



DET KONGELIGE  
HELSE- OG OMSORGSDEPARTEMENT

*The Royal Ministry of Health and Care Services*

**“Social welfare System in Norway concerning disabled children and their families. How the services are provided, the attitude and strategy behind”**

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# How individual support services are provided in general

- **Two Acts**

regulate the responsibility of the local municipality:

- Social Services Act
- Municipal Health Services Act

- **Finances**

Social support services, nurse services in home, institutions:

- General state grants
- Local taxes
- Co-payment (except home nurse services)
- Periodic earmarked grants for new measures or for stimulating improvements

# Decentralisation of responsibility

## Each municipality decides:

- The *organisation* of services
  - (including possible contracts with private providers)
- The *amount* of services to the individual
- The *type* of services to the individual

## The municipality is all the time responsible to:

- Provide necessary services (also: initiate)
- See to the quality of the services

## **Type of services to children with disabilities**

- Municipal *social* services:
  - practical assistance in the household
  - personal assistance, managed by the user
  - respite (relief) services
  - support person for leisure activities
  - services in institutions (rare)
  - pay/wages to relatives who give services to family members in need of high level of support.
- Municipal *health* services:
  - home health care
  - rehabilitation services

## **The right of appeal includes**

- The decision – type and amount of services
- The implementation of services or lack of implementation

Court of appeal:

1. The municipality (for review)
2. The regional governor

In progress to be established:

Ombudsman

# Quality Management systems

- The municipality is by law required to direct and control its service provisions in a systematic and transparent manner
- Formal agreement between the government and the Norwegian Association of Local and Regional Authorities (KS) – to develop quality in care services
  - first period: 2003-2006
  - Current: 2006 - 2010

# External control and supervision

- *The Norwegian Board of Health Supervision*
  - independent supervision authority, with responsibility for general supervision of health and social services.
- contributes to ensure that:
  - the needs of the population for health and social services are met
  - the health and social services are run in accordance with acceptable professional standards
  - deficiencies in provision of services are prevented
  - resources are utilized effectively and efficiently

[www.helsetilsynet.no/](http://www.helsetilsynet.no/)

## **Principles in the laws:**

- Independent, meaningful life
- Individual assessment of needs
- The user is to be consulted
- Formal decisions
- Co-ordination of services complex services -Individual plan



## **Principles in the laws – disabled children and their families**

- Parents take care of their children up to 18 years
- Public services should compensate for much of the extra burdens
- Parents with disabled children should take part in labour market and in society:  
(support regulations in labour market legislation and in National Insurance Scheme)

# The attitude and strategy behind

- Mainstreaming – sector responsibility
- Aim at: Independent living, active and meaningful life in fellowship with others
- Each person should receive services based on assessment of individual resources, needs and preferences
- Each municipality is responsible to assess the overall needs of its population –
  - today and in the future (demography vary a great deal between municipalities)

# Deinstitutionalization - Evaluation

Research summary:

Jan Tøssebro in

**Human Rights – Disability –  
Children**, Conference proceedings  
8-9 November 2004, Council of  
Europe, Strasbourg

## Research conclusions

- Preschool is the success story of inclusion policy
- The real issue is about changing the school
- Many parents experience an undue extra burden (threshold to services)

## **Challenges for further state policy – disabled children and their families**

- To improve competency
  - on all levels: assessment & decision, leadership and among service staff
- Accessible services, continuity in services and adapting to changing needs and age related transitions
- Quality and amount of respite care
- Improve the co-ordination of services