childcare. This goal is achieved through the development of more kindergartens, a coordinated admission process that is intended to ensure equal treatment of children and of public and private kindergartens, and equal pricing for public and private kindergartens (Haug & Storø, 2013).



*Illustration photo: Mostphotos*

There has been a steady increase in minority language children in kindergartens in Norway. On average, 18% of children in kindergarten are minority language speakers. In 2018, there were 50 900 minority language children enrolled in kindergartens, an increase of 4.6% from 2017. These 50 900 children represented 83% of the total population of minority language children in the country, an



increase of 2.5% from 2017. The increase is primarily due to a growing immigrant population<sup>1</sup>. About 2 out of 10 minority language children who attend kindergarten receive accelerated Norwegian language training, which requires additional staff. In Norway, the municipalities of Drammen and Oslo have the largest proportion of minority language children enrolled in kindergarten, with 35% and 30%, respectively (Directorate for Education and Training, 2020).

A maximum fee for public and private kindergarten was introduced in 2009 (NOK 3,040 or around 300 EUR per month). The fee corresponds to more than 6% of the household income of working parents. Low-income families are entitled to a reduced price or free kindergarten. Statutory sibling discounts are also available. On top of the maximum fee, kindergartens may also charge for the cost of meals (Directorate for Education and Training, 2020).

#### Parental benefits

Parental benefits come in the form of financial assistance, which is intended to ensure parents an income after the birth or adoption of a child. This benefit starts no later than 3 weeks before the due date. To be eligible for parental benefits, the mother must have received a salary for at least 6 of the 10 months prior to the start of the benefit period. Parental benefits are normally calculated based on the mother's salary at the beginning of the benefit period, and they include 49 weeks of support at 100% of the mother's salary, and an additional 59 weeks at 80%. Mothers not eligible for the parental benefit can receive a lump-sum grant of NOK 84,720 for every child she gives birth to.

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<sup>1</sup> Minority language children are defined as such when both the child and their parents/guardians have a mother tongue other than Norwegian, Sami, Swedish, Danish, or English (Directorate for Education and Training, 2020). Children from an immigrant background are children who have themselves immigrated or who were born in Norway to parents who have immigrated. Children with country backgrounds from Denmark, Sweden, Ireland, Great Britain, USA, Australia, and New Zealand are not included (Statistics Norway, 2021).



*Photo: Mads Schmidt Rasmussen / norden.org*

The period of parental benefit may be divided into three: one period that is reserved for the mother; one period that can be divided freely between the parents; and a period that is reserved for the father or the co-mother (NAV Arbeids- og velferdsforvaltninga, 2020).

The cash benefit for parents

In 1998, a cash benefit for parents with children under the age of 3 years was introduced in Norway, after which the number of children enrolled in kindergarten decreased. However, parents of children enrolled full-time in kindergarten do not receive the cash benefit, and those with children enrolled part-time in kindergarten receive a partial benefit. In 2012, this benefit was eliminated for 2-year-old children, and more stringent regulations were introduced in 2017. This led to a clear decline in the number of children whose parents qualify for the cash benefit: from over 88 000 in December 2000 to just under 12 000 at the end of December 2019 (Haug & Storø, 2013; Ministry of Children and Families, 2020).



*Illustration photo: Aleksandr Davydov/ Mostphotos*

According to the Child Welfare Services (CWS) Act, both local and central authorities have duties and responsibilities in the child welfare field. Municipalities are responsible for performing all duties that are not assigned to a central government body. The primary function of CWS is to ensure that children and young people living under conditions that may harm their health and development receive assistance when they need it, and to help give children and young people a safe environment in which to grow up. CWS are responsible for providing advice and guidance, undertaking investigations, and making administrative decisions pursuant to the CWS Act. CWS also prepare cases for consideration by the county social welfare board and implement and follow-up on child welfare measures. All municipalities must have CWS that are responsible for the day-to-day tasks required by the CWS Act, such as handling child welfare cases, performing investigations, providing home-based assistance, administering a child welfare emergency unit, handling out-of-home placements, monitoring out-of-home placements, and approving foster homes. In 2019, 54 592 children were receiving assistance from CWS (Ministry of Children and Families, 2020; Statistics Norway, 2020c).

## Health services



*Illustration photo: Gabby Baldrocco/ Mostphotos*

Several health and care services are available to parents and their children. They include:

- Health stations that provide maternity care and health services for children aged 0-5 years
- School health services for children aged 5-16 years
- Youth health centers (YHC)

The first prenatal visit usually takes place between gestational weeks 6 and 12. It should be offered as early in the pregnancy as possible and should be no later than 1 week after the woman first contacts her general practitioner or midwife. As a standard, there are seven prenatal visits, as well as an ultrasound at a hospital outpatient clinic between gestational weeks 17 and 19. Paper or digital health cards are created for all women who become pregnant in Norway (Directorate of Health, 2018). The card contains important information about the pregnant woman, the baby, and the pregnancy, including if the woman has been pregnant before, and it ensures that everyone – the pregnant woman, the general practitioner, the midwife, the hospital, and other health personnel – has access to the same information. Pregnant women must bring the health card whenever they have contact with health services. Mental health and mental well-being examinations are included in maternity care, and in recent years, assessments of maternal depression, alcohol use, and exposure



to violence have also been implemented. Increased focus has also been placed on the other parent's mental health and on both parents' upbringing and experiences of violence in childhood. The idea is to identify possible issues early, so that preventive measures can be taken in relation to vulnerable families (Danilesdóttir & Ingudóttir, 2020).

As part of the provision of health and care services, municipalities offer health promotion and preventive services, such as health stations for the youngest children (0-5 years), and school health services and YHC for older children (5-16 years). Health stations provide infant and child healthcare, including multidisciplinary services from general practitioners, public health nurses, physiotherapists, and midwives. Infants, the youngest children, and their parents are followed up by the primary health service in the municipality or district where they live. Each family is offered a home visit by a health nurse shortly after the birth of a child, and the same person usually follows the child for the next few years at the health station. Children who are not permanent residents of Norway are also entitled to health and care services from the municipality, including health checks at health centers (Danilesdóttir & Ingudóttir, 2020).

In Norway, trust in public health services is high, especially in those that offer services to pregnant women and young children. Most of these services are required by law, and it is recommended that parents follow the guidelines set by these services. The purpose of the health stations, the school health services, and YHC, is to promote mental and physical health, promote good social and environmental conditions, and prevent illness and injury. The services are meant to be universally preventive and to identify children and adolescents at risk as early as possible, offer them services, or refer them to other specialist health services if necessary. Universal preventive services are meant to be interdisciplinary, culturally sensitive, and adapted to the needs and life situation of each individual (Danilesdóttir & Ingudóttir, 2020).

#### 4. Family centers



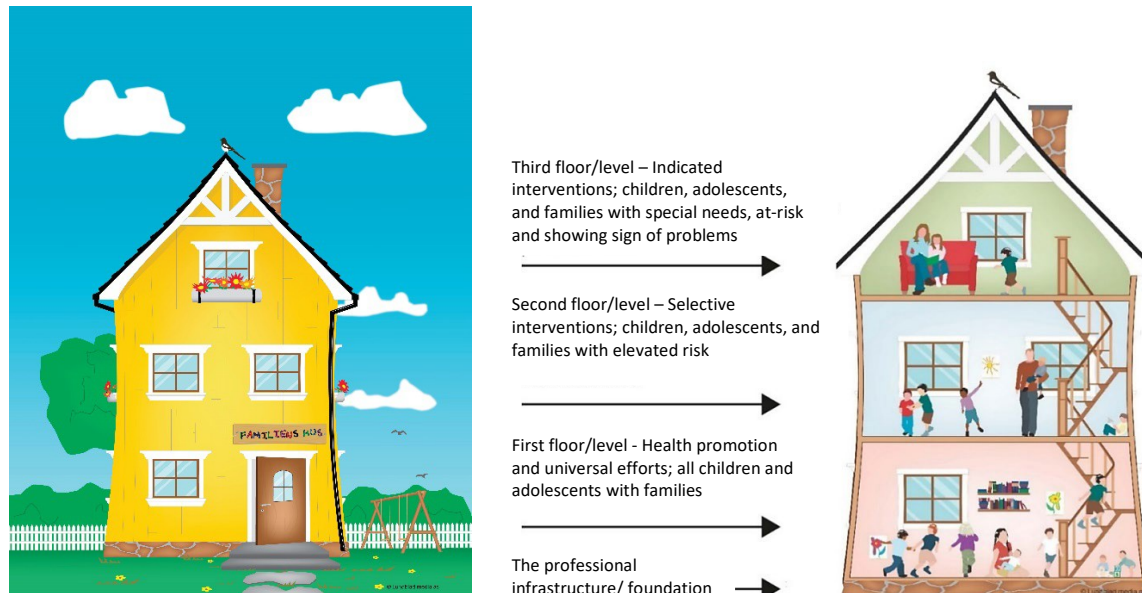
*Illustration photo: Arne Trautman/ Mostphotos*

The Family's House is a model for organizing municipal services for children, youth, and their families (Figure 8). The first municipalities in Norway adopted the model in 2002; it consisted of an open kindergarten, maternity care, health station (0-5 years), educational psychology services, and preventive CWS. The entire purpose of the Family's House is preventive, but other goals include improving interdisciplinary collaboration between professionals and offering coordinated municipal services. Indeed, the combination of these aspects allow Family's Houses to provide better, more comprehensive support to children and families, which is readily available in their communities (Haugland, Rønning, & Lenschow, 2006; Martinussen, Hansen, & Adolfsen, 2019).

The Family's House model was developed as part of the Plan for Advancing Mental Healthcare (1999-2008), the main goals of which were to offer improved mental healthcare; advance health-promoting and preventive strategies; and increase community participation, universal services, and easy access to those services. Further work on the model is ongoing, and improvements are being made in service coordination, and in providing preventive information that is tailored to the needs/problems of the community in which the Family's House is located. One of the main goals of the Family's House model was to create a low-threshold setting in which interdisciplinary services could be offered to

everyone, but in which children and young people at psychosocial risk could still be identified and offered relevant, interdisciplinary help at an early stage (Martinussen et al., 2019).

**Figure 8** - The different levels of the Family's House model



### Open kindergarten

The Family's House open kindergarten is a health-promoting, preventive pedagogical service. Its objective is to ensure a low-threshold setting, i.e., to help the people perceive the Family's House as a place that it is open and available to the community. The Family's House open kindergarten differs from other kindergartens in that the children are accompanied by guardians who are responsible for their care while attending, and it shares a location with other municipal services. It also provides a gathering place that supports parents and helps to build parental networks, while promoting development, health, and well-being in preschool-age children and their parents/caretakers. These open kindergartens are free of charge, open to everyone, and the members of the community can use them anytime during opening hours, according to their individual schedules. The open kindergarten is an informal, social arena, where parents and children can meet with other parents, children, and professionals. On its own, or together with other Family's House services, the open kindergarten facilitates various activities that meet the needs and wishes of parents when it comes to information, competence, and support related to parenting skills, child rearing, and child development. During opening hours, parents can take part in group meals, social hour, playtime, sing-a-longs, walks, formative activities, theme courses, etc. The open kindergarten supplements and supports other Family House's services in various ways. It adds a new dimension to what the

municipality traditionally offers families with small children (pregnancy care, health services, child welfare, pedagogical-psychological services) because it is a public service that gives parents access to social support and guidance without having to go through introductory appointments or referrals (Martinussen et al., 2019). User surveys conducted in open kindergartens show that the parents were very happy with them and found them to be beneficial for themselves and their children (Kaiser, Skjesol, Sætrum, Adolfsen, & Martinussen, 2020).

#### Target Areas of Family Centers

The goal of Family Centers is to promote good health and development by meeting the needs of families and other caregivers with small children, which may be related to the following general objectives (Martinussen et al., 2019):

- Promoting the health and development of children
- Supporting parents/ guardians in their role as caregivers.
- Stimulating positive interactions between parents/guardians and their children
- Strengthening the social network of children and parents/guardians
- Helping children and parents/guardians to enjoy rewarding experiences together
- Contributing to early identification and early intervention
- Initiating contact between parents/guardians and other service providers as needed
- Facilitating community involvement and participation
- Distributing relevant information to children and parents/guardians
- Being a positive community service



## 5. Quality of life and mental health



*Illustration photo: Chris Han/ Mostphotos*

Most children and adolescents in Norway thrive and have good mental health. Quality of life studies show that the vast majority are satisfied with their lives; however, there are also some challenges (Reneflot et al., 2018):

- Nine out of 10 Norwegian children report that they thrive at school.
- One hundred thousand (100 000) children aged 0-17 years live in families with persistent low income.
- Nine out of ten 2-year-olds go to kindergarten.
- About one in five students has developmental and/or learning difficulties.
- About 5% of children aged 6-15 years live in households where their parents are in conflict.
- Many Norwegian children and young people experience neglect and abuse.
- Norwegian young people sleep barely 6.5 hours per night on weekdays, less than the recommended 8-9 hours.
- The time spent in front of screens (smartphones, tablets, PCs, and TVs) has increased sharply in recent years.
- Only 2% of young people smoke, and smoking as a phenomenon is on the verge of disappearing among young people in Norway; alcohol use is also declining.

## Strategies and challenges

In Norway, the vast majority of children and young people are doing well. However, some have complicated needs that often cannot be addressed by any one specific health sector, but in the interfaces between them. These children and young people face complex challenges that require equally complex, coordinated, individually-tailored solutions. Unfortunately, these solutions remain elusive due to Norway's fragmented support system, in which professionals are not in contact with each other. This fragmentation keeps professionals from obtaining a comprehensive view of the family's situation, and the overall responsibility for follow-up is separated out across different professionals until it disintegrates entirely.

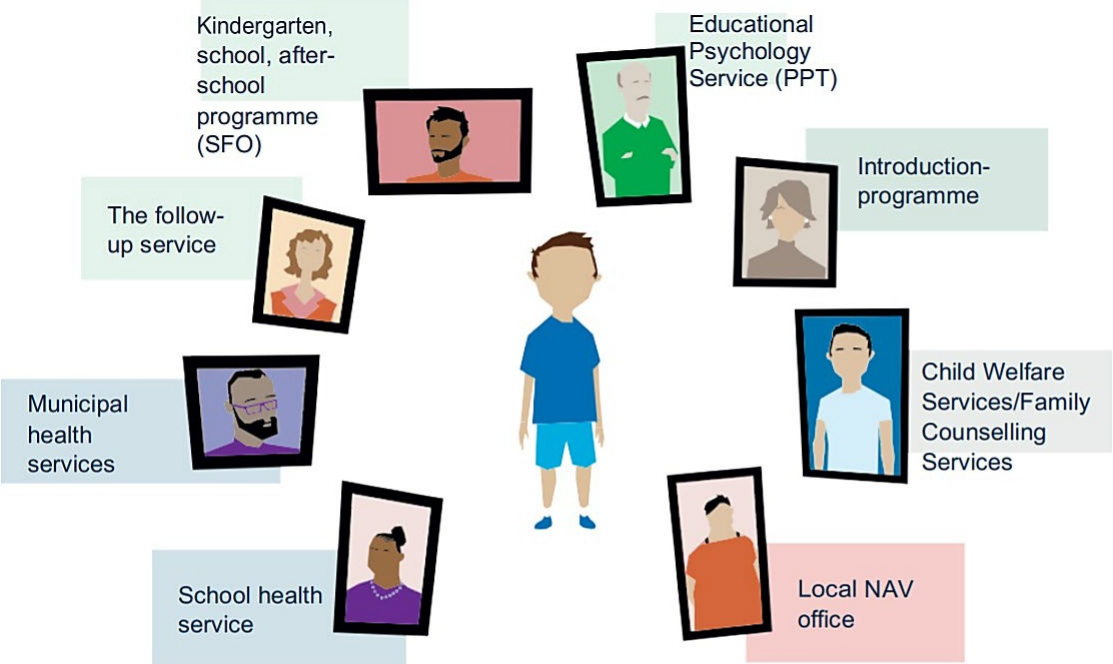
## The 0-24 Collaboration

If municipalities are to succeed in providing a comprehensive range of early services to vulnerable children and young people, and their families, the state must ensure better coordination of interventions. Ministries and directorates must create central government guidelines with the needs of the municipalities and users in mind. In addition, better cooperation and dialogue is necessary across the sector (e.g., school or health sector), the administration of the municipality or county, and not the least, with children and young people themselves. The aim the 0-24 collaboration is to ensure that all children and young people receive the support and help them need to master their own lives (Figure 9) (0-24 SAMARBEIDET, 2021).

## Examples of 0-24 collaboration projects

- Joint cross-sectoral knowledge base (joint assessments and research)
- A Nordic 0–24 project focusing on the same topics
- Coordination of funds from various sector authorities
- Coordination of regulations across the sectoral areas of responsibility

**Figure 9** 0-24 collaboration – Better coordination for vulnerable children and young people



*Printed with permission from the 0-24 collaboration (0-24-samarbeidet.no)*

The Long-term strategy for children’s and young people's mental health

The aim of the governments’ long-term strategy is to increase access to mental health services for children and young people in 2019-2024, in order to ensure that more people have good mental health and a good quality of life, and to ensure good treatment for those who need it. The long-term strategy is built on a foundation of health-promoting and preventive measures, and also includes treatment-oriented measures. It serves children and young people aged 0-25 years, and is meant to foster a society that promotes children's and young people's mental health and quality of life and reduces social disparities. The strategy addresses early intervention, how to identify when there is a concern for a child, a young person, or the family, and how to implement family support measures early (Helse- og omsorgsdepartementet, 2019).

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