

Heikki Hiilamo

Promoting Children's Welfare

IN THE NORDIC COUNTRIES



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Summary

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Nordic countries are undoubtedly world leaders in child welfare. In a recent report the United Nations children's organisation UNICEF looked at 40 indicators for child well-being across 21 industrialised countries from 2000-2003, including poverty, family relationships, and health. In its league table the Netherlands came top, followed by Sweden, Denmark and Finland. Norway's position was seventh. Iceland was not included in the league table although some of the indicators covered it.

The Nordic countries did not earn top scores in every category. For instance in family and peer relationships the Nordic countries performed poorly. It is also important to notice that there were significant differences within the Nordic cluster.

The aim of this study is to describe and compare the institutions that promote the welfare of children and youth in Nordic countries. These institutions concern policies that are related to child welfare in five Nordic countries, namely Denmark, Finland, Norway, Iceland and Sweden. The decision to exclude autonomous territories, Faroe Islands (Denmark), Greenland (Denmark) and Åland (Finland), was based on the fact that most programmes promoting child welfare in these territories do not have distinctive features.

By institutions promoting the welfare of children and youth we mean the overall system in each country under which public authorities, private actors and third sector parties (NGO's, Churches etc.) provide services and welfare programmes to families with children. "Welfare" is used as a broad concept that includes children's material resources as well as services targeted to children and families with children. Welfare is also conveyed by the ways in which children and youth are perceived in society, such as how they are involved in decision-making.

The study focuses on eight institutions or areas of welfare, namely:

- Early childhood education and care (ECEC)
- Welfare services at school
- Health care of children and youth
- Parenting support
- Decision-making
- Maternity/paternity leave and leave to care for children
- Universal child benefits
- Income related child benefits.

The institutional review was mainly based on a questionnaire that was sent to national informants in May 2007, i.e. contact persons in *Ämbetsmannakomittén* (the Nordic network of civil servants in the field of social and health policy).

A review of policies promoting the welfare of children and youth in the Nordic countries exposes a large variety of services and benefits targeted for them. It is not possible to compare the policies in detail or to draw any far-reaching conclusion in this respect. The general picture is that all the countries belong to the same family. There are clearly more similarities than dissimilarities among the Nordic countries.

The institutions with the most similarities concern ECEC, welfare services in school and health care. The major cross-Nordic differences in ECEC have to do with such variables as the legal entitlement to day care, administrative auspice (education, health, social welfare or a combination), parent and child involvement in developing services and the availability of open services. There are no major differences in the locus of care. All the Nordic countries rely heavily on public day care arrangements. The primary caregiver is a professional either in a day care centre or in family care (family care operates also under the public day care system).

Finland and Norway have a cash benefit child care system that offers the option for parents with small children (under three years) to stay at home. A large share of mothers uses this option at least for part of the period before their youngest child turns three. The cash benefit childcare system will be restructured in Norway in 2008, while Sweden plans to introduce cash benefit for childcare on a municipal level. Some Icelandic municipalities have also started cash for childcare payments.

There is a large variety of welfare services provided by schools. However, the responses to the questionnaire indicate major differences across municipalities both within and across the countries. Some countries provided school meals and school material more often than others.

The differences in health care services concerned matters of detail only. All Nordic countries offer a wide range of health care services to expecting

mothers, under school-aged children and school-aged children. The services are universal in coverage and offered free of charge. The role of the private sector is marginal or non-existent.

When it comes to decision-making and parenting support more differences begin to emerge. However, the comparison suffered because extensive information on these topics could not be obtained from all Nordic countries. Parenting support services are characterised by unmet demand and a constant need for more services.

Norway seems to be ahead of other Nordic countries in promoting the interests of the child and the youth in decision-making. More measures are needed to make children conspicuous in decision-making and to meet the challenges put forward in the United Nations Convention on the Rights of the Child.

The financial side of family policy was not the prime focus of this review. Our results seem to indicate that parental benefits are most developed in Sweden. They are also an area of intensive development in other Nordic countries. From the outset, at least, the universal child benefit schemes have been almost identical across the Nordic countries. One legacy of the universal Nordic model of the welfare state is that income related child benefits play only a minor role. The clearest example of income related benefit is the housing benefit scheme in Sweden.

It would be tempting to evaluate differences in outcomes in light of the review of different policies among the Nordic countries. Given the limitations of this study it is not possible to relate family policy institutions to family policy outcomes.

Key words

children, family policy, Nordic countries, welfare, youth

Tiivistelmä

Heikki Hiilamo. *Lasten ja nuorten hyvinvoinnin edistäminen Pohjoismaissa*. Helsinki 2007. 88 s. (Sosiaali- ja terveysministeriön selvityksiä, ISSN 1236-2115; 2008:15)
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Pohjoismaat ovat epäilemättä maailman johtavia valtioita lasten hyvinvoinnin turvaamisessa. Yhdistyneiden kansakuntien lasten järjestön Unicefin äskettäin julkaisemassa raportissa tarkasteltiin 40 lasten hyvinvoinnin indikaattoria 21 teollistuneessa maassa vuosina 2000–2003. Indikaattoreihin kuului mm. köyhyys, perhesuhteet ja terveys. Kärjessä oli Alankomaat ja seuraavina Ruotsi, Tanska ja Suomi. Norja oli seitsemäntenä. Islanti ei ollut mukana listalla, vaikka osa indikaattoreista koski myös Islantia.

Pohjoismaat eivät olleet kaikissa kategorioissa kärkisijoilla. Esimerkiksi perhe- ja vertaisryhmäsuhteissa Pohjoismaiden tulos oli heikko. Huomion arvoista oli myös, että Pohjoismaiden välillä oli merkittäviä eroavaisuuksia.

Tämän selvityksen tavoitteena oli kuvata ja verrata lasten ja nuorten hyvinvointia edistävien instituutioiden toimintaa Pohjoismaissa. Nämä instituutiot liittyvät viiden Pohjoismaan, eli Tanskan, Suomen, Norjan, Islannin ja Ruotsin lasten hyvinvointipolitiikkaan. Färsaarten (Tanska), Grönlannin (Tanska) ja Ahvenanmaan (Suomi) itsehallintoalueet jätettiin pois vertailusta, koska näiden alueiden lasten hyvinvoinnin edistämishjelmissä ei yleensä ole ollut erityispiirteitä.

Lasten ja nuorten hyvinvointia edistävillä instituutioilla tarkoitetaan jokaisen maan kokonaisjärjestelmää, jonka puitteissa viranomaiset, yksityiset toimijat ja kolmannen sektorin toimijat (kansalaisjärjestöt, kirkot jne.) tuottavat lapsiperheille suunnattuja palveluja ja hyvinvointiohjelmia. "Hyvinvointi" käsitetään laajassa merkityksessä ja siihen sisältyy niin lasten aineelliset voimavarat kuin lapsille ja lapsiperheille suunnatut palvelut. Hyvinvointia kuvaa myös se, miten lapset otetaan huomioon yhteiskunnassa, esimerkiksi se miten lapset ja nuoret osallistuvat päätöksentekoon.

Selvitys keskittyi seuraaviin kahdeksaan instituutioon tai hyvinvoinnin alueeseen:

- varhaiskasvatus
- koulun hyvinvointipalvelut
- lasten ja nuorten terveydenhuolto
- vanhemmuuden tuki
- päätöksenteko
- äitiys-, isyys- ja hoitovapaat
- yleinen lapsilisä
- ansiosidonnaiset lapsiperheiden etuudet

Instituutioiden arviointi perustuu pääosin Pohjoismaiden ministerineuvoston sosiaali- ja terveyspolitiikan virkamieskomitean yhteyshenkilöille toukokuussa 2007 lähetettyyn kyselyyn.

Pohjoismaiden lasten ja nuorten hyvinvointia edistävien järjestelmien arvioinnin mukaan näille ryhmille suunnattuja palveluja ja etuuksia on tarjolla runsas valikoima. Järjestelmien yksityiskohtainen vertailu tai kauaskantoisten johtopäätösten vetäminen oli selvityksen puitteissa mahdotonta. Yleisellä tasolla voidaan sanoa, että kaikki Pohjoismaat kuuluvat samaan perheeseen. Pohjoismaiden välillä oli selkeästi enemmän yhtäläisyyksiä kuin eroavaisuuksia.

Eniten yhtäläisyyksiä oli varhaiskasvatuksen, koulun hyvinvointipalvelujen ja terveydenhuollon aloilla. Suurimmat varhaiskasvatukseen liittyvät erot Pohjoismaiden välillä koskivat esim. seuraavia tekijöitä: lakisäätäinen oikeus päivähoitoon, hallinnolliset rakenteet (koulutus, terveys, sosiaalihuolto tai näiden yhdistelmä), vanhempien ja lasten osallistuminen palvelujen kehittämiseen sekä avopalvelujen saatavuus. Hoidon keskittymisessä ei ole suuria eroja. Kaikki Pohjoismaat ovat hyvin riippuvaisia julkisesta päivähoitosta. Ensisijainen päivähoiton tarjoaja on päiväkodissa tai perhepäivähoidossa toimiva ammattilainen (julkinen päivähoitojärjestelmä kattaa myös perhepäivähoidon).

Rahassa maksettaviin etuuksiin perustuva vaihtoehtoinen päivähoitojärjestelmä tarjoaa pienten (alle kolmevuotiaiden) lasten vanhemmille mahdollisuuden jäädä kotiin hoitamaan lastaan Suomessa ja Norjassa. Suuri osa äideistä hyödyntää tätä mahdollisuutta ainakin ennen kuin nuorin lapsi täyttää kolme vuotta. Norjan kotihoidon tukea uudistetaan vuonna 2008. Ruotsi suunnittelee kotihoidon tuen vakiotuen aloittamista kunnallisella tasolla. Joissakin Islannin kunnissa on myös aloitettu hoitorahan maksaminen.

Kouluissa on laajat valikoimat hyvinvointipalveluja. Kyselyyn tulleiden vastausten perusteella kuntien välillä on kuitenkin suuria eroja niin valtioiden sisällä kuin niiden välillä. Koulun toimintamateriaalien sekä kouluruoan tarjoamisessa oppilaille on merkittäviä eroavuuksia Pohjoismaiden välillä.

Terveyspalveluiden erot koskivat lähinnä yksityiskohtia. Kaikki Pohjoismaat tarjoavat laajan valikoiman terveyspalveluita odottaville äideille, alle kouluikäisille lapsille ja koululaisille. Palvelut ovat kaikille maksuttomia. Yksityisen sektorin osuus on marginaalinen tai olematon.

Sen sijaan päätöksenteon ja vanhemmuuden tukemisen alueella on enemmän eroja. Vertailua vaikeuttaa kuitenkin se, että tietoa näihin teemoihin liittyen ei ollut saatavilla kattavasti kaikista maista. Vanhemmuuden tukemisen palveluja kuvaa riittämätön tarjonta kysyntään nähden. Tarve vanhemmuutta tukeviin palveluihin on jatkuvasti kasvava.

Norja tuntuu olevan muita Pohjoismaita edellä lasten ja nuorten etujen edistämisessä päätöksenteossa. Kuitenkin kaikissa maissa on selkeä tarve lisätä toimenpiteitä lasten näkyvyyden lisäämiseksi päätöksenteossa ja Yhdistyneiden kansakuntien lapsen oikeuksia koskevan yleissopimuksen haasteisiin vastaamiseksi.

Perhepolitiikan taloudellinen puoli ei kuulunut selvityksen pääalueisiin. Selvityksen tulosten perusteella vanhempainrahajärjestelmä on kehittynein Ruotsissa. Vanhempainrahajärjestelmiä kehitetään paljon myös muissa Pohjoismaissa. Pohjimmiltaan kaikkien Pohjoismaiden yleiset lapsilisäjärjestelmät ovat lähestulkoon identtisiä. Pohjoismaisesta universaalista hyvinvointivaltiomallista johtuen ansiosidonnaisten lapsilisien osuus on vähäinen. Selkein esimerkki ansiosidonnaisista etuuksista on Ruotsin asumistukijärjestelmä.

Olisi houkuttelevaa arvioida tulosten eroavaisuuksia Pohjoismaiden eri politiikkojen arvioinnin valossa. Tämän selvityksen rajoitukset huomioon ottaen ei selvityksen perusteella ole mahdollista verrata perhepoliittisen järjestelmän vaikutusta perhepolitiikan tuloksiin.

Asiasanat

hyvinvointi, lapset, nuoret, perhepolitiikka, Pohjoismaat

Sammandrag

*Heikki Hiilamo. Främjande av barns och ungas hälsa och välmående i de nordiska länderna. Helsingfors 2007. 88 s. (Social- och hälsovårdsministeriets rapporter, ISSN 1236-2115; 2008:15)
ISBN 978-952-00-2554-0 (inh.), ISBN 978-952-00-2555-7 (PDF)*

De nordiska länderna är utan tvivel världsledare i tryggheten av barns och ungas välmående. I en nyligen utgiven rapport studerade Förenta Nationernas barnorganisation Unicef 40 indikatorer på välbefinnandet hos barn i 21 industrialiserade länder mellan 2000–2003. Indikatorerna inkluderade bl.a. fattigdom, familjereaktioner och hälsa. Listan toppades av Nederländerna, följd av Sverige, Danmark och Finland. Norge var på 7:e plats. Island var inte med på listan även om vissa indikatorer gällde även för Island.

De nordiska länderna nådde inte toppresultat i alla kategorier. I fråga om t.ex. relationer med familj och andra människor presterade de nordiska länderna dåligt. Det är också viktigt att notera att det fanns märkbara skillnader inom Norden.

Utredningens syfte var att beskriva och jämföra de institutioner som främjar välfärden hos barn och ungdomar i de nordiska länderna. Dessa institutioner är förknippade med välfärdspolitikerna i de fem nordiska länderna, dvs. Danmark, Finland, Norge, Island och Sverige. Beslutet att utesluta de självstyrande områdena Färöarna (Danmark), Grönland (Danmark) och Åland (Finland) från utvärderingen byggde på faktumet att de flesta program som syftar till att främja välfärden hos barn i de självstyrande områdena inte har några särdrag.

Med institutioner som främjar välfärden hos barn och ungdomar avses de helhetssystem i varje land inom vilka myndigheter, privata aktörer och aktörer inom den tredje sektorn (medborgarorganisationer, kyrkor, osv.) producerar tjänster och välfärdsprogram för barnfamiljer. "Välfärden" används i en vidare benämning och omfattar såväl barns materiella resurser som tjänster inriktade på barn och barnfamiljer. Välfärden syns också i det sätt som barn betraktas i samhället, t.ex. i det sätt barn och ungdomar kan delta i beslutsfattandet.

Rapporten fokuseras på följande åtta institutioner eller välfärdsområden:

- småbarnsfostran
- välfärdstjänster inom skolan
- hälso- och sjukvård för barn och unga
- stöd till föräldraskap
- beslutsfattande
- moderskaps-, faderskaps- och vårdledighet
- allmänt barnbidrag
- inkomstrelaterade stöd för barnfamiljer.

Utvärderingen av institutionerna byggde huvudsakligen på en enkät som i maj 2007 skickades till kontaktpersoner i Nordiska ministerrådets ämbetsmannakommitté för social- och hälsopolitik.

Vid utvärderingen av systemen som främjar välfärden hos barn och ungdomar i de nordiska länderna framgick en lång rad tjänster och förmåner inriktade på dessa grupper. Det är inte möjligt att jämföra de olika ländernas politik i detalj eller dra några långtgående slutsatser. Allmänt sätt kan man säga att alla de nordiska länderna hör till samma familj. Det var tydligt flera likheter än skillnader mellan de nordiska länderna.

Institutionerna med mest likheter är inom småbarnsfostran, välfärdstjänster i skolan samt hälso- och sjukvården. De största skillnaderna mellan de nordiska länderna när det gäller småbarnsfostran handlade t.ex. om den lagstadgade rätten till dagvård, administrativa strukturer (utbildning, hälsa, socialvård eller en kombination av dessa), föräldrars eller barns delaktighet i utvecklandet av tjänster samt tillgängligheten av öppenvård. Det fanns inga stora skillnader i koncentrationen av vård. Alla de nordiska länderna är starkt beroende av det offentliga dagvårdssystemet. Den primära vårdaren är en yrkesutbildad person antingen på ett daghem eller inom familjevården (även familjevården omfattas av det offentliga dagvårdssystemet).

Finland och Norge har ett system med kontantförmåner som erbjuder småbarnsföräldrar möjligheten att stanna hemma med barn under tre år. En stor del av mödrarna utnyttjar möjligheten i alla fall innan det yngsta barnet fyller tre år. Det norska systemet med kontantförmåner skall omstruktureras 2008 medan Sverige planerar att införa ett kommunalt system med kontantförmåner inom barnvården. Även vissa isländska kommuner har börjat betala kontantförmåner.

Det finns ett stort urval välfärdstjänster inom skolväsendet. Trots detta indikerar enkätsvaren att det finns stora skillnader mellan kommuner både inom och mellan länderna. Det finns märkbara skillnader mellan de nordiska länderna vad gäller erbjudandet av skolmaterial och skolmat till eleverna.

Skillnaderna i fråga om hälso- och sjukvårdstjänster handlade bara om detaljer. Alla de nordiska länderna erbjuder ett brett sortiment av hälso- och sjukvårdstjänster till havande kvinnor, barn under skolåldern och barn i skolåldern. Tjänsterna är universala och avgiftsfria. Den privata sektorns roll är marginell eller obefintlig.

När det gäller beslutsfattande och stöd i föräldraskapet börjar flera skillnader dyka upp. Jämförelsen led emellertid av att täckande information inte kunde fås från alla länder. Stöd i föräldraskapet karakteriseras av icke tillgodosedd efterfrågan. Det finns ett ständigt behov av mera tjänster som stöder föräldraskapet.

Norge verkar gå före de övriga nordiska länderna när det gäller främjande av barns och ungdomars intressen i beslutsfattande. Flera åtgärder behövs för att barn skulle vara mer synliga i beslutsfattande och för att de utmaningar som ställts i Förenta Nationernas konvention om barnets rättigheter skulle mötas.

Familjepolitikens finansiella sida var inte av primärt intresse i utredningen. Resultaten verkar bevisa att föräldraförmåner är mest utvecklade i Sverige. Föräldraförmåner är ett område som genomgår intensiv utveckling även i de andra nordiska länderna. I grund och botten är de universala barnbidragssystemen nästan identiska i Norden. Som arv av den universala nordiska välfärdsstatsmodellen spelar inkomstrelaterade barnstöd en obetydlig roll. Det tydligaste exemplet av inkomstrelaterade bidrag är det svenska bostadsbidragssystemet.

Det skulle vara intressant att utvärdera skillnader i resultaten i ljuset av utvärderingen av nordisk välfärdspolitik. Med beaktande av begränsningarna i rapporten är det inte möjligt att på basen av utredningen jämföra de familjepolitiska systemens påverkan på de familjepolitiska resultaten.

Nyckelord

barn, familjepolitik, Nordiska länderna, ungdomar, välfärd

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Foreword

This study describes and compares the institutions that promote the welfare of children and youth in the Nordic countries; Denmark, Finland, Iceland, Norway and Sweden. The study focuses on eight institutions or areas of welfare, namely: early childhood education and care, welfare services at school, health care of children and youth, parenting support, decision-making, maternity/paternity leave and leave to care for children, universal child benefits and income related child benefits. The study was conducted during the Finnish presidency in the Nordic Council of Ministers in 2007. The study was presented in connection with a seminar on healthy development environments for children and youth, which took place in Espoo, Finland on 8-9 November 2007.

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Heikki Hiilamo



1 Introduction

Nordic countries are undoubtedly world leaders in child welfare. In a recent report United Nations children's organisation UNICEF looked at 40 indicators for child well-being across 21 industrialised countries from the years 2000-2003 including poverty, family relationships, and health (UNICEF 2007a). In its league table the Netherlands came top, followed by Sweden, Denmark and Finland. Norway's position was 7. (Iceland was not included in the league table although some of the indicators covered also Iceland).

The distinctive feature of Nordic family policies is the strong role of the state in relation to non-governmental organizations, families and markets (Kautto et al. 1999, Alestalo and Kuhnle 2000). This means that the state (together with municipalities) has made extensive investments in those areas of social policy that are focused on social risks related to child bearing (Bradshaw 2006, Ellingsaeter and Leira 2006, Pfenning and Bahle 2000). The Nordic Welfare State has often been associated with a high level of female labour force participation and low levels of child poverty (e.g. Giddens 2007, Bradbury and Jantti 2001, Vleminckx and Smeeding 2001). Both outcomes are related to the fact that single parents also participate in the labour market. Nordic countries are also well known for combining a high level of female employment and fertility (Castles 2003).

The Nordic welfare model has not been subject to admiration only. One line of criticism concerns family instability. Wolfe (1989) claims that Nordic welfare states have created a new family type: the public family, where both parents are working and children are kept in day care centres. Wolfe (1989, 142) maintains that "the Scandinavian welfare states, which express so well a sense of obligation to distant strangers, are beginning to make it more difficult to express a sense of obligation to those with whom one shares family ties -- The irony of this development may be that as intimate ties weaken, so will distant ones, thus undermining the very moral strengths the welfare state has shown." Popenoe (1988) interprets Swedish family policy as an agent in family decline manifested by a high family dissolution rate, large numbers of single parent families, and a low marriage rate.

In comparative studies, the Nordic countries are often considered together. The further away the perspective from which the countries are looked at, the

more similar they appear. Roughly speaking, the development of the welfare state has been identical in all the Nordic countries (e.g. Flora 1986). The countries are small, relatively open economies, which are highly dependent on international economic cycles. Their political background and social structure closely resemble each other. Other unifying factors include their Northern geographical position, Lutheranism as the state religion, social homogeneity, and national, linguistic and historical traditions. National social policy has been developed on the basis of democratic corporatism (cf. Katzenstein 1985).

When studied in more detail, however, significant differences between the countries emerge (e.g. Kosonen 1998, Sipilä 1997, Castles 1978, Sipilä, 1997). Currently a major difference within the Nordic bloc is that Denmark, Finland and Sweden are members of the European Union (Finland is also a member of the European Monetary Union) while Iceland and Norway are not. Due to its oil wealth Norway is the richest of the Nordic countries.

There are also differences in child welfare outcomes. The above-mentioned UNICEF study focused on six dimensions of child welfare.¹ The United Nations Convention on the Rights of Children guided the selection of areas of comparison. They included:

- Material well-being
- Family and peer relationships
- Health and safety
- Behaviour and risks
- Own sense of well-being [educational]
- Own sense of well-being [subjective].

The Nordic countries did not earn top scores in every category (Table 1). In material terms the children in the Nordic countries seems to be best off, while in family and peer relationships the Nordic countries performed poorly (that is partly due to the fact that most mothers are in paid employment and families do not have common meals as often as in countries where most mothers stay at home). The results suggest that children in the Nordic countries have relatively safe and healthy living environments and that on average they do not engage in risky behaviour.

It is also important to note that there were significant differences within the Nordic cluster. On health and safety Norway seems to be a straggler among the other Nordic countries. That is the case also in behaviour and risks. Sweden is a forerunner when it comes to behaviour and risks.

¹ The league table drew on sources including the OECD Program for International Student Assessment (PISA) and the World Health Organization's survey of Health Behaviour in School-age Children (HBSC) aged 11, 13 and 15.

The OECD's Pisa study compares educational attainments worldwide (OECD 2007). Pisa 2003 study covered also school related problems and social problems. Differences within the Nordic cluster are visible in the Pisa 2003 result (Table 2)². Pupils seem to report more school related problems in Iceland. The other Nordic countries luckily fall below OECD average. In Iceland and in Sweden the schools report a relatively high level of social problems, while in Denmark they seem almost non-existent.

Given the aging of the population, falling fertility rates and changing economies, there is currently a genuine interest in most of the industrialized countries in investing in children. Despite the shrinking child population and the financial constraints on welfare states, spending on children and families has increased in most industrialized countries (Gabel and Kamerman 2006). However, in the Nordic countries except Iceland the expenditure on children and families has decreased in recent years (Nososco 2006). The GDP share of public expenditure on children and youth was 4% in Denmark between 1996 and 1997, while in 2005 the figure was 3,8%. The same figures for Finland were 3.9% between 1996-1997 and 3% in 2005, for Norway 3.5% (1996-1997) and 2.8% (2005) and for Sweden 3.8% and 3%. In Iceland the share has increased from 2.3% (1996-1997) to 3% (2005).

The idea behind the concept of "investing in children" is to guarantee that their earning potential will be realised when they become adults (Esping Andersen 2002). Child welfare is directly linked to social, cultural and cognitive capital. Nordic countries can certainly present examples and best practices for other industrialised countries that are planning and implementing social investment in children.

The Nordic council's strategy for children and young people also aims at working with vulnerable young people in health and social services. It is important to describe and compare child welfare institutions within the Nordic cluster in order to further promote child welfare.

1.1 Child perspective

In the following we try to assess policies and programmes to promote child welfare from the point of view of the children.

Different theories give different answers to the question of what factors have ultimately shaped the development of family policy. Each theory takes a

² Caution has to be exercised with regard to comparison of questionnaire responses between countries as the responses may be directed by cultural factors.

stand on the definition, contents, and aims of family policy. The development of welfare state institutions has traditionally been explained in the literature by two groups of theories: industrialization theories or functional theories and conflict or political theories. Some theories emphasize the importance of social and economic structures, others that of social actors. Compared with these, the gender-oriented approach represents a new theory, which criticizes the previous two. The gender-oriented approach explains the development of the welfare states from a female perspective. A fourth approach, still emerging, is a child-centred one (e.g. Bartley 1998, Ringen 1997, Therborn 1993).

The child point of view examines social policy programmes, legislation or economic policy according to how they affect children (Children 2000, De Vylder 1998, Bartley 1998, Therborn 1993, Satka and Eydal 2004; Eydal and Satka 2006). On the one hand, the child viewpoint resembles certain types of industrialization theories; on the other, conflict theories. The needs arising from industrialization are examined only from the child's viewpoint. The child viewpoint resembles types of conflict theory where conflicts and compromises between the elite and the rising classes are emphasized and children are seen as a subjugated population, which, due to its lack of access to influence, is at the mercy of an elite consisting of adult decision-makers. This point of view is idealistic: due to their lack of franchise, children do not have the same power resources to fight for their interests as adults have. The problem of the child viewpoint is who is to define children's interests, and whether it is then possible for the definition to be value free.

In a way, the child viewpoint can also be interpreted as a critique of the gender point of view, where family policy is seen only as a women's issue or, even more narrowly, as an issue about the conditions of women's paid jobs (e.g. Ginsburg 1992). The child viewpoint that there may lay a conflict between gender equality, in terms of labour force participation by mothers and fathers, and child welfare (Therborn 1993).

The basis for child approach is an observation method, which has become common in many Western countries, where attention is focussed on children rather than on the family (Kamerman and Kahn 2001). Children are seen as individuals with social rights, regardless of the position or behaviour of the parents. The development of family policy is in accordance with how the economic, physical and mental welfare of the children has developed or what kind of resources the children can use or which services and benefits are available to promote the children's wellbeing. This point of view has features of functional theory, insofar as it focuses on children's welfare needs and the social policy solutions offered. The starting point is that there simply is no age or child-neutral economic policy: different economic policy choices treat the population in different ways. The problem of establishing a child-based perspective is how

to observe the welfare of a child as an individual. Children's welfare is closely connected to that of parents and to general economic and social development. One way to define the welfare of a child is to examine international treaties, the most well known of these being the Convention on the Rights of the Child approved by the UN on 20 November 1989 (Bartley 1999).

1.2 Study questions and concepts

The aim of this study is to describe and compare the institutions that promote the welfare of children and youth in Nordic countries. These institutions concern policies in five Nordic countries, namely Denmark, Finland, Norway, Iceland and Sweden that are related to child welfare. The decision to exclude autonomous territories, Faeroe Islands (Denmark), Greenland (Denmark) and Åland (Finland) was based on space considerations and on the fact that most programmes promoting child welfare in these territories do not include distinct features.

By institutions promoting the welfare of the children and the youth we mean the overall system in each country under which public authorities, private actors and third sector parties (NGOs, Churches etc.) provide services and welfare programmes to children and the youth.

“Welfare” is used as a broad concept that includes children's material resources as well as services targeted to children and families with children. Welfare is also transmitted by the ways in which children and youth are perceived in society, such as how they are involved in decision-making.

The study is focused on eight institutions or areas of welfare, namely:

- Early childhood education and care (ECEC)
- Welfare services at school
- Health care of children and youth
- Parenting support
- Decision-making
- Maternity/paternity and leave to care for children
- Universal child benefits
- Income related child benefits.

Due to considerations of space the analysis focuses on tables summarising the main features – similarities and dissimilarities – in each institution. For more detailed information country responses see www.stm.fi/ (once the final report is released). In conclusion we will briefly discuss institutional features and child welfare in the Nordic countries.

1.3 Data collection

The institutional review is mainly based on a questionnaire that was sent out to national informants, who are contact persons in *Ämbetsmannakomittén* (the Nordic network of civil servants) in May 2007. Due to administrative differences between the countries the specialists who supplied the information work in different ministries.³ The questions basically concerned issues in the domains of social welfare, health and education. We asked information as it related to the situation on 1 June 2007. We also inquired if there were significant changes in policies affecting families with children that had already been announced but not implemented by June 2007.

A literature review on the above mentioned institutions established that there are several published reports and studies on the financial side of family policy in the Nordic countries (e.g. Bradshaw and Hatland 2006, Bradshaw and Finch 2002). The emphasis of this report lies on welfare services in ECEC, school and health care. Especially the details of parental benefits have been exposed to thorough scrutiny (Valdimarsdóttir 2006, Haataja 2004, 2007, Haataja and Nyberg 2006). Therefore, we requested only information on changes in maternity/paternity leave and leave for caring for children, universal child benefits and income related child benefits since 2004.

The report is based on country responses to the questionnaire. It was not possible within the scope of this study to guarantee uniformity across all responses. Another major limitation of the study is that responses to the questionnaire, despite requests for additions, did not include answers to all questions. The information in this report is therefore to be considered as descriptive and a starting point for a more detailed comparison. We also used information published on child welfare policies in the Nordic countries, especially information provided by OECD (2001, 2005, 2006) and Nososco (2006) as well as some interviews to complement the questionnaire on some points.⁴ The results

³ Responses for the questionnaire was supplied by following individuals

- Chistina Kühn (Denmark)
- Kari Ilmonen, Tarja Kahiluoto, Marjaana Pelkonen, Heidi Peltonen (Finland)
- Margrét Björndóttir, Thorir Olafsson, Asgeir Sigurgestsson, Thor G. Thorarinsson (Iceland)
- Siw Ellefsen (Norway)
- Daniel Forslund, Anna-Lena Hultgård Sancini, Siv Tillander, Christer Toftenius (Sweden)

⁴ Initially no responses were received from Iceland on universal child benefits and income related child benefits. To gain information on these topics (and on other topic as well) interviews were conducted in Iceland (Gudny Björk Eydal 6.8.2007, Anni Gudny Haugen 8.8.3007). Information from Nososco (2007) was also utilised. Despite intensive efforts no responses were received from Sweden on health care services, psychosocial parenting support and decision-making.

were presented at the conference “Skapandet av en sund utvecklingsmiljö för barn och unga, 8-9.11.2007, in Espoo. The conference was attended by officials and experts from all the Nordic countries. All the participants were invited to offer corrections and comments on the draft report. These were incorporated in the final version of the report.



2 Results

2.1 Early childhood education and care

Early childhood education and care (ECEC) is a service for children below compulsory school age that involves elements of both physical care and education (socialization as well as cognitive stimulation) (OECD 2006). ECEC services may be publicly funded and delivered, publicly funded and privately delivered, or privately funded and delivered, and tend to be heavily subsidized by government in most countries.

Current ECEC programmes evolved out of multiple streams for the purpose of such things as child protection, early childhood education, helping children with special needs, facilitating mothers' labour force participation, and enhancing children's development. These programmes began more than a century ago as a service linked to private charity and child protection and evolved as a public responsibility largely after World War II. The major expansions in these programmes date from the 1970s.

Though the comprehensiveness and levels vary, all Western European countries have direct income transfers to families with children, but few other countries have as extensive social services for families with children as the Nordic countries (Kvist 1998, 169). Social services for families with children are even considered "the key to the Nordic welfare model" (Sipilä 1997). Extensive public day care systems favour mothers' labour market participation and therefore a major factor in the realisation of economic gender equality. In the Nordic countries ECEC services are most often publicly funded and delivered. That relates also to childcare in private homes where the municipalities, which in turn collect fees also from the parents, pay the care providers.

In comparing ECEC it is important to focus not only on the availability of or access to day care services but also to the quality and cost of the services. Kangas and Rostgaard (2007) provide most commensurate data on these three

areas of ECEC in Denmark, Finland, Norway and Sweden (Table 3a and 3b)⁵. The comparison shows that Sweden and Denmark have the highest share of children (0-2 years) in public day care. The share is the lowest in Finland despite the fact that there is a day care guarantee. In Norway the comparatively low participation rate may be explained by the absence of a day care guarantee. Cash for childcare schemes (child home care allowance schemes) offer another explanation (see also Table 4). The share of children in public day care increases dramatically in Norway and in Finland as soon as the children turn three years. That is the age limit for cash for childcare. Kangas and Rostgaard (2007) calculated a care index, which gave the highest ranking for Sweden among the children less than two years, and for Finland among the children between three years and school age. In the first category Sweden was followed by Denmark, Finland and Norway, which indicates that Sweden has the most developed childcare system for children under three. In the second category, i.e. the care for children between three years and six years Finland took the top position, while Sweden came second and Denmark third. Norway came last position in the comparison of the Nordic countries.

Iceland was not included in the above-mentioned study. The availability of public day care has improved considerably in Iceland during the early 2000s. In all age categories Iceland has the highest share of children in public day care among the Nordic countries. The difference is clearest in the 2-3-year age group.

In 2001 OECD started publishing the Starting Strong series (OECD 2001, 2006). The reports include information on ECEC eligibility, coverage, funding, policy-making authority, delivery strategies, curricula, etc. Starting Strong

⁵ Availability was measured by three indicators:

- 1) The share of the age group in day care, measured in full-time equivalents
- 2) Whether there is a public guarantee of day care provision for the age group in question
- 3) Social expenditure for day care in the country, given in purchasing power parity per capita for children aged 0-school age. (Two thirds of expenditure was attributed to children aged 0-2 years, as they attend the most costly day care with a higher staff ratio and smaller group sizes.)

Price of day care services was measured by

- 1) Parents' share of total child care costs
- 2) The cost of the fee to the parent as the proportion of the net income for an average full-time production worker (APW) who lives in a two-parent family. (For the calculation of the day care cost for a small child, the authors awarded him/her with a 1-year old child. For the calculation of the day care cost of an older child, he/she is awarded with a pre-school child aged 4 years old.)

Quality of day care services was measured by four indicators:

- 1) The staff-child ratio (how many grown-ups are available per child)
- 2) Staff education (reflects the quality of the interaction with and responsiveness towards the children)
- 3) Weekly opening hours,
- 4) Whether there is day care available throughout the year or only during the school term, both measured for the day care schemes with highest take-up of children.

(OECD 2001) and Starting Strong II (OECD 2006) country profiles are available for Denmark, Norway, Finland and Sweden.

Information from Starting Strong reports (OECD 2001, 2006) and responses to the questionnaire demonstrate significant similarities in ECEC architecture across the Nordic countries (Table 4). The compulsory school age is seven years (DK, FI, SW) or six years (IC, NO). All the countries invest heavily on ECEC with Denmark having the highest share of funding in relation to GDP, i.e. 2.1% of GDP.

With regard to universalism, the major issue concerns the legal entitlement to day care. In Finland, all children under three were granted the subjective right to day care in 1990. The guarantee was expanded in 1996 to all children under school age. This meant that municipalities were obliged by law to provide day care for every child under school age. Finland was the first country in the world to implement such a subjective right, but Sweden very soon followed suit (Hiilamo 2002: Anttonen and Sipilä 2000, 128–129). However, Sweden restricted access to day care for families who were unemployed or studying or on parental leave. Once these regulations were finally removed day care services become universal in the strict sense of the word.

Denmark, Finland and Sweden are the only Nordic countries with a legal right to day care. A legal entitlement to day care is under preparation in Norway. In Iceland it was discussed and proposed in the 1990s but the new day care Act did not include legal entitlement. Since then the issue has not been revived. However, a new law is under preparation.

It needs to be emphasised that day-care is affordable in all the Nordic countries, compared for instance to Great Britain (OECD 2005). According to Kangas and Rostgaard (2007) day care is clearly the least expensive for parents in Sweden where the parents share of total costs is only 5.7% for children between 0-2 years and 3.6% for children from three years to school age. (Tables 3a, 3b)

Day care staffs have higher qualifications in Sweden, though. Half of them hold qualifications in pedagogical education while the other half has no such education or only one year of it. In Norway the staff qualifications apply only to those with pedagogical education. According to regulations in Finland, one third of the staff must have either a university degree in pedagogical studies or at least three years of pedagogical education, for instance from a polytechnic. Other staff members in day care centres must have a suitable secondary vocational education (three years).

Another indicator for the quality of day care is the maximum group size in day care centres (Table 4). The smaller the group, the more attention is given to each child. There are no legal regulations on maximum group sizes in the Nordic countries. In Finland there are regulations in the day care decree concerning the ratio between staff and children in day care centres. In family day

care the group size is regulated. There are also similar regulations in Norway. In Denmark there are regulations in family day care. There are no major differences across the Nordic countries concerning opening times.

A recommendation on maximum group sizes concerns only pre-school education for six-year-old children in Finland. The lack of information from reports to the OECD's Starting Strong indicates that child-staff ratios are the lowest in Denmark (Table 4). The lower the ratio, the more personnel there is for each child.

What is most striking is that the expansion of day care in the early 1990s in Finland and Sweden took place at a time of austerity, when cutbacks were implemented in many other areas of social support in both countries (Hiilamo 2002). However, in practice the number of places in day care almost met the demand even before the reforms. The share of children under school-age in public day care increased only modestly in both countries (Hiilamo 2006, Nyberg 2004). Despite statutory reforms, public gross expenditure on day care fell in both countries during the 1990s due to higher rates of unemployment (Hiilamo 2002, 208-209).

The legal entitlement to free service refers to pre-school activities, which fall under the domain of education. It is difficult to compare pre-school activities across the Nordic countries. In Sweden day care is called irrespective of children age "förskola", i.e. pre-school. Day care comes under the domain of education in Sweden, Norway and Iceland. The guarantee for free service is reserved for six-year-old children in Finland and Denmark (with exceptional cases four years and 10 months) while in Sweden the age limit is four years (or three years for exceptional cases, e.g. second-language children). In Sweden there is free pre-school for four-year-old children (540 hours a year). There is a plan to extend the free service of 15 hours a week to three year olds.

In Norway and in Iceland the compulsory school age is six years. In Iceland all the larger local municipalities operate pre-schools, but this does not mean that all children are able to attend pre-school. Demand for places, in some municipalities, is far greater than the municipalities can meet. The Pre-School Act in Iceland does, however, state that the local authorities are obliged to take the initiative in ensuring places for children in high quality pre-schools.

The most interesting difference across the Nordic countries is the national authority for ECEC. In Denmark ECEC fall under the auspice of the Ministry of Family and Consumer Affairs (earlier Ministry of Social Affairs), while in Finland the authority comes under the Ministry of Social Affairs and Health. However, in Finland some municipalities have given the authority for day care and school activities within the municipal administration to the same department.

The educational function of day care has been emphasised in Sweden since Alva Myrdal's times. The Ministry of Education and Research has been re-

sponsible for ECEC in Sweden since 1998. Before, it was under the Ministry of Social Affairs. In Iceland the Ministry of Education has been responsible for day care institutions since 1973 (Broddadottir et al. 1997). The arrangements in Norway resemble those in Sweden. The national authority was removed from Ministry of Family Affair to the Ministry of Education and Research in 2006. The variety in the agencies with national authority is not reflected on supervision of ECEC. The operating responsibility is decentralised and lies with the municipalities.

The fact that the municipalities with autonomous powers supervise public day care may result in unequal standards. The Starting Strong report by Sweden states that there is a problem of disparity in the quality of day care across municipalities (OECD 2001). The strong role of municipalities also prevents or inhibits the national authorities from collecting detailed information on day care (a problem which was highlighted also in the course of data collection for this study). For this reason it is difficult or even impossible to obtain comprehensive information on municipal day care fee schedules or average group sizes. There are national fee schedules e.g. in Finland, while in Sweden only the fee ceiling is set nationally.

An upcoming issue in reforming the ECEC concerns the involvement of parents and children in developing services. The Nordic countries seem to apply largely different approaches to this issue.

Parents seem to have the strongest role in Denmark and in Norway. In Denmark parents have the right to be represented in a parents' committee. Within the goals and framework defined by the municipal council, the committee is competent to influence three areas:

- 1) The principles according to which the educational activities in day-care are to be conducted
- 2) The principles of budget spending. The parents' committee decides the principles according to which financial means are spent, e.g. special kinds of toys, furniture, or outings etc.
- 3) The right to nominate and participate when the leader of day-care centre is to be employed. The right to nominate when the staffs of day care is to be employed.

In Norway the new Kindergarten Act from 2005 give both children and parents a legal right to participation. Section 3 Children's right to participation states 'Children in kindergartens shall have the right to express their views on the day-to day activities of the kindergarten. Children shall regularly be given opportunity to take an active part in planning and assessing the activities of the kindergarten. The children's views shall be given due weight according to their age and maturity.'

According to Norwegian Kindergarten Act Section 4 all kindergartens must have a parents' council and a coordinating committee where the parents are represented. The coordinating committee shall be an advisory, contact-promoting and coordinating body. According to Section 2 the coordinating committee shall establish an annual plan for the pedagogical activities on the basis of the framework plan for kindergartens. The Framework Plan for the Content and Tasks of Kindergartens gives further instructions concerning these topics.

In Iceland the involvement of parents is defined in the pre-school arrangements for children under compulsory school age. Pre-school directors are obliged to promote collaboration between the parents of the children attending the schools and the staff of the pre-schools, with the welfare of the children as the guiding principle. If the parents' want to establish a parents' society, the pre-school director shall assist with its establishment. The national curriculum guide for pre-schools states that a period of adaptation for each child has to be arranged in consultation with parents. Parents must provide the pre-school teacher with information on the child's circumstances while themselves learning about the activities of the pre-school. Parents should also have the opportunity to discuss the child's situation with a pre-school teacher if they so request. Parents and families should occasionally be invited to pay special visit to the pre-school, for instance in connection with presentations and celebrations at the pre-school.

In all the countries there are fewer initiatives concerning the involvement of children in developing ECEC services. Both Denmark and Norway state in their responses to questionnaire that children are "expected to play a participatory role". In Finland the emphasis is on the cooperation between the parent and the day care personnel though regular consultations. The parent and child involvement in developing ECEC seems to be the weak point of day care in Sweden (OECD 2001). New regulations are under preparation.

Children with special needs in ECEC are a detailed issue and our comparison does not include differences within the Nordic countries. The policy of inclusion exists in all the Nordic countries. It seems that children with disabilities or children with special needs are at the same time helped to get into the mainstream day care and are given priority for special services. In some cases special day care groups or centres are available.

Children from linguistic and/or cultural minorities are offered language stimulation. In Denmark it is mandatory for local authorities to offer language stimulation activities to bilingual children from three years (OECD 2006). The activities mostly take the form of intensified Danish language coaching in kindergarten and in the first year of primary education. If the children are not in the public day care system, 15 hours per week of Danish language coaching may be offered in homes. In Norway government funds are made available for language stimulus.

In Finland the municipalities in which there is a concentration of immigrants make policy to support immigrant families and to make experimental programmes for them. Some day care centres specialize in multicultural education. The approach is coupled with encouraging the participation of persons with multicultural backgrounds in pedagogical education. However no government funds are made available for this purpose.

The curriculum for pre-school in Sweden states that those children who do not have Swedish as their native language should be given support to develop their cultural identity and communication capabilities both in Swedish and in their own language. The government has made funds available to provide a free daily three-hour session of day care for bilingual children from three years. An evaluation report revealed the disparities in the quality of special services in ECEC across Swedish municipalities (OECD 2006).

The major problem is that families from linguistic and/or cultural minorities do not bring their children to public day care as often as the majority of parents. The most common approach is to make the option for public day care more attractive by offering services free of charge. Low-income families are also offered free services for at least a couple of hours a day.

Early intervention applies to children who are discovered to have or be at risk of developing a handicap or other special need that may affect their development. Early intervention consists in the provision of services such children and their families for the purpose of lessening the effects of the condition. Early intervention is familiar as a concept in all the Nordic countries. Early intervention programmes aim to make intervention in the early years in order to prevent the development of subsequent problems. This approach is applied e.g. in Denmark and in Finland. In Denmark early support is given within the day care systems. If the support proves inadequate, the child is given special assistance. In Iceland early intervention is focused on infants.

Improving the quality of and access to ECEC has also become a major policy in the Nordic countries. That holds true especially for Norway, where the legal entitlement to day care aimed to achieve full coverage by the end of 2007. The Norwegian government presented a White Paper on Early Intervention for Lifelong Learning (Report No. 16 (2006-2007) in spring 2007. The goals of the report relate to diminishing class distinctions, reducing economic inequity and combating poverty and other forms of marginalisation. According to the White Paper, the government has the following measures in ECEC:

- Ensure that all children who need it are offered language stimulation before starting school
- Follow-up project for children with delayed language development
- Pilot project with ambulatory teachers
- Full kindergarten provision by the end of 2007

- Right to a place in kindergarten
- Pilot project to test free services for a part of the day in kindergarten.

There are differences in the availability of open services (open day care centres, play groups, day clubs, family clubs, play parks organized by the municipality or by NGOs). According to the information supplied by the national informants, these services seem to be most developed in Finland and in Sweden. In Finland the Evangelical Lutheran congregations make a major contribution in providing open services. Some 40% of children between three and six years attend open services operated by the Church. In Sweden the open pre-school (öppna förskolan) is an alternative to regular pre-school for the children of parents who are at home during the day. It also supplements family day care. Together with their parents or municipal childminders, children are invited to take part in a pedagogical group activity. In some housing areas, open pre-schools collaborate with public bodies like the social welfare services and the maternity care and child health care services. The children are not registered and are not required to attend regularly. Most open pre-schools are free of charge.

The programme philosophies in ECEC are also generally similar across the Nordic countries. ECEC combine care, education and teaching. ECEC is a systematic and goal oriented interaction and collaboration, where the child's spontaneous play is of key importance. The national curricula provide the framework for the local plans and activities.

In conclusion we may note that the major cross-Nordic differences have to do with such variables as: legal entitlement to day care, administrative auspice (education, health, social welfare or a combination), parent and child involvement in developing services and the availability of open services. There are no major differences in the locus of care. All the Nordic countries rely heavily on public day care arrangements.

However, Finland and Norway with cash benefit for childcare system offer the option for parents with small children (less than three years) to stay at home. A large number of mothers use this option at least for the part of the period before their youngest child turns three years. In Norway, cash for the childcare scheme will be restructured or removed in 2008, while Sweden plans to introduce cash benefit for childcare on municipal level. In Iceland the cash benefit for childcare has been implemented in some municipalities (Eydal 2007). The eligibility and the level of benefit differ from municipality to municipality.

2.2 Welfare services at school

In previous years the Nordic countries were well known for "negative measures" to promote child welfare in schools. Sweden banned corporal punishment

in schools as early as in 1927 and later introduced a comprehensive ban by law in 1979. The other Nordic countries soon followed suit as did the United Nations ten years later in the 1989 UN Convention on the Rights of the Child. The Nordic countries, especially Finland, have performed well in the OECDs Pisa study (OECD 2007). However, there is hardly any comparative information available on welfare services attached to the Nordic school model.

The main objective in reforming the Nordic school system has been to involve the school in the realisation of social goals such as equal opportunity and community fellowship. That was the case especially during the decades of the construction of the Nordic welfare state model. Since then, the ideas of economic competition between nations have gained greater influence over school philosophy and development also in the Nordic countries, and technical and instrumental goals have been prioritised at the expense of national and social unity. (Telhaug, Medias and Aasen 2006).

The responses to the questionnaire covered in this study show that welfare services in the Nordic school are mostly the municipalities' responsibility (Table 5). This concerns such things as the provision of meals, meals subsidies, wrap-around services, book fees and public schemes for other activities after school hours. As stated above, the municipal authority of these activities more or less prevents comparisons across countries. In some countries, such as Iceland, there is a strong link between day care and school, while in others they are different domains both administratively and operationally.

Arrangement of free school meals was based on charity organizations in Finland until 1921, after which it was the voluntary responsibility of the municipalities. The law obliges the schools to offer a free lunch for schoolchildren. This means that in every school there is either a delivery kitchen or a school kitchen where meals are cooked and delivered. The regulation states that the lunch has to be healthy and nourishing. Special diets (allergies, religious restrictions) are available. Vegetarian diet is served if a student has a doctor's or a nurse's statement. Meals have to be of high quality in every respect. Teachers supervise the meals and eat with students. Teaching good table manners and healthy eating habits is a part of the curriculum. Additionally some schools offer paid healthy snacks.

Free school meals are no longer a distinct feature of Finnish family policy. In Sweden free school meals have been available in all schools since 1973. In Norway, all schools have been obliged to provide fruit and vegetables to primary and lower secondary school children since August 2007. A number of schools have organized breakfast or lunch for the pupils. This may include sandwiches, milk, yoghurt or for some, a hot meal. This is provided for the pupils at the school's (or school owner's) expense. Providing free meals is discussed also in Iceland and some municipalities already offer the service.

Wrap-around services that supplement the school day programme, before and after school, at lunchtime, and during school holidays are popular in all the Nordic countries for first and second graders. They are especially focused on after school service, which has almost total coverage among the youngest school children. There are no comparative statistics on this topic. There is an urgent need for more qualified information to compare wrap around service coverage across Nordic countries.

There are no materials or book expenses before upper secondary school. In upper secondary school the book expenses might be substantial. Norway will remove all charges for books by 2009. In addition to this, pupils may apply for a small allowance for charges on school material. Book fees are subsidised by the tax system. However, Iceland is also considering of removing book charges.

All the countries provide psychosocial support in schools (more information in the section on parenting support). There are counselling psychologists or school counsellors (psychologist or social worker) working in or regularly visiting schools. In Norway every students has a contact teacher with a primary responsibility for following him/her up both academically and personally.

There are at least some primary health care services available in every school, with either a school nurses permanently based in schools or visiting nurses. Sometimes the nurses also have educational responsibilities (see next section).

In Finland regulations on student welfare services are contained in the Primary Health Care Act (66 /1972) (school health nurses and doctors) and in the Child Welfare Act (683/1983) (school social workers and school psychologists). Student welfare is the responsibility of all those working in schools, and it is implemented in cooperation with homes. The definition of student welfare is included in the Education Acts (477/2003, 478/2003, 479/2003): "Student welfare refers to the promotion and maintenance of good learning, good mental and physical health as well as social well-being of students, and to activities improving their preconditions".

In Iceland the school principals are responsible for ensuring that pupils enjoy primary health care in their schools.

The parents' and child's involvement in the schools is ensured through school councils, boards and committees. At least in Denmark and in Iceland the boards' function are stipulated by law. According to the Compulsory School Act in Iceland the parent's council's role is especially to discuss the school curriculum guide.

An interesting development comes from Iceland where some municipalities support school children's leisure activities on individual basis either directly to the provider or as cash benefit for the parents. E.g. parents in Reykjavik, the capital, have received grants from the City of Reykjavík to engage in leisure ac-

tivities since September 2007. The grant may be for an activity at a sports club, school of music, youth club, dance school, school of visual arts, and drama workshop, and so on. The grant amounts to IKR 12,000 per child in 2007, IKR 25,000 in 2008 and IKR 40,000 in 2009. The grant will not take the form of a direct payment but parents can allocate the grant to a leisure club and the club will then reduce its participation fee accordingly. If the cost of the activity is greater than the grant amount, parents must pay the club the difference.

In conclusion we may note the large variety in welfare services provided by the schools. However, the responses to questionnaire indicate major differences across municipalities both within and across the countries.

2.3 Health care of children and youth

In Europe health care for pregnant mothers, school aged children and school children has been considered a self-evident part of health care systems for a long time (Hemminki and Blondel 2001). However, there are very few comparative studies on care organization. That is also true of comparative studies on preventive health care services to under school-aged and school-aged children.

The Peristat project aimed to develop indicators of perinatal health and perinatal care (Zeitlin et al. 2003). Before the project many perinatal health indicators in the EU member states were not compiled on a comparable basis, and key indicators for comparing perinatal health and the quality of health services were not available in all member states. Peristat recommended an indicator to enable the surveillance of perinatal health in the EU.

A comparative project on child benefit packages across 22 countries included information on health cost (Bradshaw and Finch 2002). According to the reports to Bradshaw and Finch (2002) there are no hospital charges, General practitioner (GP), dental or prescription charges for children in Denmark (adults had to pay part of dental care and pharmaceuticals bills). In Norway no fees were applied to children under seven. Treatment by a psychologist was free of charge for older children. Admission to hospital was free for members of the National Insurance (that is, practically any resident in Norway). In Sweden visits to the GP and to hospital were free of charge for all children under the age 18 (information from Stockholm). Emergency visits are, however, charged at 120 SEK. Annual medicine costs up to 400 SEK are paid where the full price, medicine costs between 400 and 1200 SEK were charged 50% of the price, between 1200 and 2800 with 25%, and between 2800 and 3800 SEK with 10%. Medicine was free of charge above an annual maximum cost of 3800 SEK.

Dental care was free of charge for persons under 18. In Finland under 18s do not have to pay for health centre outpatient services, such as an appointment with a doctor or a dentist but may be required to pay a daily charge for up to 7 days for treatment on ward of a health centre or hospital (Ministry of Social Affairs and Health 2004).

In this section we requested information on four broad topics: general outlines of the system, services for pregnant mothers, services for under school-aged children and services for school-aged children. The questions concerned such things as nature of the services (voluntary, universal or targeted), fees, responsible organiser, role of the private sector, role of the third sector in providing the services, health education and screening programmes, information leaflets or websites and home visits.

General features

In general the Nordic strategies for promoting the health among child and youth populations bear a great resemblance (Table 6). Services are provided on a universal basis and free of charge. Targeted services are directed at high risk groups as children with low birth weight, children born to retarded parents, children of parents with mental illness, children of parents addicted to drugs, children of parents with social problems, children from linguistic or ethnic minorities, children with delayed development and/or behavioural problems, obese children, children with long term illnesses, and so on.

Services are voluntary. The third sectors play a marginal role. However, in Iceland many third sector actors provide services and welfare programmes to families with children but this is not a part of the health care system. In Finland the third sector complements the public sector, such as in providing services for those groups that are worst off and for groups that fall in between services. The third sector has an important role as actor and developer of new models in preventive services in Finland.

The only major distinction concerns the responsible provider. In Iceland this is the state, while in all other Nordic countries the municipalities are responsible for providing services. However, the state may give guidelines for the municipalities. In Finland municipalities may have their own health centre or form joint municipal boards with health centres providing services for the participating municipalities. The rate of access to public services is nearly total in all the countries.

Home visit are not an integral part of preventive health care system for under school-aged or school-aged children. However, they are possible when deemed necessary. In Finland and in Iceland home visit are made for under school-aged children.

Maternity care

There is a separate screening programme for pregnant mothers and a special health education programme for pregnancy care in all the countries. The published information is most usually available on the Internet. All the Nordic countries have parenting education programmes.

Differences emerge when we look at the administrative and operational structures. In Denmark five regions are responsible for maternity health care. The state has provided guidelines for the regions. The National Board of Health has published a book called "Barn i vente" ("Expecting a baby"). The National Board of Health has also published leaflets concerning smoking and pregnancy and food and exercise when you are pregnant. There is also a parenting education programme but not all expecting mothers are offered it. Home care visits are possible the midwife finds it necessary, but it's not part of the regular service. The municipalities may offer home-visit by a health care nurse during pregnancy.

In Finland maternity and child welfare clinics are organized within health centres and are intended to ensure a good standard of health for the mother, unborn child, infant/toddler and family as a whole. Maternity Clinics monitor the physical health and well-being of the mother, foetus and the newborn child and provide family-centred antenatal classes for parents. They also promote the mental and psychosocial welfare of the family.

Expectant mothers in Finland have to undergo a medical examination at a maternity clinic before the end of the fourth month of pregnancy in order to qualify for a maternity grant. There are private maternity clinics in some larger cities but their use is minimal. Mothers may also visit private physicians. During the normal course of a pregnancy an expectant mother will attend a maternity clinic 11-15 times, including appointments with a public health nurse or midwife and 2-3 visits to a doctor. Since 2007 a decree has stipulated that all health centres must offer ultrasound examinations for pregnant mothers, between the 10th and 14th weeks of pregnancy.

The clinics also provide guidance and support to families concerning bringing up children and managing with life. The main contents of the health education programme include nutrition, physical activity, and the prevention of over-weight, preventing the use of alcohol and tobacco, support for parenthood and the couple including the care of the baby and the role of the father, breast-feeding, the health care of the pregnant woman, and social services.

According to national recommendations a home visit should be made to every pregnant woman and her family, but this is being made quite rarely. According to a 2005 survey three percent of the public health nurses had made a prenatal visit to a pregnant family. However, two thirds of the public health

nurses made a visit as needed. The parenting education programme is implemented by maternity and child health clinics, often in collaboration with maternity hospitals. The programme is being re-organized. New models have been developed as a part of family centres and implemented by a multi-professional team and usually in small groups.

With regard to administration, the pregnancy care systems in Iceland are somewhat different from those of other Nordic countries. In Iceland there are about 4,200 births a year. The primary antenatal care is in the hands of midwives and family physicians in 17 health clinics in Reykjavík capital area and 38 health clinics throughout the country. Consulting obstetrician's service is offered on a regular basis in the health clinics in the capital area and in Akureyri and its surroundings. High-risk antenatal clinic is situated in Landspítalinn University Hospital, Dept. of Obstetrics and Gynecology, and serves as a referral centre for the whole country.⁶

Reykjavík Health Care Services / Centre for Antenatal Health (Miðstöð mæðraverndar) organizes the antenatal care in the capital area and is an advisory organ for the health clinics in the whole country and offers centralized support services as a consultation of a nutritionist and a psychologist as well as a smoking cessation clinic.

Pregnant women are offered screening for structural anomalies in weeks 19 – 20 of gestation. In weeks 11 – 14 they are offered a combined test of nuchal translucency (NT) and biochemical markers (hCG and PAPP-A). Only for this specific test they have to pay. Diagnostic tests are offered to women identified as at high risk of having an affected pregnancy, either by amniocentesis or Chorionic Villus Sampling (CVS). There is a continuous educational programme during the winter for professionals about different aspects in antenatal care. Expecting parents are offered childbirth preparation classes. They can choose between different lengths of the courses. Also there are special courses:

- for expecting parents in multiple pregnancies,
- for expecting single women,
- for expecting parents that do not speak Icelandic such as English speaking and polish speaking people,
- breastfeeding.

⁶ Another high-risk clinic is at Akureyri Hospital. Routine ultrasound scans are performed in ten clinics throughout the country. At the high risk antenatal clinic in Landspítali University Hospital there is a special service for women with different problems or diseases such as: gestational diabetes mellitus, hypertension, preeclampsia and other underlying medical disorders. There is also a special service provided by a group of carers for women with alcohol and drug dependency. Retarded expected parents get specific help by a group of carers. Women who do not speak Icelandic, English or other languages that professionals understand are offered interpreters during their antenatal care.

In Norway maternity health care is included in preventive health care for pregnant, children and youth. There is a national clinical guideline for antenatal care. The special health education programme for pregnancy care contains information on pregnancy, giving birth and the postnatal period. It can also contain education on nutrition, physical and mental health during pregnancy, physical activity, and effects of drugs, alcohol and tobacco on the baby before and after birth. About 50% of pregnant women participate in this education, and among the multipara women it is about 25%. There are also special services such as genetic counselling, ultrasound controls etc for parents with special needs.

Children under school age

In Denmark infants under 12 months are offered home visits by a health care nurse. GPs provide seven preventive health examinations for children under school age and vaccinations according to the official programme. The National Board of Health has published a book called "Sunde born" ("Healthy children"). This book is also available on eight languages called "Healthy Children in a New Country". However, in Denmark there is no separate screening programme for children under school age and no special health education programme for that group either. Municipalities organize parent groups for parents of children under school age. Health care nurses arrange them.

In Finland a public health nurse from the local maternity or child health clinic will visit the child's home following a birth. The child and family then become clients of the child welfare clinic. According to a survey in 2005, a home visit is being made to approximately two thirds (71 %) of the families. In addition, a third of nurses made a visit as needed.

Child welfare clinics monitor and support the physical, mental and social growth and development of children, and if necessary arrange for them to be examined and receive treatment elsewhere. It is recommended that infants have 10 health examinations at the clinic during their first year, and six before school age. The doctors examine the child at least five times. Child welfare clinics vaccinate children under the national vaccination programme. The programme also includes support for good interaction between children and parents, and support for parenthood and the marital relationship. Support is also given to children and parents with special needs. Special attention is given to early identification of problems, for example postnatal depression.

The main contents of the health education programme in Finland include nutrition breast-feeding included, dental care, prevention of accidents, physical activity, sexual health of the child and parents, smoking of parents, use of alcohol by parents, children and media. There are parent groups for parents of

children under school age, but they are not very common. New programmes are being developed and tested.

In Iceland child health care is provided at health centres by nurses and doctors national wide. This service includes home visits (2 – 4) in the first weeks of live and organized visits at the health centres at the ages of 6 w, 3 m, 5 m, 6m, 8 m, 10 m, 12 m, 18 m, 3 ½ y and 5 y. Visits are invited more often if needed. In every visit children's growth and health status is controlled. Children are vaccinated by special schedule (at the ages of 3m, 5m, 6m, 8m, 12m, 18m and 5y). Health information and education are provided at every visit.

In the Primary Health Care of the Capital Area is Centre of Child Health Services. The role of that centre is to develop and coordinate the services in health centres national wide and provide educational strategies and materials. There is also a special clinical service for children with developmental delay, behavioural problems and children with low birth weight.

There is no organized private preventive health care for children in Iceland. There are private services for children (dentists, paediatricians and other health professionals) and some programmes available for children. In the case of private services for children the state is paying for most part of the service but health care professionals organize, run and provide the service.

Screening programmes are included in health care visits. Special screenings are for physical status, growth, development, speech and language development, vision and hearing. There is no special health education programme for children under school age but there are special educational programmes for the parents regarding nutrition (such as breastfeeding) safety, hygiene, development, psychosocial health and growth. Health centres invite all parents to participate in courses in parenting. In the community there are many parental groups but not organized by the health centres.

In Norway health care for under school-aged children is integrated in the preventive health service for school children. However there are child health care centres in specialised health care. There is a separate screening programme for children under school age. The special health education programme for children under school age contains instruction on physical and mental development, diseases, sanitation and hygiene, nutrition, physical activity, mental health adjusted to the age of the children.

Children of school age

In Denmark all schools have a school health care nurse and every municipality is supposed to have a doctor taking care of the health of school-aged children. Nurses attend the schools regularly and provide health discussions and health education

There is a separate screening programme for school-aged children but not a special health education programme. However, school nurses provide the education they and the teachers find necessary. The parents are invited to the examination when the child begins school and nurses keep in touch with them during the school years of if they find it necessary. The parents are always told when their children are to visit the school nurse

In Finland school health care is a part of municipal preventive health service organized by the health centres. The goal is to provide the services at school, close to student. As in other Nordic countries, all children use school health services. There is a special health education programme for school-aged children, the main contents of which include mental health, sexual health, nutrition, weight control, physical activity, dental care, prevention of violence and bullying, tobacco, drugs, accident prevention, prevention of diseases.

The collaboration between school health care and parents is perceived as very important in Finland. The goal is to establish a confidential relationship between parents and school health care so that it would be easy for parents to contact school health personnel as needed. Collaboration includes information provision, personal contacts, and parents' participation in health care examinations.

In Iceland school health care is provided at schools but organized from the health centres nationwide. School nurses are situated in the schools (one nurse per 800 students) and doctors from the health centres visits the schools when needed. Special health screenings and control are provided at 6y, 9y, 12y and 14y. Vaccination is conducted by special schedule at 12y and 14y. Educational programmes are provided for all age groups.

There is no organized private school health care in Iceland. But in the community there are some programmes available for children's and schools. There are special screening for growth, vision and hearing in the school health care. If needed there are also screening for behavioural problems, psychosocial problems and physical status. In school health care in Iceland there is newly developed special health educational programme (called the 6H of health) for every age in school. The programme's emphasis is on building the children's skills for healthy lifestyles. It contains education regarding nutrition, physical activity, safety, hygiene, sleep, psychosocial health (such as self-awareness and communication), sexual health and prevention of drug, alcohol and tobacco use/abuse. At the same time, all parents are sent educational letters from the school health care where the same educational materials are highlighted for parents.

Parents are well informed of their children's health status and education by the letters from the school health care. The Internet is now the main communication tool between the school health care and parents. In special cases such as in long-term illness collaboration between parents and the school health care is more intensive.

In Norway all schools have a school health care nurse and every municipality is supposed to have a doctor taking care of the health of school-aged children. The nurses visit the schools regularly and offer health discussions and health education.

There is not a special health education programme, but the nurse provides the education she/he and the teachers find necessary. The parents are invited to the health examination when the child begins school and the nurse keep in touch during the years of school if she/he finds it necessary. Parents are always told when children visit the school nurses.

No information on this topic was obtained from Sweden. (see Table 6 for some exceptions)

In conclusion, we may note that all Nordic countries offer a wide range of health care services to expecting mothers, under school-aged children and school-aged children. The services are universal in coverage and are offered free. The role of the private sector is marginal or non-existent.

2.4 Parenting support

The Nordic countries have the regrettable honour of being the world leaders in family instability (UNICEF 2007). The share of single parents and the share of cohabiting couples are highest in the Nordic countries. The divorce rates are also at a high level (Lui and Vikat 2004, Härkönen 2005). Parenting support programmes are intended to promote the confidence and skills of parents in their roles as being parents. The programmes comprise both professional support for young parents and special assistance in family crisis situations. Psychosocial support is offered for families in crisis on individual basis.

In all the Nordic countries there is a legal obligation to provide the services (Table 7). However, the obligation is more or less vaguely pronounced in the legislation leading to a mismatch between supply and demand. In all the countries except Norway the obligation is on municipal level. In Norway there is a legal obligation for the state to provide professional family counselling services. The municipalities have no direct obligation. There are 64 family counselling offices in Norway situated in different regions and municipalities. Private actors have a limited role but the Church runs a third of a total of 64 family counselling offices that are fully financed by the central government.

Different agencies are responsible for evaluating need for parenting support and professional psychosocial support in individual cases. Most often the responsibility is divided between several actors. For instance, in Norway evaluation of the need is the task of primary medical health and social services, mental health care and family counselling offices. In Norway the municipalities can

offer parental guidance programmes arranged by local authorities or voluntary organisations. Central authorities have initiated the development of models for such programmes. In cases of more serious problems, professional support in parenting is provided by mental health, family counselling or child welfare services.

In Denmark, the municipal councils have overall responsibility for supervising the living conditions of children and young persons under the age of 18. When a child or a young person is assessed to be in need of special support in Denmark, it is the municipal council's responsibility to examine the current living conditions of the child in question. If the child is evaluated being in need for a special supervision or support from birth, the municipal council is responsible for examining the current conditions and provide necessary help to remedy the situation of the expectant parents.

The measures that can be taken include:

- 1) Consulting assistance related to the conditions of the child or young person. In certain cases, the municipal council may decide to seek admission for the child into a daytime facility, youth club, and training or education establishment.
- 2) Practical, pedagogical or other relevant home support.
- 3) Family therapy or specific treatment of the child's or young person's problems.
- 4) Residential accommodation for both the custodial parent or other person having custody, the child or young person and other members of the family, with a foster family, at an approved facility or institution.
- 5) A relief care arrangement with a network foster family, a foster family, at an approved facility or in a residential institution.
- 6) Appointment of a welfare officer for the child or young person.
- 7) Appointment of a permanent contact person for the child or young person and for the whole family.
- 8) Arrangement to place the child or young person in a care facility outside the home.
- 9) Arrangement of in-service training of the young person with a public or private employer, and in that connection payment of compensation to the young person.
- 10) Other support designed to provide counselling, treatment and practical or pedagogical support.

In order to fulfil their obligations the municipal authorities often buy services from private actors.

Municipal councils in Denmark are also responsible for offering family related counselling to expectant parents, parents with children or young persons, or any other persons having the actual care of a child or a young person. The

services are provided free of charge and are designed to resolve any problems or difficulties in families. The municipal councils offer such counselling through fieldwork specifically aimed at persons viewed to be in need of counselling due to particular circumstances.

All people in Denmark are obliged to notify the municipal authorities, if they become aware that a child or young person under the age of 18 is being neglected or abused by parents or other persons involved in their upbringing, or is living under conditions endangering his/her health or development. The third sector in Denmark plays a minor role in providing psychological parenting support. The third sector is in general composed of smaller non-profitable organisations aimed at safeguarding the rights of vulnerable children and fighting to improve their living conditions. Several of these organisations provide mainly child and parenting counselling and arrange holidays and field trips for vulnerable children.

In Finland maternity, family and child services, child day care and other social and health services are under legal obligation responsible for evaluating the need for parenting support. Divorce law stipulates that all couples must have access to family mediation but such mediation is not mandatory. Social legislation guarantees family education, family counselling and child guidance. There is also a networking project, which combines the resources of NGOs, Church and municipal actors in bigger cities.

The aim of child guidance and family counselling in Finland is to create a foundation for safe and secure conditions for children to grow up in and to contribute to the functional capacity and psychosocial wellbeing of families. Families seeking the services have usually problems with the child. The services are free of charge. There are 128 municipal family and child guidance centres, which serve in 217 offices all over the country. In addition there are 46 family counselling offices provided by the Church. The Church runs 30 of them in cooperation with the municipality. The municipalities pay a considerable amount of expenses. However in some cities, such as Helsinki and in Oulu, the Church operates services without any subsidies from the municipality.

In Iceland the focus of psychosocial parenting support is on primary prevention, which aims to diagnose problems as soon as possible and to begin treatment promptly. That concerns the state (the national healthcare system) and the local authorities (school, social service and child protection). The local social services should provide all the necessary services to empower the family to overcome the problems it's facing. In some municipalities the healthcare centre has professionals like social worker and psychologist to work with family in crisis. The state hospitals have emergency and trauma teams to give first help to family in crisis.

There is a legal obligation for evaluating need and provide services in Iceland, both in preventing work and in family crisis. The municipalities are obligated to

provide support and consultation in parenting. The support and consultation in social services is to be given in cooperation with healthcare, school and others that provide similar services. They have both individual and group support.

Specialist educational services in school offer parents and guardians instruction on child raising wherever this is possible under the existing circumstances. The Pre Schools' Counselling and Psychological Service shall provide parents with the necessary counselling and services. The Pre Schools' Counselling and Psychological Service can be operated jointly with the Primary Schools' Counselling and Psychological Service. The staff of specialist educational services shall carry out preventive work in observing and diagnosing pupils experiencing mental or social difficulties if they affect the pupils' studies and make proposals for improvement.

The private actors in Iceland provide various services in Iceland for parents who can pay for the services, like individual sessions with psychologists, psychiatrists or social workers. The health care system pays for part of the cost for sessions with private psychiatrists but not for private psychologists and private social workers. The NGO based Family Service offer family's support and counselling aiming at strengthening the parents. The National Church runs a family service, which offers family's support and counselling aiming at strengthening the parents.

No information on this topic was obtained from Sweden.

In all the Nordic countries the parenting support services are characterised by unmet demand. There is a constant need for more services in parenting support.

2.5 Decision-making

The UN Convention on the Rights of the Child challenges states and municipalities to conceive of themselves, of the services, amenities and quality of life they provide, with regard to their impact on children. In high-, middle- and low-income nations alike, including several European countries, a growing number of municipalities have made the political decision to become "child friendly" (UNICEF 2007b). Following issues are incorporated in the process of building a child friendly city:

- 1) Children's participation: promoting children's active involvement in issues that affect them, listening to their views and taking them into consideration in decision-making processes.
- 2) A child-friendly legal framework: ensuring legislation, regulatory frameworks and procedures, which consistently promote and protect the rights of all children.

- 3) A city-wide Children's Rights Strategy: developing a detailed, comprehensive strategy or agenda for building a Child Friendly City, based on the Convention.
- 4) A Children's Rights Unit or coordinating mechanism: developing permanent structures in local government to ensure priority consideration of children's perspective.
- 5) Child impact assessment and evaluation: ensuring that there is a systematic process to assess the impact of law, policy and practice on children - in advance, during and after implementation.
- 6) A children's budget: ensuring adequate resource commitment and budget analysis for children.
- 7) A regular State of the City's Children Report: ensuring sufficient monitoring and data collection on the state of children and their rights.
- 8) Making children's rights known: ensuring awareness of children's rights among adults and children.
- 9) Independent advocacy for children: supporting non-governmental organisations and developing independent human rights institutions - children's ombudsmen or commissioners for children - to promote children's rights.

An International Secretariat for Child Friendly Cities (CFC) was created in 2000 at UNICEF, The Innocenti Research Centre in Florence, Italy. A CFC Secretariat was established in 2000 to serve as a focal point for gathering and standardizing CFC methods and techniques that are succeeding on the ground.⁷

Under the UN Convention on the Rights of the Child, governments at all levels, including city governments, are required to ensure that the best interests of the child are a primary consideration in all actions concerning children. No government can know whether this principle is being fulfilled without there is being a rigorous process in place to assess the impact of law, policy and practice on children.

The Committee on the Rights of the Child has promoted the concept of child impact assessments at national level (UNICEF 2007b). There has been considerable international and national discussion of the concept, but very few states have yet implemented the process. Once new policy or laws are implemented, there should be a continuing assessment of the actual impact on children. The Committee on the Rights of the Child emphasises that while city

⁷ The CFC movement has mobilized a wide range of partners: local authorities; central government; civil society organizations such as non-governmental organizations (NGOs) and community-based organizations (CBOs); communities; national and international agencies; experts and academic institutions; business and the media; and, importantly, children and youth groups.

government needs to build these processes into policy development, it is also important that there should be independent child impact assessment, by NGOs and, where they exist, by independent human rights institutions for children. Children's direct involvement in the process of impact assessment will be essential, as children are often the only people who can accurately determine the impact of law or policy on their lives.

The Nordic countries differ greatly in the scope and intensity of their effort to improve the participation of children and youth (Table 8). Norway seems as a forerunner. All the Nordic countries have a legal body whose mandate is to monitor how children's interests are taken into consideration in decision-making. In Denmark that is The National Council for Children (Børnerådet). For other countries the body is child ombudsman. Norway was the first country to establish an ombudsman with statutory rights to protect children and their rights. The description of ombudsman's powers and responsibilities in Norway includes elements common to all ombudsmen in the Nordic countries.

Since 1981, the Ombudsman for Children in Norway has worked to improve national and international legislation affecting children's welfare. Ombudsman is an independent, non-partisan, politically neutral institution. Although the Ombudsman is administratively under the jurisdiction of the Ministry for Children and Equality, neither the Norwegian Parliament nor the Government have the power to instruct the Ombudsman. The Ombudsman is regarded as an active participant complying with the UN Convention on the Rights of the Child both at a national and international level, which has now been incorporated into the 1999 Human Rights Act.

The duties of the Ombudsman are to promote children's interests to public and private authorities and to investigate the developments of conditions under which children grow up. The Ombudsman has the power to investigate, criticise and publicise matters important to improve the welfare of children and youth. However, the Ombudsman cannot by law reverse administrative actions or revoke administrative decisions.

Selection of the Ombudsman for Children is by open application procedure. After screening the candidates, one is nominated and presented to the Cabinet. The King (i.e. Cabinet) appoints the Ombudsman for a four-year period. The Ombudsman can hold office for two periods.

In Norway there are several forms of participation and influence by children and youth at central government level:

- Dialogues with child and youth representatives (at conferences, discussions, brainstorming sessions, hearings, consultations).
- Children and youth organizations and youth councils present their opinions to politicians, and central government, through regular and ad hoc meetings.

- Political youth organizations present their views directly to the politicians.
- Ministry of Children and Equality arranges annual conferences for voluntary child and youth organizations and youth groups.
- Exchanges of information, experiences and ideas concerning youth participation are disseminated by the Ministry of Children and Equality through pamphlets, information material and conferences.
- The Youth Forum for Democracy.⁸

The Norwegian Ministry of Children and Equality also issue an annual publication "Children and youth as a priority area" which is drawn up and enclosed to the national budget. The publication describes the government's goals and areas of achievement within the budget, defining the amounts allocated in different areas, such as families and care, education, culture, sports, etc. The child account gives an overview of the government's achievements towards children and youth, but is not considered as a sufficient tool in assessing the impact on these groups. The Ministry of Children and Equality has started a discussion on how to improve the monitoring efforts of the Government relating to children's rights in Norway.

Also, child impact assessment seems to be most developed in Norway. According to the Norwegian Planning and Building Act (1989) and according to the National Policy Guidelines municipalities are required to organize their planning process in such a way that views concerning children as an interested party are made known to the politicians before decisions are made. It's also a requirement that various groups of children and young people are given the opportunity to participate. The Children's Representative Scheme requires that municipalities appoint a person who has special expertise relating to children. The person appointed should have a special responsibility for the interests of children and young people, to ensure that there is greater focus on their interests.

The Education Act in Norway contains provisions requiring pupils to be represented on the School Board of every primary, lower and upper secondary school. The Education Act also has provisions concerning pupil's influence and involvement in matters affecting both the physical and the psychosocial environment in schools. Schools have an obligation to allow pupils to take an active part in systematic efforts to improve health, safety and the environment in schools.

⁸ The Ministry established the Youth Forum for Democracy in 1998. The aim was to provide advice and information to political authorities. The forum presented proposals in many fields: a study of power in society, youth representation in public councils and committees, voter participation, the rights of young people in working life, school issues, etc. The Forum concluded its work in 2001, proposing that the Government maintain the system of a Youth Forum. So far, the Government has not established another forum, but follows up the dialogue mentioned above.

A growing number of municipalities in Norway have initiated efforts to systematically involve children and young people in local planning and decision-making processes. There have been municipal children's assemblies, municipal youth councils and similar bodies established in about 75% of Norwegian municipalities (totalling 434 municipalities and 18 county municipalities).

Many Norwegian municipalities have adopted a method of systematically giving children and youth a chance to decide or influence how funds are to be spent each year in order to improving the local community. After discussing the matter in class or pupils' councils, pupils submit specific proposals, ranked by order of priority. The proposals are presented at an annual meeting with professionals and politicians. Some municipalities have allocated (limited) funds whose use is decided by children and young people. The challenge put forward by the Ministry of Children and Equality, is that child and youth participation should be integrated as a part of ordinary work at all levels of municipal administration.

In Norway there is no national assessment on to the effects and actual impacts of participation by children and youth in municipal decision-making. It is known that there are considerable differences between municipalities as to how great influence children and youth are given. The Ministry will initiate a research project investigating systematically the municipal policies in this field.

The questionnaire response from Denmark states that in Denmark "relevant organizations representing children's interests are being heard, e.g. The National Council for Children (Børnerådet)". The National Council for Children acts as an advice and consultancy body to authorities on issues concerning children's conditions. The council can request that public authorities account for political decisions and administrative practice in the National Council for Children's focal areas. The council is politically independent and acts on its own decisions. In administrative terms, the council is linked to the Danish Ministry of Social Affairs.

Except for the areas of education and health, two ministries in Denmark administer the policy of child welfare. The responsibility area for the Ministry of Family and Consumer Affairs is general child welfare, while the Ministry of Social Affairs' responsibility is limited to children with special needs. To ensure that the division of tasks and responsibility between the two ministries do not affect children's welfare, all municipalities are obliged to create a cohesive child policy in which the whole scope of legislation is taken into consideration.

A cohesive child policy is designed to harmonise general and preventive work, and the targeted-oriented measures relating to children and young persons in need of special support. All municipal councils are obliged to commit a cohesive child policy to writing, followed by formal adoption and publication.

The municipal council shall ensure that the measures implemented under this Act in respect of children and young persons with impaired physical or

mental functions or any other particular needs for support complement any other statutory measures implemented in respect of the same children and young persons.

The national government does not carry out child impact assessment with regard to government policies in Denmark. That is the case also in Finland. However, the Ministry of Justice in Finland is currently exploring the issue.

Child impact assessment is more familiar on municipal level in Finland. A large number of municipalities draw municipal child policy plans where child impact assessment is included as recommended by a guide book produced by the National Research and Development Centre for Welfare and Health (Stakes). This institute has also launched pilot projects on child impact assessments. The cabinet programme accepted in April 2007 included a policy programme for the wellbeing of children, youth and families. Promoting child impact assessment is one of the main goals of the policy programme. A new Child Protection Act passed in 2007 includes a legal obligation for the municipalities to monitor the welfare of the children.

In Iceland the office of Ombudsman for Children was created with the role of safeguarding child's interests, needs and rights in a manner further detailed in the Act No 83/1994. The Ombudsman for children shall strive to ensure that the rights, needs and interests of children are given full consideration by public authorities, individuals, societies and other associations of individuals and representatives of legal persons. The Ombudsman's office has been active in promoting the rights of children (and their families) through the years and has an important and intensive role in that field. A nationwide federation, Barnaheill (Save the Children) also has been promoting the rights and welfare of children and their families since 1989, having 20.000 members (appr. 7% of the population).

The local authorities in Iceland are obliged to form a youth councils with a consulting function to the local authorities. Some cities in Iceland prepare family policy programmes with a definition of responsibilities, coordination and collaboration between governmental agencies, voluntary organisations and the private sector. The municipal child welfare and protection service is obligated by law to prepare child welfare programmes both preventive work with children and adolescents.

The Nordic countries seem to share common concerns when it comes to the current main topics of interest and debate about child welfare in their countries. Denmark makes reference to equal opportunities for all children, social heritage, the legal status of children, balance between family life and working life, focus on quality in day-care. Finland refers to poverty and social exclusion among children, mental problems and risks of adverse media (inc. internet) exposure. Norway expresses concern over empowerment of children

and parents, human rights, child abuse and neglect, the quality of foster, institutional care and after-care.

No information on this topic was obtained from Sweden.

Promoting the interest of children and youth in decision-making is an important area of future family policy development. More measures are needed to make the children visible in decision-making and to meet the challenges put forward in the United Nations Convention on the Rights of the Child.

2.6 Maternity/paternity leave and leave to care for children

Historically, parental leave schemes were originally concerned with the health of the mother and child. Soon parental leave became the issue of female labour force participation. That gender equality function of parental leave has been further emphasized over the last decade or so through paternal leave arrangements whose idea is to facilitate a more balance division of paid and unpaid care work between the parents. Encouraging fathers to participate in childcare promotes children's welfare as far as it guarantees their right to both of the parents.

The rapid development of parental benefits in Sweden, Finland and Norway from the early 1970s onwards distinguished these countries from the rest of the Western world (Gauthier 1996). However, each of the Nordic countries has chosen its own, individual approach in organizing paternity leave (Valdimarsdottir 2006).

Kangas and Rostgaard (2007) studied the inputs of the parental leave schemes in the Nordic countries by employing information on generosity of leave (the maximum time that is available for the mother as maternity leave, the father as paternity leave, or both parents as parental leave, what part of the leave is set as a quota (reserved for the parent who does not take the major part of the leave) and social expenditure on maternity, paternity and parental leave in the country (given in purchasing power parity per capita for children aged 0-school age). The comparison gave the highest ranking to Finland, which was closely followed by Sweden.⁹ The leave index for Denmark and Norway was clearly lower.

In the following we will briefly discuss most current changes in parental leave schemes in the Nordic countries. See e.g. Haataja (2004, 2007), Haataja and Nyberg 2006, Kangas and Roostgard (2007) and Valdimarsdottir (2006, 32) for more detailed information on parental leave systems.

⁹ The ranking is partly explained by the fact that cash for childcare scheme in Finland was included as a leave benefit.

In broad outline, the systems in Denmark, Finland, Norway and Sweden are largely similar (Valdimarsdottir 2006). The size of parental allowances above the minimum level is determined on the basis of earned income. Between the countries there are, however, many differences in the details concerning, for example, compensation levels of per diem allowances, the duration of the payment period, and its structure (Table 9). A unique feature of Finnish family policy is the universal maternity grant, which is paid either in cash or in kind. For monitoring purposes the grant is linked to attendance at clinics

Parental benefits are an area of intensive development. In 2000 new path breaking legislation was passed in Iceland concerning the Childbirth Leave Fund. Both parents are eligible for payments from the Childbirth Leave Fund. The mother is entitled to three months of individual leave, the father is entitled to three months of individual leave, and the parents are jointly entitled to three months of joint leave, that they may distribute between them as they wish (or one parent may utilise all of the joint leave).

All the Nordic countries except Denmark have introduced new reforms to parental leave schemes after 2006. In Finland government introduced increased replacement rate for the first days of parental benefits in 2007. The Icelandic government is planning to lengthen parental leave. In Norway the father's quota was extended to six weeks in 2006. At the same time the income limit for parental benefits was raised and a maternity grant was introduced. In Sweden the government is planning to pass legislation on an extra benefit for fathers to increase their share as users of parental benefits.

2.7 Universal child benefits

Both quantitatively and in principle, universal cash child benefits are an important element of Nordic family policy, constituting the backbone of the whole system (SOU 2001:24,115). The tax deductions, directed to spouses according to choice, are a family-oriented benefit, whereas cash child benefits, especially in the Nordic countries, are characteristically an individual benefit, usually paid to the child's mother on a universal basis (Wennemo 1994). Cash child benefits promoted economic gender equality, since the benefit was normally paid to the mother of the family, and the value of the benefit was not depend on the mother's position in the labour market. Being tax-free the cash child benefits profit those with low income more, because they form a larger proportion of the total income of low-income families than of those with middle or good income. They constitute an important part of income packages of single parents, for instance.

As the most visible form of family support, cash child benefits have been a politically sensitive issue, probably because many voters' families receive cash

child benefits and they are therefore every month aware of their direct impact on the finances of the family (Korpi 1983, Kangas 1994). This is reflected in the fact that all over the world the nominal level of cash child benefits has very seldom been cut (Wennemo, 1994). Of the variety of cuts made in benefits, for example in Sweden and in Finland during the depression of the 1990s, it was probably the cuts in the universal cash child benefits implemented in both countries after the mid-1990s that gave rise to most debate.

Despite economic hardships no major changes in principle occurred in the cash child benefits system of the Nordic countries during the first 40 years of the system, and no such changes took place in the 1990s either, although at that time legislation on cash child benefits underwent numerous minor amendments (e.g. Hiilamo 2002).

In the early 2000s the Nordic countries chose clearly different strategies with regard to universal cash child benefits. Meanwhile Finland kept the cut-backs in force and allowed inflation to further erode the value of the family policy related benefits. (Hiilamo 2004).

In Sweden the level of the universal cash child benefit was raised in 2000 and in 2002. In Finland a working group on universal child benefits called for extension of benefits to 17-years-olds in 2001 (Lapsilisätyöryhmä, 2001). The Ministry of Finance rejected the proposition, as it would have increased government expenditure. A minor increase in the child benefits was introduced in 2004. That did not compensate for the erosion of the benefits due to inflation from 1995 to 2004, let alone reverse the cut made in 1995.

The development of cash child benefits is somewhat different in Iceland. The first laws on universal family benefits came into force one year earlier than in Sweden, i.e. in 1946. The benefit was paid first with the fourth child and after several changes from 1963 it was paid for all children (Eydal and Olafsson 2006). In 1975, the scheme was transferred from the social insurance system to the tax system as tax credits. Child benefits were deductible from the amount the parent or parents paid in tax. If the benefit amount exceeded the tax, the family was entitled to a refund. Special means-tested child benefits were first established in 1984, and in 1999 the universal part of the child benefits was abolished completely and the whole amount became means-tested. However, the income ceiling is relatively high, i.e. a large part of families with children receive cash child benefits. In 2000, the government reintroduced universal benefits for children of less than 7 years. The benefit is channelled through the tax system. Unpaid tax may be deducted from the benefit.

The comparison of cash child benefit systems in the Nordic countries demonstrates a large degree of uniformity (Table 10). All the countries have tax-free cash child benefits financed by the state. However, a closer look shows

important differences. The age limit is the lowest in Sweden, while in Norway and in Iceland it is 18 years.

A major problem in cash child benefit schemes relate to inflation. If the benefit is not regularly updated, inflation erodes the benefits quickly. The cash child benefit is automatically updated only in Iceland.

The benefits is the same for children of all age groups in Finland, Norway and Sweden, while in Iceland non-means tested child benefit is only for children under seven years. It should be noted that Iceland pays means-tested benefits for children older than seven years, thus if incomes rise above a certain income ceiling, no cash benefits are paid. Iceland, Finland and Sweden give supplements for any additional children, which gives the systems a pronatalist feature.

Finland introduced a supplement to single parents' benefit as compensation for an abolished tax deduction for single parents in 1994. Denmark, Iceland and Norway also pay supplement to single parents.

Overall the universal child benefit schemes bear great resemblance across Nordic countries. They are the most important instruments of redistribution among families with children and other parts of the population.

2.8 *Income related child benefits and guaranteed maintenance*

Koch-Nielsen (1996), among others, argues that single parents have a special position in Nordic family policy.¹⁰ Due to different schemes designed to support single parents no social stigma is connected with this status (Hobson and Takahashi 1997, 121–122; Kamerman 1986, 56). Kamerman (1986, 56–57) takes housing allowances in Sweden as an example of a means-tested benefit that is not stigmatized. The income ceiling is relatively high, and a large proportion of middle-income families and most single-parent families qualify.

¹⁰ However, single parenthood seems to endanger both the wellbeing of the child and the parent even in the Nordic countries. Weitoft et al. (2003) reported that children raised by single parents in Sweden are twice as likely to suffer from psychiatric problems, suicide, and other injuries than those raised in two-parent homes. Children of single parents were up to four times more likely to abuse drugs and alcohol. Their research was based on the survey of one million teens. An other report by the same authors indicated that lone mothers showed increased risks of total mortality, lung cancer, suicide/suicide attempt, inflicted violence, traffic injury and other accident, psychiatric disease, and addiction (Weitoft et al 2002). Sauvola (2001) reported from a birth cohort data collected from the Northern Finland higher risks of hospital-treatment (females), injury and poisoning, abortions, mortality (especially suicide), criminality, violent offending and drunk driving for persons with single-parent background.

Kamerman (1986, 57) notes also that in Sweden government agencies recognize that child support does not arise from the need to compensate a single-parent family for the loss of the absent parent's income. Government supports single parents' employment and it is expected that single parents be in paid employment when their children are over two or three years old. The need for assured child support lies in compensation for the loss of absent parent's contribution towards the support of the child.

The strong emphasis on universalism in Nordic family policy implies a minor or a non-existent role for income related benefits. That seems to be the case even nowadays on the basis of the responses to the questionnaire (Table 11). Apart from social assistance and housing benefits there are hardly any income related family policy benefits.¹¹ Again it should be noted that the child benefits are income related in Iceland, besides universal payments for children under than seven years. In Iceland there is also a special cash benefit for single parents with more than one child but it is not income related.

In Norway there are two income related schemes, one for single parents, one for families who do not bring their children into public day care. The income related benefits to single parents comprise of childcare benefit, education benefit, transitional benefits and grants to cover necessary removal expenses in order to gain employment. Cash benefit for childcare is granted for children resident in Norway between the age of one and three (up to 23 months). Parents may receive the cash benefit provided that the child does not make use of a full-time place in a day care centre that receives a state grant. If the child has a part time place and the agreed time is less than 33 hours a week, a reduced cash benefit may be granted.

In Sweden the housing benefit is geared to support low-income families with children. No benefit is granted to persons above 29 years without children. Means testing is carried out in individual level. There is a flat rate part in the benefit that is tied to the number of children in the household.

In Finland the cash for childcare scheme consists of flat rate benefit and income related supplement. Some municipalities grant a supplement to statutory cash for child care benefit.

All the Nordic countries employ a system through which on certain conditions the government guaranteed payment of maintenance to single parents. Maintenance supports (or maintenance allowances) are paid in case

- Maintenance payments are not met with by one of the parents (1), or
- There is no non-resident parent (2) or
- The level of maintenance payments is low (3)¹².

¹¹ In this section we do not cover parental or pension benefits.

¹² The maintenance support may be determined below the level of the full amount.

The purpose of maintenance supports is to compensate for or supplement the parental maintenance to which the child was otherwise entitled and to guarantee a minimum level of support to the parent with custody of the child or with whom the child has his or hers residence. The benefit is means-tested, and if the level of parental maintenance payments is sufficiently high and is paid regularly, no maintenance support is paid.



3 Best practices

One of the most important underlying ideas of comparative research is to identify current trends and best practices. To discuss best practices in this context may appear exaggerated in the absence of evidence-based outcomes of the programmes and policies presented here. However, best practices are here referred to as new ideas that have been implemented in one of the Nordic countries.

The major problem is that families from linguistic and/or cultural minorities do not bring their children into public day care as often as do the majority of parents. The most current approaches are to make the option for public day care more attractive though offering services free of charge. In Denmark there is a mandatory free language stimulus in ECEC. The language stimulus is available also in private homes.

A unique feature of Finnish family policy is the universal maternity grant, which was introduced in 1937. The grant is linked to attendance at clinics for monitoring purposes. To be eligible the pregnancy must have lasted for at least 154 days and the mother must have undergone a medical examination at a maternity clinic or by a doctor before the end of the fourth month of pregnancy. Mothers can choose between a maternity package containing childcare items and a EUR 140 cash benefit. The value of the contents of the package is much higher than EUR 140. Most of the parents (especially first-time parents) choose the package instead of money. The maternity package contains clothing, feeding bottles, bedding and a portable cot. In addition, the package includes a picture book and a toy for the child and six guide books and condoms for the parents. In case of multiple birth, the number of maternity grants awarded increases on a graduated scale so that three grants are awarded in case of a twin birth and six grants in case of triplets.

An interesting development in promoting children's leisure activities comes from Iceland where some municipalities support school children's leisure activities on individual basis either directly to the provider or as cash benefit for the parents. E.g. in the capital city of Reykjavik have received grant from the City of Reykjavik to engage in leisure activity since September 2007. The grant may be in the form of an activity in a sports club, school of music, youth

club, dance school, school of visual arts, and drama workshop to name a few. The grant amounts to IKR 12,000 per child in 2007, IKR 25,000 in 2008 and IKR 40,000 in 2009. The grant will not take the form of a direct payment but parents can allocate the grant to a leisure club and the club will then reduce its participation fee accordingly. If the cost of the activity is greater than the grant amount, which the parent allocates, the parent must pay the difference to the club.

Norway is a forerunner when it comes to improving the participation of children and youth. The Norwegian Ministry of Children and Equality issue an annual publication "Children and youth as a priority area" which is drawn up and enclosed to the national budget. The publication describes the government's goals and areas of achievement within the budget, defining the amounts allocated in different areas, such as families and care, education, culture, and sports. The child account gives an overview of the government's achievements towards children and youth, but is not considered as a sufficient tool in assessing the impact on these groups.

Sweden offers free pre-school for four-year-old children for 15 hours a week. The rationale is to guarantee that unemployed parents and homemaker' wives will send their children to pre-school.



4 Conclusions

A review of policies promoting the welfare of children and youth in the Nordic countries exposes a large variety of services and benefits targeted to these groups. It is not possible to compare the policies in detail or to draw any far-reaching conclusion. The general picture is that all the countries belong to the same family. There were clearly more similarities than dissimilarities among the Nordic countries.

The institutions with most similarities concerns ECEC, welfare services in school and health care. The major cross-Nordic differences in ECEC have to do with such variables as the legal entitlement to day care, administrative auspice (education, health, social welfare or a combination), parent and child involvement in developing services and the availability of open services. There are no major differences in the locus of care. All the Nordic countries rely heavily on public day care arrangements. The primary caregivers are professionals either in day care centres or in family care (family care operates also under the public day care system).

Finland and Norway with cash benefit for childcare system offer the option for parents with small children (less than three years) to stay at home. Large share of mothers utilizes this option at least for the part of the period before their youngest child turns three years. Cash benefit for childcare systems will be restructured in Norway in 2008, while Sweden plans to introduce cash benefit for childcare on a municipal level.

There is a large variety in welfare services provided by the schools. However, the responses to questionnaire indicate major differences across municipalities both within and across the countries. Some countries provide school meals and school material more often other.

The differences in health care services concerned details only. All Nordic countries offer a wide range of health care services to expecting mothers, under school-aged children and school-aged children. The services are universal in coverage and offered free of charge. The role of the private sector is marginal or non-existent.

When it comes to decision-making and parenting support more differences begin to emerge. However, the comparison suffered from the fact that no infor-

mation on these topics was obtained from Sweden. Parenting support services are characterised by unmet demand and a constant need for more services in parenting support.

Norway seems to be ahead of other Nordic countries in promoting the interests of the child and the youth in decision-making. In all the Nordic countries except Norway promoting the interest of children and youth in decision-making is an emerging area of family policy. More measures are needed to make the children visible in decision-making and to meet the challenges put forward in the United Nations Convention on the Rights of the Child.

The financial side of family policy was not the prime focus of this review. Our results seem to indicate that parental benefits are most developed in Sweden. Parental benefits are an area of intensive development also in other Nordic countries. At least from the outset the universal child benefits schemes are almost identical across the Nordic countries, except for the case of Iceland where benefits are mainly income tested. A legacy of the universal Nordic model of the welfare state is that income related child benefits play only a minor role. The clearest example of income related benefit is the housing benefit scheme in Sweden.

We began this report with a review of family policy outcomes in the Nordic countries. It would be tempting to evaluate differences in outcomes in light of the review of different policies among the Nordic countries. The most difficult problem in establishing links between institutions and outcomes is that it is almost impossible to disentangle the impact of family policies and other factors. Many types of policies and other factors interact to achieve outcomes. They include the general welfare-state institutions and labour-market policies. If we forget this, we may end up comparing different societies and not different family policy outcomes. In the scope of this analysis is not possible to relate family policy institutions to family policy outcomes. Another limitation of this review is that the strong role of municipalities also prevents or inhibits the national authorities from collecting data on day care.

We may also ask whether there are services and benefits that are missing from all the Nordic countries. For example in Great Britain all children are supported in establishing savings and investments accounts for children through a special government programme, the Child Trust Fund. That is an innovative programme where the welfare of the children and the future prospects of the youth are viewed from the perspective of child's own financial assets.

Children are vital asset of every nation. Promoting the welfare of the children is the most important guarantee for the future of the nation. It is also a legal responsibility. Under the UN Convention on the Rights of the Child, governments at all levels, including city governments, are required to ensure that the best interests of the child are a primary consideration in all actions

concerning children. It is important to continue the development of policies and benefits to promote the welfare of children and youth also in the Nordic countries. A future challenge is to highlight the socioeconomic differences in the welfare of these populations.

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Table 1. Unicef study ranking positions among 21 countries according to dimension of child welfare.

	Material well-being	Family and peer relationships	Health and safety	Behaviour and risks	Own sense of well-being [educational]	Own sense of well-being [subjective]	Average
Denmark	4	9	4	6	8	12	7,2
Finland	3	17	3	7	4	11	7,5
Norway	2	10	8	13	11	8	8,7
Sweden	1	15	1	1	5	7	5,0

Source: Unicef 2007.

Table 2. Subjective and school level indicators of welfare.

Students, percentage of responses "strongly agree" or "agree"			
Full question:	My school is a place where:I feel like an outsider (or left out of things).	My school is a place where:I feel awkward and out of place.	My school is a place where:I feel lonely.
Denmark	5,0	11,3	6,1
Finland	5,5	8,7	6,4
Iceland	9,8	10,8	10,3
Norway	5,3	8,6	6,8
Sweden	5,2	4,8	6,6
OECD av.	7,0	9,6	7,9

Schools, percentage of responses "a bit" or "to some extent" or mixed.			
Full question:	In your school, to what extent is the learning of students hindered by:student absenteeism?	In your school, to what extent is the learning of students hindered by: student use of alcohol or illegal drugs?	In your school, to what extent is the learning of students hindered by: students intimidating or bullying other students?
	A lot	To some extent	To some extent
		A lot	
Denmark	1,1	0,8	6,8
Finland	6,4	3,8	7,4
Iceland	1,3	5,1	23,1
Norway	2,8	3,5	12,2
Sweden	3,1	4,5	16,0
OECD av.	11,1	3,6	13,6

Source: Pisa 2003 database.

Table 3a. Day care architecture children 0-2 years, 2002 or most recent years.

		Denmark	Finland	Norway	Sweden
Availability	Day care guarantee for child 0-2 years (yes=1 and no=0)	1	1	0	1
	% of children in FTE* day care of children in day care 0-2 years	56,1	21	26,6	42,9
	Social expenditure for day care in EURO, ppp per child 0-school age, 0,66 of total budget for children 0-school age	11011	12387	..	7393
Cost	Parental fee, percent of total cost	29	20	26	13
	Parental payment, child 1 year, as per cent of income for APW	14,7	8,8	10,1	5,7
Standards	Staff:child ratio (full-time staff to full-time places, excl. administrative staff)	2,6	3,8	3,9	5,4
	Weekly opening hours	50	50	50	52,5
	Yearly opening hours (yes=1, no=0.75)	1	1	1	1
	Staff education (% with qualification)	50	..	49	98

* Full-time equivalent.

Source: Kangas and Rostgaard (2007).

Table 3b. Day care architecture children 3-school age, 2002 or most years.

		Denmark	Finland	Norway	Sweden
Availability	Day care guarantee for child 3-school age (yes=1 and no=0)	1	1	0	1
	% of children in FTE* day care 3-school age	92,2	59	51,9	94,1
	Social expenditure for day care in DKK, ppp per child 0-school age	5505	6193	..	3697
Cost	Parental fees, percent of total cost	30	20	26	13
	Parental payment for 3-school year child, as per cent of income for APW	10,6	8,8	10,1	3,6
Quality	Staff:child ratio (full-time staff to full-time places, excl administrative staff)	5,3	3,8	3,9	5,41
	Weekly opening hours	50	50	50	52,5
	Yearly opening hours (yes=1, no=0.75)	1	1	1	1
	Staff education (% of staff with qualifying education and training,	60	..	49	98

* Full-time equivalent.

Source: Kangas and Rostgaard 2007.

Table 4. ECEC architecture in the Nordic countries.

	Denmark	Finland	Iceland	Norway	Sweden
Compulsory School Age	7	7	6	6	7
Funding, % of GDP (information from OECD 2006)	2,1	1,1	.. *	1,7	1,9
Legal entitlement to day care	Yes (for children above 6 months)	Yes	No	Under preparation	Yes
Legal entitlement to free service	6 years (some cases 4y 10m)	6 years (full day)	No (yes for some municipalities)	6 years	4 years (some cases 3 years, 15 hours per week)
Rate of access, % from early 2000's					
0-1	12	..	7,5	..	..
1-2	83	27,5	58,3	48	45
2-3	83	43,9	92,4	48	86
3-4	94	62,3	94,5	88	91
4-5	94	68,5	95,4	88	..
5-6	98	73	93,2	88	96
6-7 (including pre-school)	98	Almost 100	0,1	0	91
Child-staff ratios					
0-2	3,3	..	..	..	..
3-5	7,2	..	..	..	..
0-3	..	4	..	7-9	..
3-	..	7	..	14-18 (+ non trained staff)	..

* Information not available (..).

	Denmark	Finland	Iceland	Norway	Sweden
Max group size	No legal regulation, norm: 12 (1-2y), 22(3-5y)	No legal regulation but recommendations, pre-school: 20	Yes	No legal regulation	Pre-school: 17
National authority	Ministry of Family and Consumer Affairs	Ministry of Social Affairs and Health	Ministry of Culture and Education	Ministry of Children and Family Affairs	Ministry of Education and Research
Supervision	Municipal level	Municipal level	Municipal level	Municipal level	Municipal level
Determination of fees	..	National fee schedule	Municipal level	Max fee on national level	National fee schedule
Parent and community involvement	Parents board (own budget) with influence on three areas: budget spending, nominating personnel, determining the principles of day care	Through projects and staff training, emphasis on early intervention, annual consultation with parents	Pre-schools Act defines parental involvement, parents' councils assisted by the pre-school director	Parents council, parent-pedagogic-owner coordinating committee	Relatively weak role of parents, new regulations being prepared
Child involvement	Children are expected to play a participatory role and share responsibility for their own daily life	Emphasis on parents involvement	Pre-schools seek ways to involve the children in daily activities and in evaluation processes	Children have the right to play a participatory role	..

	Denmark	Finland	Iceland	Norway	Sweden
Children with diverse needs					
- With disabilities	Main-streaming	Prior-ity right for services	..	Prior-ity right for services	Priority right for ser-vices
- From low income families	..	..	..	Inclusion as preventive measure	Additional educators
- Ethnic and bilingual	Mandatory and free language-stimula-tion (also in homes)	Municipali-ties may provide services, municipal network for staff in mul-ticultural ECEC	Projects on municipal level	..	Free service for 3 hours per day from 3y
Recent developments in special services					
- linguistic & cultural mino-rities	Integrated approach	..	Focus on pre-schools	Ensure lan-guage stimulation	No
- children with special needs	Special day-care avail-able	..	No	No	No
- early inter-vention pro-grams	Two staged early sup-port program: 1) support within ordinary day case system 2) special support	Yes, project on early support method	Yes	Legal righth to special education	No

	Denmark	Finland	Iceland	Norway	Sweden
Open services	Organised by NGO's, no legal regulation	Open day care centres, play groups, day clubs, family clubs, play parks organised by municipalities and NGOs	Parents' mornings organised by the church, play grounds, open services degreasing	Earnmarked grants for "open kindergartens"	Supplements day care and family day care, offered mostly free of charge
Additional information	Administrative accountability a problem, by August 2007 new law on day care with main goals in supporting learning, inclusion and flexibility, a plan to introduce one hour of language training in Danish in pre-school		A large variety across municipalities, some municipalities grant cash benefits for child care, in some municipalities the money can be used e.g. to hire an au pair	Municipalities offer free services for low income families, full coverage by 2007, cash benefit scheme will be restructured in 2008, White Paper on "Early for Lifelong Intervention Learning in spring 2007"	Disparity in the quality of services across municipalities a problem

Sources: OECD 2001, 2006, responses to questionnaire.

Table 5. Architecture for school welfare services in the Nordic countries.

	Denmark	Finland	Iceland	Norway	Sweden
Normal weekly school hours	23-27	19-30	30-37	23-28	Local school plans
Are meals provided	Decided by the local community	Yes, free of charge	Yes	Occasionally	Yes
Meal subsidies	Decided by the local community	No, meals are free of charge	Yes, 1/3 of costs	Yes, 1/3 of costs	No, meals are free of charge
“Wrap-around” services	After school service (combined school and day care)	After school service (combined school and day care) for 7-9 year olds	After school service (combined school and day care) for 6-8 year olds	Organised by municipalities no individual right, small fee	Organised by open leisure time centers and family day care, 7-12 olds
Coverage of after school services, % of age group?	Information only at local communities	Information only at local communities	No information available	No information available	78 for 6-9 olds, 11 for 10-12 olds
Charges on books or material	No	No, untill upper secondary school	No, untill upper secondary school	No, untill upper secondary school	No
Allowances for young people in full time education	No	..	Only for travel costs and accommodation for those who leave home for the purpose of studying	Allowance for charges on school material, applies to all students	..
Psychosocial support	Couselling psychologist at school	Part of students welfare services	Couselling psychologist paid by the municipality	Contact teacher, mandatory school counselling service	Most schools have welfare-officer and/or school psychologist

	Denmark	Finland	Iceland	Norway	Sweden
Health care services in school	Some medical and dental care at school	Primary health care in schools	School nurse paid by the municipality	School nurse paid by the municipality	School nurses and school doctors in every school
Parents involvement	School boards with regular meetings according to a law	Two NGOs encourage the establishment of parents' associations, parent's meetings	Parents' councils with regular meetings according to a law, parents' representative in the school board	School councils, boards and committees	Guidelines to encourage to participation, parent organisations on voluntary basis
Childrens involvement	..	..	Pupils' councils	School councils, boards and committees	..
Public schemes for other activities after school hours	Decided by the local community	No national schemes	Decided by the municipality	No national schemes	Municipal leisure time centers
Additional information	..	..	Government plans to remove charges for books, some municipalities give grants for school children's leisure activities directly to activity providers or as cash to parents	Fruit/vegetables at school since August 2007, all charges for books will be removed by 2009	..

Source: Responses to questionnaire.

Table 6. Preventive health services for children and youth in the Nordic countries.

	Denmark	Finland	Iceland	Norway	Sweden
General features					
Are services free of charge?	Yes	Yes	Yes	Yes	Yes
Are services voluntary?	Yes	Yes	Yes	Yes, but obligations for parents	Yes
Who is responsible for organising the services?	Municipalities according to guidelines given by the state	Municipalities	State	Municipalities	Municipalities
The role of the third sector	No role	Complements the public sector	Many providers acting on their own	No role	No role
Are the services universal or targeted?	Universal	Universal but special services for risk groups	Universal but special services for risk groups	Universal	Universal
Pregnancy					
Responsible provider for maternity health	Region (5 regions) according to guidelines given by the state	Part of municipal preventive care	State	Municipality	..
Website or leaflet for expecting mothers	Yes, also specific leaflets on smoking and diet issues (www.sst.dk, www.fvst.dk)	Yes (one for parents, one for professionals)	Yes (two websites, operated by Reykjavík Primary Health Care Center and The Icelandic Midwives Association)	Yes, translations for English, Somali, Urdu and Arabic	..

	Denmark	Finland	Iceland	Norway	Sweden
Rate of access for public services, %	99	Almost 100	Almost 100	99	..
Rate of access for private services, %	less than 1	Some private actors in larger cities	Very few women	1-2	..
Screening Program	Yes	Yes	Yes	Yes	..
Health education program	..	Yes	Yes	Yes, information in small groups on pregnancy, giving birth and postnatal period, participation rate around 50	..
Special services	Yes	Yes, such as the services of child psychiatrist, pediatricists and child neurologists	Yes, for women with e.g. gestational diabetes mellitus, hypertension, preeclampsia and other underlying disorders	Yes, genetic counselling, ultrasound controls etc.	..
Parenting education program	Yes, but not with universal coverage	Yes, often in collaboration with maternity hospitals	Yes, also for special groups such as multiple pregnancies, single mothers, linguistic minorities	Yes	..

	Denmark	Finland	Iceland	Norway	Sweden
Home visits	Occasionally	Yes	Midwife visits	No	..
Children under school age					
Child health clinics or centres	A home visit by a nurse for children less than 12 months seven preventive medical examination before school age, vaccinations according to the official program	Part of municipal preventive services organised by the health centres	Health care centers nation wide, Centre of Child Health Services in the Primary Health Care of the Capital Area has the role of a co-ordinator and developer	In primary health care: no, in specialised health care: yes	..
Website or a specific information leaflet	Yes (e.g. at www.sst.dk), information in 8 languages	Yes (e.g. www.stm.fi , virtual.finland.fi)	Yes (e.g. www.heilsu-gaeslan.is)	Many private websites	..
Rate of access for public services, %	99	95-97	Almost 100	Almost 100	..
Rate of access for private services, %	0	Some families visit private pediatricians	No services available	0-5	..
Screening program	..	Yes	Yes, part of health care visits	Yes	..
Health education program	..	Yes	No, but educational program for parents on nutrition, safety, hygiene etc	Yes, information on child's physical and mental development	..

	Denmark	Finland	Iceland	Norway	Sweden
Parents groups	Yes, in all municipalities, arranged by a nurse	Sometimes	Yes	Yes	..
Home visits	Yes	Yes, in the first week after delivery	Yes, in the first weeks after delivery, some families are visited also later	Yes, visit 2 weeks after birth (access 79%)	..
Children of school-age					
Services available at school	Yes, a nurse for attending every school (health dialogues and education) a responsible medical doctor for every-school	Municipal health centres provide services at school	Yes, services are organised by the health centers	Yes	All schools have a school health care nurse and every municipality have a doctor for school children. Services available at school
Website or a specific information leaflet	Yes (e.g. at www.sst.dk)	Yes (e.g. www.stm.fi , virtual.finland.fi)	Yes (www.heilsugaelan.is , www.6h.is)	Many (e.g. www.ung.no)	Some information at national website
Rate of access for public services, %	99	100	100	100	..
Rate of access for private services, %	0	No services available	No services available	No services available	No national data
Screening program	Yes	Yes	Yes	Yes	Yes

	Denmark	Finland	Iceland	Norway	Sweden
Health education program	No, but information provided by the nurse and the teachers	Yes	Yes, with emphasis on building healthy lifestyles	Yes, information on child's physical and mental development	No
Collaboration with parents	Parents invited to medical examination, information to parents on nurse visits	Considered very important, information, personal contacts	Exchange of information, internet main tool for communication	Exchange of information, parents permission requested	Parents invited to medical examination, information to parents on nurse visits
Home visits	Only if deemed necessary	Rarely	Only in case of need	No	No
Additional information	Plans for new vaccination program and guidelines for pregnant women	Parenting education program is being re-organised, new models for family centres	Inadequate coverage for dental care	..	..

Source: responses to questionnaire.

Table 7. Parenting support in the Nordic countries.

	Denmark	Finland	Iceland	Norway	Sweden
Legal obligation to provide services	Yes	Yes	Yes	Yes	Yes
Responsibility for evaluating need	Municipal councils (a legal obligation with a child protection perspective)	Maternity, family and child services, child day care, other social and health services	Primary health and social services (state) and the municipalities	Primary health and social services, mental health care, family counselling offices	Municipal councils
Parenting support - responsible provider	Municipal councils offer family related counselling for free through field-workers	Municipalities with voluntary organisations or with Church and private actors (as procured services)	Municipal councils offer family related counselling for through field-workers	Municipalities with voluntary organisations or mental health, family counselling and child welfare services	Municipalities together with voluntary organisations and Church
Family crisis - responsible provider	Municipal council	Municipalities (and Church)	Municipalities	Central government	..
Role of municipalities	Legal obligation	Legal obligation	Legal obligation	No direct obligation	..
Role of private actors	Municipalities may buy services to fulfil their obligations	Limited role but several private actors	Several private providers	Limited (only one or two private actors)	Several private providers

	Denmark	Finland	Iceland	Norway	Sweden
Role of third sector	Limited (e.g. holiday trips to vulnerable children)	Church operate services in some cities without subsidies from the municipalities	Red Cross, Church related and other NGO's offer family counselling, holiday trips and camps	Altogether 64 family counselling offices in the country of which 1/3 run by the Church	Altogether 30 units where Church provide family counselling
Additional information	..	..	Developing competence and family services main aim of the family policy	Central government has developed models for parental guidance programs	..

Source: Responses to questionnaire.

Table 8. Actions for promoting participation of children and youth in the Nordic countries.

	Denmark	Finland	Iceland	Norway	Sweden
Children's interests in decision-making	Through dialogue with relevant organizations representing children's interests (e.g. The National Council for Children)	Through child ombud	Responsibility with child ombud	Dialogue, exchange of information, children and youth organizations, The Youth Forum for Democracy	..
Child impact assessment					
National level	No	No arrangements, currently the topic of a project at the Ministry of Justice	No	Annual child account, discussion on how to improve monitoring of children's rights	..
Municipal level	Not generally	Part of municipal child policy plans, published recommendations for municipalities	No	Planning and Building Act stipulates that children's interests have to be taken into account, children's representative in each municipality, municipal children's assemblies & youth councils in 75 % of municipalities	..

	Denmark	Finland	Iceland	Norway	Sweden
Topics of interest and debate	Equal opportunities for all children, social heritage, the legal status of children, balance between family life and working life, quality in day-care	Poverty and social exclusion among children, mental problems, risks of media (inc. internet) exposure	Equal opportunities for all children, balance between family life and working life, four year action plan to bolster the position of children and youth	Empowerment of children and parents, human rights, child abuse and neglect, the quality of foster care	..
Municipal child welfare programs	..	Yes	..	No	..
Monitoring children's interests	The National Council for Children (Børnerådet)	Ombudsman for children (since 2005)	Ombudsman for children (since 1994)	Ombudsman for children (since 1981)	..
Additional information		Importance of municipal child policy programs and preventive measures emphasized in the new Child Protection Act (2008)	Local authorities obliged to form youth councils with a consulting function	Differences between municipalities in children's participation in decision making	..

Sources: Responses to questionnaire

Table 9. Maternity/paternity and leave to care for children in the Nordic countries.

	Denmark	Finland	Iceland	Norway	Sweden
Maternity leave					
Statutory arrangements	Yes	Yes	Yes	Yes	Yes
Maximum duration in weeks	16 (4+12)	17,5 (5-8,3+12,5-9,2)	13	9 (3+6)	14
Replacement rate, %	100	90/70/75	80	100/80	80
Payment for non-working mothers or mothers not in labour force	No	Minimum benefit	Minimum benefit	Only for those who do not qualify for parental benefits based on previous income, lump sum payment	Minimum benefit
Financing	State	State, employers, employees	State	State	State
Social insurance contributions	..	Maintained	..	Maintained	..
Job guaranteed	..	Yes	..	Yes	Yes
Right to work part time hours	Yes	Yes (until child Finnish 2nd school year)	Yes	Conditionally	Yes
Maternity grants	..	Universal grant either in kind or in cash (140e)	..	Only for those who do not qualify for parental benefits based on previous income	..

	Denmark	Finland	Iceland	Norway	Sweden
Paternity leave*					
Statutory arrangements	Yes	Yes	Yes	Yes	No
Maximum duration in weeks	4	3 weeks + 4 weeks conditional	13	6 weeks (+ 2 weeks)	2 weeks
Is it paid to all fathers	Yes	Yes	Yes	Yes	Yes
Paid for the full duration	Yes	Yes	Yes	Yes	Yes
Replacement rate, %	100	70 / 75	80	100/80	80
Job guarantee	..	Yes	..	Yes	Yes
Parental leave					
Maximum duration of parental leave in weeks	52	24/26	42/44	44 weeks with 100% or 54 weeks with 80%	64 weeks with 80% and 12 weeks a flat rate benefit
Leave to care for children,					
Statutory arrangements	Yes	Yes	Yes	Yes	Yes
How many days/ weeks/ years	..	2,2 years (if child not in public day care)	..	One year unpaid for both parents until child turns 3	1,5 years with three months on a flat rate benefit
Is leave flexible	..	See above	..	See above	Yes
Limit of the age of the child?	..	3 years	..	3 years/12 years	12, some cases 16
Level of payment?	..	See table 11	...	See above	80%
Job guarantee	..	Yes	..	Yes	Yes

* The comparison combines fathers' quotas and leave periods which the fathers may have together with the mothers.

	Denmark	Finland	Iceland	Norway	Sweden
Leave to care for sick children	..	Temporary unpaid (or paid if agreed with employer) to care for sick child for 4 days per each sudden illness	..	10 days paid leave for sick child each year untill child turns 12 days for sick children each year untill child turns 3 +	Temporal parental leave to care for a sick child (up to 12/16 years), 120 cash day per child per year
Additional information		Increased replacement rate for the first days of parental benefits since 2007		Fathers quota extended to 6 weeks in 2006, income limit in parental benefits NOK 377 352 in 2006, maternity grant (lump sum) NOK 33 584	Government is planning to introduce cash for child care scheme for small children (<3y) on municipal level, also a plan to introduce an extra benefit for fathers to take up parental leave

Sources: Responses to questionnaire, Valdimarsdottir 2006.

Table 10. Universal child benefits in the Nordic countries.

	Denmark	Finland	Iceland	Norway	Sweden
Universal child benefit	Yes	Yes	Yes, if child is less than 7, means-tested for others	Yes	Yes
Age limits	..	17	18 (7)	18	16
Who is it paid to	..	Mother	Mother and father	Mother	Mother or father
Is it uprated	..	Not frequently	Yes	Not frequently	Not frequently
Is it contributory	No	No	No	No	No
Is is same for children of all age groups	No	Yes	No	Yes	Yes
Supplements for any additional children	No	Yes	No	No	Yes
Extra child allowance to single parents	Yes	Yes	Yes	No	No
Financing	State	State	State	State	State
Additional information	..	..	Paid by the tax authorities, can be deducted from unpaid taxes, very small supplement for additional children, means testing only for high incomes	..	..

Sources: Responses to questionnaire, Nososco 2006.

Table 11. Income related child benefits and guaranteed maintenance in the Nordic countries.

	Denmark	Finland	Iceland	Norway	Sweden
Which schemes exists?	No income related child benefits (apart from social assistance and housing benefit)	A supplement to a cash benefit for families with small children (below 3 years, only if child at home)	Cash child allowance means-tested for children above seven years	Cash benefit for families with small children (between 1-3), specific benefits for single parents	A housing benefit scheme to support especially families with children
How often is it paid?	..	Montly	Montly	Montly	Monthly
Who is it paid to	..	Paid to applicant	Paid to applicant	Paid to applicant	Paid to applicant
Is it taxed?	..	Yes	No	No	No
Guaranteed maintenance	Yes	Yes	Yes	Yes	Yes
Additional information		Flat rate payment together with income related supplement, municipalities may provide additional supplements (some income related)	A special cash benefit for single parents with more than one child	Benefits for single parents include child care benefit, education benefit, transitional benefit and grants to cover removal expenses	Govenment is planning to introduce cash for child care benefit for small children (less than 3) on municipal level, no information on possible income related supplements, for low income divorced parents a chance to split guaranteed maintenance

Sources: Responses to questionnaire, Nososco 2006.

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