



ROYAL NORWEGIAN MINISTRY  
OF CHILDREN AND EQUALITY

Office of the United Nations High Commissioner for Human  
Rights

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**Human Rights Council resolution 31/6 - annual study on the rights of persons with disabilities - focus on CRPD article 5 - Norway**

We have received your questions from the 29 of April 2016 concerning Human Rights resolution 31/6 – annual study on the rights of persons with disabilities. Under follows Norway's answers to the questions. For further information we recommend Norway's initial report to the UN on Norway's implementation of the Convention on the rights of Persons with Disabilities. The report is enclosed to this document.

**Question 1 regarding legislation and reasonable accommodation**

**Anti-Discrimination and Accessibility Act**

The Anti-Discrimination and Accessibility Act protects against discrimination based on disability. The basis for discrimination covers physical, mental and cognitive disabilities. The purpose of the Act is to promote equality and equity, ensure equal opportunities for and rights to social participation for all persons, regardless of functional ability, and to prevent discrimination based on disability. Furthermore, the Act should help remove barriers created by society and prevent new ones from being created.

The Anti-Discrimination and Accessibility Act prohibits engagement in discrimination and harassment. It also prohibits engagement in and incitement to engage others in discrimination and harassment. Breach of the provisions governing accommodation laid down in the Act

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constitutes discrimination. Direct and indirect discrimination based on disability are prohibited. The prohibition applies to discrimination based on any actual, assumed, past or future disability. Protection against discrimination also includes discrimination against people based on their relationship with a person with a disability. Employers and managements in organisations and educational institutions must prevent harassment from occurring within their respective areas of responsibility.

### **Reasonable accommodation**

Persons with disabilities must have the opportunity for personal development, inclusion and daily living on an equal basis with other citizens. All citizens must have the same opportunities for involvement and participation in the different spheres of society. Having a good place to live, with access to necessary services, is regarded as a fundamental need and a prerequisite for participation in other spheres such as education, work, and in the community otherwise.

### **Housing**

As a group, persons with disabilities are over-represented among disadvantaged people in the housing market. Integration is a goal of Norwegian welfare policy, implying a genuine possibility for everyone to live independent and active lives. A goal of the housing policy is to enable as many as possible to live independently in ordinary residential environments and to receive necessary services there, if so chosen. The municipality's duty to help provide homes for disadvantaged persons is outlined in the Health and Care Services Act and the Labour and Welfare Administration Act, the latter requiring the municipalities to help provide housing for persons who themselves are unable to look after their interests in the housing market, including specially adapted dwellings. Subsidy and loan schemes have been developed to support municipalities procuring their own dwellings for persons with disabilities, targeting both municipalities and individuals. The Norwegian State Housing Bank plays a central role in housing policy.

Subsidies for rental dwellings are intended to increase the number of appropriate dwellings for disadvantaged people, and is used for buying, renovating and building dwellings. When allocating subsidies to co-located housing and assisted living schemes, housing specially geared to persons with different types of disabilities, the Housing Bank emphasizes normalisation and integration. Dwellings must not have an institutional character, and the number of co-located dwellings must not be too high. Housing units should be located in ordinary environments, allowing for the principles of normalisation and integration.

Research shows limited self-determination when it comes to choosing housing and living arrangements for persons with disabilities. However, the group is mixed, with wide variations in the living arrangements desired. Some persons with intellectual disabilities may prefer living in communities in close contact with personnel who can offer security. For others, the same living arrangements may create an obstacle to their quality of life. Solutions tailored to individual preferences and needs should be sought. The white paper on persons with intellectual disabilities (Meld. St. 45 (2012-2013)) emphasizes dialogue and efforts to ensure that this group has genuine choices with respect to living arrangements.

## **Education**

Under Article 109 of the Constitution, everyone has the right to education. Children have the right to receive primary and lower secondary education. The education must safeguard the individual's abilities and needs, and promote respect for democracy, the rule of law and human rights. The state must also ensure access to upper secondary education and equal opportunities for higher education based on qualifications.

The Ministry of Education and Research has three overarching goals for the education sector:

- Education and training to enable personal development and active citizenship.
- Skills that are needed today and in the future.
- Research in order to achieve scientific progress, social development and greater competitiveness.

The Government has various competence development measures designed to improve quality in kindergarten, primary and secondary education. Efforts to create the inclusive knowledge society must start early, and improving quality in the kindergarten sector is therefore a government priority. All kindergarten children must have a safe environment in which they can develop and learn, in kindergartens that are adequately staffed with sufficiently qualified personnel.

## **Nursing and care services**

Pursuant to the Health and Care Services Act, the municipalities are responsible for the services provided to everyone with a need for care services, irrespective of age or diagnosis. Municipal health and care services consist of various kinds of home services, such as home nursing and personal assistance, including practical assistance. Care services are also provided in institutions, including nursing homes, and include respite measures, support contact and carer's pay. The different services are described in the Act. The individual municipality may additionally have arrangements and services such as meals on wheels and a security alarm.

Figures show that almost one of five persons with disabilities aged between 20 and 66 years receives municipal nursing and/or care services. The corresponding number for the general population is about 2 per cent. In recent years, the proportion of disabled persons receiving such services has increased steadily.

Personal assistance includes help in accomplishing the practical tasks of daily living. Assistance may be provided both inside and outside the home. Personal assistance also includes help in self-care and grooming and training in the activities of daily living. The purpose of the training is to make the individual as self-reliant as possible in their daily lives. Personal assistance also includes participation in recreational activities. The municipality has a duty to offer personal assistance as needed. In cooperation with the individual patient or user, the municipality assesses the needs of individuals for assistance and decides whether services in the form of personal assistance should be provided.

Pursuant to the Health and Care Services Act, the municipality must have an option of personal assistance in the form of practical assistance and training, organised as user-controlled personal assistance (UPA). UPA is an alternative way of organising practical assistance and training for persons with disabilities. The service provides people with a greater opportunity to live an active life and be as independent as possible despite a disability. With UPA, it is the user who, with assistance if necessary, organises and directs the work with the assistants. The supervisor has day-to-day responsibility for the assistants. It is a requirement that the role of supervisor is properly conducted. In 2014, the Storting (Norwegian Parliament) adopted amendments to the Patients' Rights Act. The amendment gives the right to UPA to persons aged under 67 with a substantial, long-term need for assistance. The right also includes respite care for parents with children with severe disabilities under the age of 18 and living at home. The establishment of this right is intended to pave the way for better everyday living for persons with an extensive need for assistance and their families. The right is independent of diagnosis, and will thus also apply to users with a variety of disabilities. The amendment entered into force on 1 January 2015.

The UPA arrangement is described in more detail in special circulars. The Directorate of Health is in the process of completing a new circular outlining the UPA scheme, in which it will be natural to discuss the following topics: the assistants' labour law situation, the municipality as the party obligated to assure necessary and acceptable services, UPA viewed in light of the maintenance principle laid down in the Health and Care Services Act (right to take the assistant over municipal and national boundaries); UPA in co-located housing and the issue of duty of confidentiality; and the relationship between user-control and the municipality's freedom to organise the service.

### **Competence and recruitment in the municipal health and care services**

The main objective of the competence and recruitment plan, Competence Reform 2015, is to help to secure adequate, competent and stable manpower for the municipal health and care services, and to raise competence levels in the care sector. A large proportion of users of care service receive these services because of a disability. Subsidies for basic training and continuing professional education for municipal care service employees are channelled through the plan. The Directorate of Health is responsible for developing programmes and providing funding for professional development and competence building.

### **Welfare technology**

In 2013, a national programme for developing and introducing welfare technology was established. Welfare technology is designed to give users a greater opportunity to master their own lives and health, and to help more people to live at home longer. The main objective of the programme is for welfare technology to form an integral part of services by the year 2020. The Directorate of Health has the primary responsibility for implementing the technology programme. The programme includes a grant scheme to which municipalities can apply for funding of safety packages for users of care services (fall detectors, smoke detectors, etc.). Standardisation work has also been launched to facilitate the introduction of integrated, supplier-independent ICT systems across the public and private health sector. This is in response to the Storting report *Meld. St. 9 (2012-2013) Én innbygger – én journal*. [One

Citizen – One Medical Record]. In addition, a training package will be developed to boost the welfare technology skills of the staff. The programme is part of Competence Reform 2015.

### **Assistive aids**

Assistive aids is intended to compensate for practical problems that individuals with disabilities encounter in society. Examples of assistive aids are assistive technologies, services and measures, and they must form part of an overall plan. Persons with a significant and long-term disability (more than two years) have a right to those assistive aids that are necessary and appropriate for enabling them to be more self-sufficient and to solve the practical problems of daily living, to remain living at home and to be nursed at home. Assistive aids encompass everything from relatively simple products to sophisticated technical products. In addition come services such as interpreting, sign language interpreting and escort assistance.

One of the services offered by the assistive aids centres is interpreting. The service provides interpreting for about 3,500 users, about 85 per cent of them deaf and 15 per cent deaf-blind or deafened. In addition to sign language interpreters for the deaf and hard of hearing, and interpreting for the deaf-blind, the interpreting service supplies video and speech-to-text interpreting. There has been an increasing need for speech-to-text interpreters in recent years.

### **Public Committee on Fundamental Rights of Persons with Intellectual disabilities**

The Storting debated the white paper *Frihet og likeverd* [Liberty and human dignity] in 2014. The Storting asked the Government to appoint a broad-based committee to propose measures for strengthening the fundamental rights of persons with intellectual disabilities with respect to autonomy, private life, family life and participation in society. The committee was appointed in 2014, and will determine what has contributed to improving the living conditions of persons with intellectual disabilities over the past 20 years. It will be particularly important to assess measures in the areas referred to in the white paper: self-determination, due process protection, quality in training, participation in working life, and good health and care. The committee will also determine whether the right to private and family life of persons with intellectual disabilities is fulfilled. The committee will present proposals for measures necessary to meet the challenges in this field and ensure that the political goals are achieved.

### **Awareness-raising**

Most of the barriers encountered by persons with disabilities are man-made. They are the result of society's failure to take into account the diversity of its population in its planning and design. The authorities issues various measures and policy instruments to give priority to awareness-raising and user participation to reach the goal of an equal society.

### **Question 2 regarding follow up of reasonable accommodation**

No, we do not have such tests. Decisions taken by the social service, etc. can be appealed. The complaint must first be submitted to the body that made the decision for reconsideration. If

no new information emerges in the complaint and the decision is upheld, the complaint will be forwarded to the complaints body.

### **Question 3 regarding structural discrimination**

The Anti-Discrimination and Accessibility Act requires public authorities, the social partners and private-sector employers with more than 50 employees to make active, targeted and systematic efforts to promote equality and prevent discrimination based on disability. Furthermore, all public and private undertakings serving the public must make active and targeted efforts to promote universal design within their own organisations. By 'universal design' is meant design or accommodation of the main system as regards the physical conditions so that the normal function of the undertaking can be used by as many people as possible.

### **Question 4 regarding women and children with disabilities**

#### **Women with disabilities**

Norway is regularly nominated as one of the most gender-equal countries in the world. Men and women participate in working life on an equal footing and to more or less the same extent. Protection under the law, generous welfare schemes, and generally accepted values which support the idea that no-one should be discriminated against on the basis of gender all contribute towards genuine gender equality. The UN Convention on the Elimination of All Forms of Discrimination against Women has been incorporated into Norwegian law.

The Directorate for Children, Youth and Family Affairs is responsible for collecting, systematising and developing knowledge about the living conditions and life circumstances of persons with disabilities. Once systematised, this knowledge will be broken down by gender as far as possible. This means that any gender disparities – including those among persons with disabilities – can be monitored over time and analysed. Sample surveys show that around 5 percentage points more women than men have disabilities, according to standard definitions.

National statistics from Statistics Norway's Labour Force Survey, a quarterly survey of developments in employment and unemployment and of different population groups' connection with the labour market, show that women with disabilities generally have a weaker connection with the labour market than do men with disabilities. Around 60 per cent of women with disabilities who participate in working life have part-time positions, while around 25 per cent of men with disabilities have part-time positions. Furthermore, research conducted by NTNU Samfunnsforskning (NTNU Social Research) indicates that mothers of children with disabilities more often work part-time than other mothers and far more than fathers in the same situation.

### **Children with disabilities**

All children are independent holders of rights. Under Article 104 of the Constitution, children have the right to respect for their human dignity. They have the right to be heard in questions that concern them, and due weight must be attached to their views according to their age and development. When taking a course of action and making decisions concerning a child, the best interests of the child must be a fundamental consideration.

Moreover, the child has a statutory right to protection of personal integrity. The authorities of the state must create conditions that facilitate the child's development. Among other things, this means that the state must ensure that children are provided with the necessary economic, social and health security, preferably within their own family. The UN Convention on the Rights of the Child has been incorporated into Norwegian law in the form of the Human Rights Act and will therefore take precedence over other laws in the event of conflict.

The Patients' Rights Act contains separate provisions governing children's rights. These provisions apply to all children, including those with disabilities. As a general rule, children are entitled to be accompanied by at least one parent or other person with parental responsibility during stays in a healthcare institution. Children are also entitled to be kept active and stimulated during stays in a healthcare institution. Such activities must take the capabilities and needs of the individual child into account. The Act also stipulates that children may act as a party in a case and exercise their rights as party to a case if they have turned 12 and understand what the case is about.

In recent years, the authorities have focused on the situation for children and young people with disabilities in school and in their leisure time. Several research studies show that children with disabilities who are removed from mainstream education tend to be less active in social arenas during leisure time. Moreover, new knowledge has emerged about the situation of families with one or more children with disabilities.

As part of the Government's efforts to comply with the intention expressed in the UN Convention on the Rights of Persons with Disabilities, entitlement to respite services for parents of children with severe disabilities was incorporated into the statutory right to receive user-controlled personal assistance (UPA). This was done to help facilitate more active and independent living for these children and their families.

The Directorate of Health has prepared a booklet entitled 'Children and young people with disabilities – what rights does the family have?' Children and young people with special needs and their families often require services that are provided by different institutions and agencies. This booklet is intended to make it easier for them to find what they are looking for, and tells the story of Gina, who was born with a disability. It presents information on the rights she and her family have from the time she is born until she is around 20 years old, and on where her family can seek help. The English-language version is available here: [English](#).

### **Question 5 regarding Statistics and data collection**

Statistics Norway estimates that 12-15 per cent of the Norwegian population has disabilities, depending on how the group is defined. At present, persons with disabilities are not a statistical category, and no official statistics are prepared on this group in particular.

A number of surveys have been conducted and several registers are maintained to provide information on persons with disabilities in Norway, both on Norwegian authorities' and organisations' own initiatives and as a result of international cooperation on statistics, for example through Eurostat. However, the registration of persons with disabilities in statistics and public registers is mainly based on self-reporting and also on peoples' own assessment of their functional ability. The Statistics Act sets strict limits for the distribution of personal data – more strict than the Public Administration Act or the Personal Data Act – and it does not distinguish between sensitive and non-sensitive information.

### **Documentation of living conditions and universal design**

The Directorate for Children, Youth and Family Affairs is now working systematically on comprehensive documentation of the living conditions of persons with disabilities. The statistics are based largely on a set of indicators for living conditions and equality for disabled persons provided annually by Statistics Norway. They include figures for the general population for purposes of comparison. The documentation is based on existing statistics from other public authorities and on the best available research on living conditions. The Directorate for Children, Youth and Family Affairs is also working on indicators for accessibility and universal design. User participation is an important principle in the documentation work. A reference group consisting of user organisations, researchers and other public authorities ensures the quality of the work. This means that the statistics are relevant and are perceived to be legitimate. The Directorate also complies with stringent criteria regarding protection of privacy, and does not publish sensitive data about persons with disabilities.

An important goal of the documentation work is to make statistics and research available. This is done primarily through the website of the Directorate for Children, Youth and Family Affairs, which presents figures and analyses on the living conditions of persons with disabilities. See: [http://www.bufdir.no/Statistikk\\_og\\_analyse/Nedsatt\\_funksjonsevne/](http://www.bufdir.no/Statistikk_og_analyse/Nedsatt_funksjonsevne/). Statistics and knowledge are mediated here in an accessible and comprehensive manner. The website meets the requirements of ICT accessibility. The statistics are intended to be a resource for decision-makers, experts and interest organisations to draw on.

### **The Labour Force Survey**

Each year, the Labour Force Survey (LFS) produces a supplement on persons with disabilities to shed light on their connection with the labour market compared with the population at large. Similar surveys have been conducted annually since 2002, and are funded by the Ministry of Labour and Social Affairs. The statistics are an important part of those delivered by Statistics Norway to the Directorate for Children, Youth and Family Affairs. See: <http://www.ssb.no/arbeid-og-lonn/statistikker/aku/kvartal/2014-10-29>.

### **Health and care statistics**

The purpose of the IPLOS register is to gather and process data from the municipalities on persons who have applied for, receive or have received nursing and care services, to form a basis for the monitoring, quality assurance, planning, development and overarching management and administration of the social and healthcare service. The register also provides a basis for research. In addition to the purposes mentioned above, data in the IPLOS register can be processed and used to prepare national, regional and local nursing and care statistics. The aim of IPLOS is to provide information for management of the service and municipal leadership, and to enhance the quality of case processing and the service. The IPLOS register contains information on all applicants for and recipients of municipal healthcare services. The register contains data on: persons and housing conditions, applicants for/recipient of services has been assessed by dental health personnel/doctor, need for assistance, vision and hearing, social participation, relevant diagnoses, municipal services, and whether an individual plan has been prepared. The Directorate of Health is responsible for the processing of the registry data. The register is obligatory for all municipalities. For further information in Norwegian, see: <http://helsedirektoratet.no/kvalitet-planlegging/iplos-registeret/Sider/default.aspx>.

### **Surveys of living conditions**

Surveys of living conditions are conducted annually in the form of questionnaires, and cover a representative selection of the population. Some people are selected to answer questions on topics that are important in people's daily lives. The surveys use the answers to follow trends in living conditions in Norway. A random selection of participants are drawn from the Population Register, and those picked to take part receive information material in the post. Some selected topics are focused upon as a means of describing living conditions. The main topics are housing, health (EHIS), working environment and economy (EU-SILC): But living conditions are about more than these. They also include the various activities we take part in, the contact we have with others, what our surroundings are like, and so on. The results of the surveys are published in Statistics Norway's Statistics Bank, and are available to the public on [www.ssb.no](http://www.ssb.no). The surveys form part of a major European cooperation (EU-SILC and EHIS) in which Statistics Norway participates. This enables us to use the results to compare health and living conditions in many European countries. The EU statistics body Eurostat publishes results from EU-SILC and EHIS which are available to the public. See [ssb.no](http://www.ssb.no) The statistics are an important part of those delivered by Statistics Norway to the Directorate for Children, Youth and Family Affairs .

### **Municipal statistics**

KOSTRA (Municipal-State Reporting) is a national information system that provides management information on municipal and county authority activities. Municipal and county authorities report accounting data and information on services to the central government through Statistics Norway. The reported data are published on Statistics Norway's [KOSTRA](http://www.kostra.no) website as empirical data or combined and published as key figures. Key figures and empirical data are intended to contribute to giving the population at large, the media, the municipal sector itself, the state and others the opportunity to obtain information on most of

the municipal and county authorities' activities. This information is also intended to contribute to openness, transparency, and improvement of the services offered in the municipal sector.

There are several ongoing random sampling surveys that include questions on disability. One such example is the Agency for Public Management and eGovernment's Inhabitants Survey, which since 2014 has included questions on whether the respondent has a disability. Statistics Norway has had and has assignments associated with persons with disabilities over time, with funding from the Directorate of Health, the Directorate for Children, Youth and Family Affairs, the Ministry of Children, Equality and Social Inclusion, the Ministry of Labour and the Ministry of Climate and the Environment. Apart from this, Statistics Norway refers to the regular publications of the Nordic Social Statistical Committee; see also <http://norden.diva-portal.org/smash/get/diva2:798076/FULLTEXT02.pdf>. Statistics Norway can assist the respective authorities with obtaining further statistical data as required.

### **Question 6 regarding UN Sustainable Development Goals**

The Ministry of Foreign affairs is the focal point in Norway in the following up of the Sustainable Development Goals. The Ministry of Finance is responsible for the follow up of SDG 10.

Several of the SDGs affect the lives of persons with disabilities. The principle of organisational and social integration forms the basis for developing measures in the different sectors. The principle of sectoral responsibility, a rights-based approach, and user involvement form the basis of Norwegian policy for persons with disabilities. The different sectors will follow up their responsibility according to their responsibility, needless to say also for persons with disabilities.

Norway's initial national review will be presented at the high-level political forum on sustainable development (HLPF) in July. During the work with the report civil society was invited to a consultative meeting with the Government. Civil society representing persons with disabilities attended the meeting. Civil society has also been involved in the work with preparing the SDGs.

Yours sincerely,

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*The document is approved electronically, as such no handwritten signatures are required.*

Copy: Norwegian Ministry of Foreign Affairs

Enclosed: Norway's initial report to the CRPD