



**Convention on the Rights  
of Persons with Disabilities**

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**Committee on the Rights of Persons with Disabilities**

**Consideration of reports submitted by States  
parties under article 35 of the Convention**

**Initial reports of States parties due in 2015**

**Norway\***

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\* The present document is being issued without formal editing.



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## Introduction

1. The UN Convention on the Rights of Persons with Disabilities (the Convention) was signed by Norway in 2007 and ratified in 2013. Norway has not yet endorsed the Optional Protocol permitting individuals to lodge complaints with the UN committee monitoring implementation of the treaty. Accession to the Optional Protocol is currently under consideration.

2. This is Norway's initial report to the UN on Norway's implementation of the UN Convention on the Rights of Persons with Disabilities. The report is therefore intended to give a general picture of Norwegian policy for persons with disabilities as well as an account of measures and challenges posed by the respective individual articles. The report is in compliance with the UN's reporting guidelines. For ease of reference, all references to statistical data are presented under Article 31 Statistics and data collection. Article 31 contains a detailed account of the sources of the statistics cited in the report. Most of the links cited in the report lead to websites which also contain English-language versions. A Common Core Document containing general information about Norway is attached to the report. We have chosen to present the policy framework for persons with disabilities under Article 4 General obligations. Issues of a more specific nature are described in the respective sector-specific articles.

3. The Ministry of Children, Equality and Social Inclusion coordinates Norway's policy for persons with disabilities. As part of the work on preparing this report, we obtained input from relevant sector ministries, and from civil society organisations through dialogue meetings and a written consultation. Sámediggi (the Sami Parliament) was also heard. Furthermore, we granted NOK 300,000 to the Norwegian Federation of Organizations of Disabled People to coordinate the shadow report from civil society organisations.

4. This report has been published in English and Norwegian on the Ministry of Children, Equality and Social Inclusion's website. It has been published in all relevant digital formats, and an easy-to-read version of the report will also be prepared in Norwegian.

## Articles 1-3: Purpose, definitions and general obligations

5. The Government's policy is based on equity, and charges the public sector with responsibility for ensuring that everyone, according to their capabilities, has equal opportunities to improve their living conditions and to exercise their rights and obligations as members of society.

6. Norway has applied the definitions stated in the UN Convention on the Rights of Persons with Disabilities. A review of Norwegian legislation was conducted between 2007, when Norway signed the treaty, and 2013 when it was ratified. The provisions of the Guardianship Act were not in compliance with the provisions of the treaty. The Act was examined before the treaty was ratified, and Norway now has a new Guardianship Act that is in line with the provisions of the treaty.

7. Norwegian policy for persons with disabilities complies with the principles set out in the Convention. Disabilities have traditionally been regarded as a personal trait (a disease, injury or defect). Over time, this biological-medical understanding has been challenged. This understanding did not take sufficient account of the challenges created by the society in which disabled persons live. In Norway today, disabilities are normally regarded as the gap between the individual's capabilities and society's demands. This gap is bridged by

increasing accessibility in society and by strengthening the individual's capabilities. User involvement is also a key element in Norwegian policy. The principle of sectoral responsibility forms the basis for Norwegian policy for persons with disabilities.

8. In this context, "language" means spoken language, sign language, and other forms of non-verbal communication. In Norway, Norwegian sign language is recognized as a language in its own right.

## **Article 4: General obligations**

### **Norway's policy for persons with disabilities**

9. 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. Persons with disabilities still face barriers that hinder equal opportunities for activity and participation. Persons with disabilities in Norway must have opportunities for personal development, participation, and self-realisation on an equal basis with others.

### **Disabled people's organisations/user involvement**

10. The authorities allocate considerable resources to disabled people's organisations every year, in the form of operating subsidies and subsidies for peer support activities. For example, operating subsidies are allocated to improve opportunities for disabled people's organisations to promote their interests and to provide services to their members, such as local welfare schemes. The operating subsidies for peer support activities are used to fund visitor services, telephone helplines, courses, seminars, and employment schemes. The allocation for operating subsidies and peer support activities in 2014 totalled around NOK 163.4 million. There is considerable contact between the authorities and disabled people's organisations. Regular meetings are held between the umbrella organisations (Norwegian Federation of Organizations of Disabled People (FFO) and the Norwegian Forum for Organisations of Disabled People (SAFO)) and the ministries. There is also extensive contact at director level.

11. Under the Health and Care Services Act, municipalities must ensure that patient and user representatives are heard when municipal health and care services are designed to ensure patient and user involvement at system level. Furthermore, municipalities must ensure that undertakings providing health and care services establish systems for obtaining information on patient and user experiences and views. The municipal health and care services must also facilitate cooperation with user organisations. Each municipality decides how this work should be organised and in which areas cooperation is needed.

12. The Norwegian Labour and Welfare Administration (NAV) must offer services and benefits that are based on the capabilities and needs of the individual user. Active user involvement is facilitated at individual and system levels to achieve this. This requires a fundamental respect for users and a willingness to listen to and make use of users' knowledge of their own situation and needs. The object of such a focus/user perspective is to learn about users' needs by engaging in dialogue to find out what they need and how they experience the services, and to use this knowledge in constant efforts to improve quality and service. This also entails a challenge in terms of how services are provided and how to design benefits so that they are perceived as relevant and beneficial to users. User involvement at individual level entails having the power to influence one's own personal services. Each user must be heard in all phases of service provision, both when they are allocated and when they are provided. The right to be involved in one's own case is established by law. User involvement at system level means having the power to influence

the organisation and quality of services. User representatives sit on user councils at both local and national levels.

#### **Constitutional amendments of May 2014**

13. In connection with the bicentenary of the Constitution of the Kingdom of Norway in May 2014, the Constitution was extensively revised, primarily to strengthen protection of human rights in the Constitution. As a result, the Constitution now has comprehensive coverage of human rights that include the most fundamental civil and political rights as well as some economic, social and cultural rights. The principle of equality and the prohibition against discrimination are laid down in Article 98 of the Constitution, which reads as follows: “All people are equal under the law. No human being must be subject to unfair or disproportionate differential treatment.”

#### **Anti-Discrimination and Accessibility Act**

14. 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.

15. 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 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.

16. Public authorities, employers and employer organisations are subject to activity and reporting obligations. Public authorities must make active, targeted and systematic efforts to promote the objective of the Act. The Act accommodates the use of positive differential treatment. Differential treatment that helps promote the purpose of the Act is not deemed to constitute discrimination, and must cease to apply once the purpose is achieved.

17. The Anti-Discrimination and Accessibility Act imposes a duty to ensure both universal design (general accommodation) and individual accommodation. 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. Individual accommodation is intended to meet individual needs. Regulations governing individual accommodation are additional and supplementary to the duty to ensure universal design, and are limited to specific areas of social activity that are deemed to have particular significance for individuals. The duty to ensure universal design and individual accommodation is subject to considerations of disproportionate burden.

18. Public and private undertakings serving the general public have a duty to ensure universal design of the undertaking’s normal function as long as this does not impose a disproportionate burden on the undertaking. Universal design in other areas, such as transport and communication, is regulated by sector legislation. The duty to provide individual accommodation is imposed on employers, kindergartens, schools, educational institutions and some municipal services under the Health and Care Services Act.

19. The duty to provide individual accommodation does not cover accommodation that implies a disproportionate burden. Sector legislation applies in sectors in which universal design is regulated. This applies, for example, to new buildings and parts of the transport sector. The requirements in the Anti-Discrimination and Accessibility Act apply in areas where no requirements for universal design are prescribed in sector legislation; for example, existing buildings for use by the general public.

20. The Act requires employers to provide information in recruitment processes. Job applicants who feel they were passed over in breach of the prohibition against discrimination or of the employer's obligation to provide individual accommodation, may request the employer to provide information in writing concerning the education, experience and other clearly verifiable qualifications of the successful applicant.

21. Family life and other matters of a personal nature are exempt from the scope of application of the Act. Differential treatment that is needed in order to achieve a legitimate objective, and that does not have a disproportionately negative effect on the person or persons involved, is not deemed to be discrimination. In working life, differential treatment must in addition be necessary to the performance of work or a profession.

22. The Act is enforced by the Equality and Anti-Discrimination Ombud and the Norwegian Equality Tribunal. The Ombud's authority as law enforcer entails expressing an opinion as to whether or not a case is in breach of discrimination legislation. Such opinions are not legally binding. If voluntary agreement cannot be reached, the Ombud may forward the case to the Norwegian Equality Tribunal, which has the authority to issue a legally binding order. If the parties fail to comply with the opinion of the Ombud and if this waiting for the Tribunal's decision is assumed to cause inconvenience or harm, the Ombud may make a binding decision and issue an order to remedy or stop such conduct. The Tribunal has, with some exceptions, the authority to reach a decision to the effect that a breach of anti-discrimination legislation has occurred, and may order such conduct to be stopped or remedied or may order other measures to ensure that discrimination, harassment, instructions or reprisals are stopped and not repeated. The Tribunal has the authority to impose a coercive fine to ensure implementation of orders. The Act prescribes rules governing shared burden of proof. By "shared burden of proof" is meant that when circumstances give grounds to believe that discrimination has occurred, and the person responsible fails to substantiate that discrimination did not in fact occur, such discrimination shall be assumed to have occurred.

23. People who feel they have been treated in breach of the prohibition against discrimination may claim compensation for economic and non-economic loss. It is the courts that can award compensation. In an employment relationship, this responsibility applies regardless of whether or not the employer can be blamed for discrimination. In other areas of society, the responsibility applies if the person who engaged in discrimination can be blamed for doing so. Compensation must cover economic loss as a result of discrimination. Compensation for non-economic loss is set at a level considered reasonable given the scope and nature of the loss, the relationship between the parties, and other circumstances. These rules do not limit the person's right to claim economic and non-economic compensation under general rules of compensation.

#### **Universal design and accessibility**

24. The overriding objective of policies for persons with disabilities is to achieve full participation and equality. To achieve this objective, Norway has provisions governing universal design set out in the Anti-Discrimination and Accessibility Act and in several other central laws. Universal design is one of the stated objectives of the Planning and Building Act, prescribing the general objectives for planning and building matters. The division of responsibilities in planning and building policy implies that the state prescribes

the general objectives and the legal framework for policymaking. Through the Act, it sets the framework for both land use and socio-economic planning and for building and installation design. In regional planning policies, the municipalities may set functional requirements, including universal design, for outdoor areas and the utilisation of housing stock. The regulations pertaining to the Act set requirements for universal design of new buildings for use by the public, work buildings, installations, and outdoor areas. The Act also prescribes accessibility requirements for new dwellings. Overall responsibility for planning, housing and building policy is assigned to the Ministry of Local Government and Modernisation. The Norwegian Building Authority is the central authority for building matters regulated in the Planning and Building Act, while the municipalities act as local planning and building authorities. The Norwegian State Housing Bank is the central government agency for implementing housing policy, granting basic loans and subsidies to promote building quality. Funding for research, information and competence development are other key policy instruments.

25. The general rule is that information and technology (ICT) systems for websites and self-service machines must be universally designed. Both private and public undertakings, clubs and organisations must comply with the Regulations for Universal Design of Information and Communication Technology Solutions. The legal basis for the regulations is the Anti-Discrimination and Accessibility Act. See Article 9 for more details.

#### **Health and Care Services Act**

26. The Health and Care Services Act stipulates that each municipality must ensure that its inhabitants are offered the health and care services they need. This responsibility covers all patient and user groups, including persons with somatic or psychiatric disorders, injuries or disorders, substance abuse issues, social difficulties or disabilities.

27. The provision is in accordance with the Patients' Rights Act, which entitles patients and users to receive necessary health and care services from the municipalities. A typical feature of most of Norway's health and care legislation is that the provisions are independent of both social arena and diagnosis. A concrete assessment is therefore needed to determine whether individuals receive appropriate and adequate services that are adapted to their needs and capabilities and that safeguard their integrity and dignity.

28. A measure that exemplifies the intention of the Convention is user-controlled personal assistance (UPA). On 1 January 2015, UPA was made a statutory right for the individual. Under the Patients' Rights Act, persons aged below 67 with a substantial, long-term need for assistance are entitled to receive certain services provided under the Health and Care Services Act, organised as UPA. The UPA programme improves everyday life for individuals with extensive needs for assistance and for their relatives. See Article 19 for more details.

29. Under the Dental Health Services Act, persons with intellectual disabilities and groups of people with long-term illnesses and disabilities receiving care services from the municipality are entitled to receive regular and assertive community dental health care services from the county municipalities. This service is provided free of charge.

#### **Financial support schemes**

30. The most important social insurance schemes in Norway are those for national insurance, child benefit, and cash benefit for parents of infants. Norway has a national and universal national insurance scheme. Please refer to Common Core Document — Norway, section 1.A.V Social and cultural features for further discussion of the non-discriminatory nature of the national insurance scheme.

31. The National Insurance Act affords rights to a range of benefits, the most relevant of which for persons with disabilities are: sickness benefit, work assessment allowance, disability benefit, basic benefit, attendance benefit, assistive measures, etc. in connection with personal illness, injury or congenital defect. Working parents can receive benefits in the case of a sick child, etc. and in the form of care allowance, attendance allowance, and training allowance. A summary of the Norwegian national insurance scheme has been prepared by the Ministry of Labour and Social Affairs. This summary provides an account of the various types of benefits offered under the scheme. Please refer to this summary for more information about the national insurance scheme benefits most relevant for persons with disabilities. See: [https://www.regjeringen.no/globalassets/departementene/asd/dokumenter/2015/a-0008-e\\_the-norwegian-social-insurance-scheme\\_web.pdf](https://www.regjeringen.no/globalassets/departementene/asd/dokumenter/2015/a-0008-e_the-norwegian-social-insurance-scheme_web.pdf).

32. The expenses of the national insurance scheme in 2014 amounted to NOK 384 billion. This amount constitutes approximately 35.3 per cent of the combined state and national insurance budgets and 12.4 per cent of the gross domestic product. National insurance benefits are administrated by the Norwegian Labour and Welfare Administration (NAV).

### **Research**

33. The levels of capacity, quality and interdisciplinary cooperation on analysis and research related to persons with disabilities have been strengthened. Research tasks and studies of universal design aimed at clarifying quality levels, costs, cost-benefit analyses, socio-economic analyses and assessments of the contribution of universal design to social and economic sustainability. A designated funding scheme has been established for knowledge development, competence building and information in the area of universal design. Annual funding amounts to around NOK 7.5 million. Funds are also granted for targeted information, research and development programmes/projects aimed at improving conditions for persons with disabilities.

### **Local democracy**

34. When preparing legislation that imposes duties on the municipal and county authorities, national considerations and local democracy must be taken into account. The block grant system is a key principle underlying central government administration of the municipal sector. The block grant system is a prerequisite for ensuring that municipal and county authorities have real scope for action, enabling them to function as local democracies that can make local and individual adaptations to services and to decide their own priorities for local development in the best interests of those living there. At the same time, central government has a legitimate need to manage the municipalities and county municipalities, and to do so in ways that limit their scope of action. It is accepted that since the municipalities perform important welfare tasks on behalf of the state, central government must set criteria for the municipal undertaking. Assessment of the use of central government instruments must be weighed against the interests of municipal scope of action.

## **Article 5: Equality and non-discrimination**

### **Prohibition against discrimination**

35. Article 98 of the Constitution stipulates that all people are equal under the law and that no human being must be subject to unfair or disproportionate differential treatment. The Anti-Discrimination and Accessibility Act also prohibits both direct and indirect discrimination based on disability (see also Article 4). The prohibition against indirect discrimination implies a general duty to take individual considerations into account and a

certain duty to ensure reasonable accommodation for individual capabilities. The Act also contains other, more detailed provisions governing the duty to provide individual accommodation. Norwegian legislation in general contains a number of rules regarding general and individual accommodation and assistance. Under Norwegian law, differential treatment is permitted if such treatment has a legitimate objective, is necessary to achieve this objective, and does not have a disproportionately negative effect on the person involved.

#### **A comprehensive equality and anti-discrimination act**

36. The Government is currently preparing a new gender equality and anti-discrimination act covering all discrimination grounds. The Government wishes to strengthen statutory protection against discrimination. It is important that a combined act retains the elements of the anti-discrimination legislation that are particularly relevant for persons with disabilities, such as the duty to ensure universal design and individual accommodation. The draft act is expected to be published for broad-based consultation this year.

#### **Article 6: Women with disabilities**

37. 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.

38. 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.

39. National statistics from Statistics Norway's Labour Force Survey (see also Article 31), 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.

#### **Article 7: Children with disabilities**

40. 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.

41. 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.

42. 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.

43. 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.

44. 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.

45. 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](#).

## **Article 8: Awareness-raising**

46. 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.

## **Equality and Anti-Discrimination Ombud**

47. The Anti-Discrimination Ombud Act states that the Equality and Anti-Discrimination Ombud should promote genuine equality regardless of disability. This entails ensuring that the Anti-Discrimination and Accessibility Act is implemented in practice. The Ombud should work on influencing attitudes and behaviour, and should conduct outreach activities to ensure genuine equality regardless of disability. The Ombud should also participate in the public debate on equality, keep a critical eye on activities in both the public and private sectors, and contribute the premises for policy formation in this area.

### **Cooperation and coordination**

48. The principle of sectoral responsibility forms the basis for efforts to ensure equality for persons with disabilities. The Ministry of Children, Equality and Social Inclusion and the Directorate for Children, Youth and Family Affairs collaborate on and coordinate policy for persons with disabilities in areas where this is required. [The Delta Centre](#), which is a part of the Directorate, supports various social actors in their work on universal design to enable persons with disabilities to participate in society on equal terms with others. The Directorate has a broad platform of cooperation with other agencies and organisations. Municipalities, research communities, interest organisations and others are drawn into this work to ensure the quality of user-oriented services.

### **New national institution for human rights**

49. In 2015, the Storting (Norwegian parliament) created a new national institution for human rights. This institution will report to the Storting but will otherwise be independent, and is expected to meet the criteria in the UN Principles relating to the Status of National Institutions ([the Paris principles](#)). This institution monitor and report on the status of human rights in Norway and make recommendations to ensure that Norway's human rights obligations are met.

### **Activity and reporting obligations**

50. 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. See Article 4 for more details.

### **Information and development programme**

51. People with intellectual disabilities have the right to independent lives and to be part of society. Persons with intellectual disabilities must have choices, just like everyone else. That was the gist of the mental health care reform adopted more than 20 years ago, and it still applies today. An information programme aimed at raising awareness about these rights has been implemented, and will be updated and continued in 2015.

### **Immigrant participation in interest groups for persons with intellectual disabilities**

52. The report entitled *Interesseorganisasjoner for utviklingshemmede — også for innvandrere?* [Interest organisations for persons with intellectual disabilities — and for immigrants?], which was presented to the state secretary at the Ministry of Children, Equality and Social Inclusion on 1 December 2014, shows that few immigrants participate in interest groups for persons with intellectual disabilities. The findings suggest that the reasons for this are that they receive no information about these organisations or that they receive inadequate information about what membership entails. At the same time, immigrants find that the activities arranged by these organisations do not make provision for immigrant families. See also Article 19.

### **Persons with disabilities and Sami background**

53. In cooperation with the Nordic Centre for Welfare and Social Issues, the authorities have launched a project to study the living conditions for persons with disabilities and Sami

background. The project will differentiate between different types of disabilities in order to see what differences exist between intellectual disabilities and various types of functional disabilities. The project will also look at the challenges associated with settlement, culture, popular beliefs, language, encounters with support services, etc. The project, which will run for three years and will be completed in late 2017, will include the entire Sami populations of Norway, Sweden, Finland and Russia.

### **United Nations' International Day of Persons with Disabilities**

54. The authorities arrange an annual conference to mark the United Nations' International Day of Persons with Disabilities on 3 December. The main theme for the 2014 conference was "Growing up with a disability in Norway". The conference attracts central and local authorities, organisations, the volunteer sector and other sector authorities, and is important for placing the spotlight on key issues for persons with disabilities.

### **Article 9: Accessibility**

55. See also article 4.

56. The goal of improving accessibility in Norwegian society is a high priority. The authorities want to move away from a way of thinking that defines the individual as the problem and where special measures for people with disabilities constitute the rule rather than the exception. Universal design of the physical environment implies an equitable level of accessibility. The Government emphasizes that much of this must be achieved by the municipalities and the county municipalities adopting a strategy for universal design in local and regional planning, in compliance with the Planning and Building Act. The authorities make systematic efforts to promote knowledge and set requirements for universal design in the development of man-made environments. Key areas in this respect are buildings and installations, planning, outdoor areas, transport and ICT. The Government is currently preparing a new action plan for universal design and increased accessibility. The priority areas in the plan are ICT and welfare technology.

#### **Accessibility to buildings and outdoor areas in general**

57. Universal design is one of the purposes of the Planning and Building Act, along with other key considerations that must be taken into account in central, regional and municipal planning. The Act and regulations to the Act therefore set guidelines for political priorities and require that new projects have universal design of buildings, installations, and outdoor areas for public use. Many measures have been implemented to follow these guidelines, including a National Development Programme for Universal Design in Counties and Municipalities (2009-2013) and a website providing information on good local and regional practice and examples.

58. For several years, positive developments in the scope of plans containing provisions or guidelines for universal design have been registered in Norway's national information system KOSTRA (Municipality-State-Reporting). Regional authorities provide guidance for these activities. To safeguard national interests in the planning process, regulations provide the possibility to raise objections if the principles of universal design are not satisfactorily complied with in local and regional plans.

59. The Norwegian Building Authority and the Norwegian State Housing Bank have devised a programme to develop expertise in universal design among municipal employees and politicians, and an information programme for universal design for the building sector. Project planning tools, handbooks and competence plans have also been developed for

different target groups, as well as information for consumers on how to improve accessibility in existing housing in line with universal design principles.

60. The Technical Regulations to the Planning and Building Act require that information be easy to read and understand. The contrast between text and background must be clearly visible. Important information must be made accessible in the form of text and sounds or Braille in order to ensure that information is designed to be understandable by as many as possible. The Technical Regulations also require audio and speech transmission equipment to be installed in most buildings for public use. Induction loops for persons with impaired hearing is one example of this.

61. Underlying undertakings and institutions receiving grants must account for their work on accessibility and universal design in management dialogues; see the Anti-Discrimination and Accessibility Act. This also applies to new ICT systems intended for use by the public.

62. The Norwegian Building Authority contributes towards increasing knowledge about building quality, regulations and the application processes in society in general and in the industry and the municipalities in particular. Supervisory measures must safeguard public interests so that buildings hold a high quality and protect users from injury and inconvenience. Supervision is a municipal responsibility. Orders can be imposed to rectify or stop work. The planning and building authorities may impose coercive fines to enforce such orders. The Building Authority has prepared a guide for supervision of universal design. It also publishes information on universal design and accessibility online.

63. Statsbygg's primary objective is that all building projects should comply with the principles of universal design and that all buildings managed by Statsbygg should be universally designed by 2025. The website *Bygg for alle* [Buildings for Everyone] shows the location of the accessible buildings managed by Statsbygg. This enables members of the public to check out in advance everything from building entrances to the various rooms to be visited in advance. More than 700 state-owned buildings are now registered on the website. Statsbygg has developed accessibility indicators, and all of them show a positive trends tendency from 2010 to 2014.

64. The Directorate for Children, Youth and Family Affairs will present statistics and indicators for the building sector on its website. These statistics will provide a better overview of the degree of accessibility and universal design in the building sector.

### **Accessibility to ICT**

65. In recent years, Norway has focused heavily on increasing the level of digital participation in the population. Because technology development means that progressively more areas of everyday life are conducted via the internet, good living conditions, individual freedom and equality are conditional on people using the digital services available to the public and on having access to digital information on equal terms. To increase the level of digital participation, ICT systems must be accessible to everyone. The training and education sector is currently not subject to the duty to ensure universal design.

66. The Anti-Discrimination and Accessibility Act contains a specific provision regarding universal design of ICT. The Act provides the legal basis for the Regulations for Universal Design of Information and Communication Technology Solutions, which specify who must comply with the statutory requirements, which ICT systems must be universally designed, which requirements must be met, and when the requirements enter into force. These regulations entered into force on 1 July 2013 and required new ICT systems to comply from 1 July 2014. Existing ICT systems must meet the requirements from 2021. Responsibility for meeting the requirements lies with the undertakings or organisations that use ICT systems as their main means of communicating with the public. The requirements

apply to all types of main systems, and the number of users will be a key criterion for determining whether or not a system is deemed to be a main system. Net-based systems must comply with the Web Content Accessibility Guidelines (WCAG) 2.0.

### **Digital goods and services**

67. Access to all goods and services is important, and in Norway this is assured by rules on universal design and individual accommodation in the Anti-Discrimination and Accessibility Act and other legislation, and by assistive measures and welfare schemes.

### **Outdoor recreational activities**

68. Due to Norway's location and topography, very few outdoor recreational areas are universally designed to accommodate all user groups. However, several outdoor recreational areas, particularly in local communities, have implemented measures to improve accessibility for persons with disabilities. With respect to environmental protection of outdoor recreational areas, growing attention is given to universal design and increased accessibility in applications submitted to the grant scheme for adapting these areas. The main goals behind the grant scheme are to reduce the number of physical barriers to outdoor recreational activities and to facilitate more outdoor recreational activities for everyone.

69. In cooperation with municipalities and outdoor recreation organisations, the Norwegian Mapping Authority has registered the accessibility of municipal centres and recreational areas. Data from 150 municipal centres and outdoor and recreational areas are available. Developments will be measured by using follow-up data.

### **Accessibility to cultural heritage**

70. A range of activities arranged as part of the Directorate for Cultural Heritage's conservation programmes are linked to improving accessibility and universal design in the area of cultural monuments and cultural environments. The Ruin Conservation Project includes measures to improve accessibility at all current conservation and restoration projects.

## **Article 10: Right to life**

71. Under Article 93, first paragraph of the Constitution, every human being has the right to life. Both the Constitution and Norwegian law in general protects the right to life of persons with disabilities on an equal basis with others. Norway interprets the right to life in Article 10 of the Convention to apply from birth. The regulations governing termination of pregnancy are therefore not covered by the Convention.

## **Article 11: Situations of risk and humanitarian emergencies**

72. Norway's civil protection and emergency preparedness activities are based on the principles of responsibility, proximity, equality and cooperation. The principle of responsibility means that the authority, undertaking or agency with everyday responsibility for an area also has responsibility for necessary emergency preparedness and executive services during crises and emergencies. The principle of proximity means that management of a crisis must be organised at the lowest possible level. These principles also apply to civil protection and emergency preparedness tasks affecting persons with disabilities. The Ministry of Justice and Public Security has been assigned the role of coordinator to achieve cohesive and well coordinated emergency preparedness.

73. The basis for good municipal civil protection is awareness and knowledge of risk and vulnerability through an integrated risk and vulnerability assessment. Such an assessment should form the basis for the municipalities' efforts to reduce risk and vulnerability through preventive activities, enhanced preparedness, and improved crisis management capability. The regulations governing municipal emergency preparedness and the guidelines on integrated risk and vulnerability assessments in the municipalities place emphasis on assessing specific challenges related to critical civil society roles and loss of critical infrastructure. Following up particularly vulnerable groups is defined as a critical societal function. One group that may be particularly vulnerable is that of persons with disabilities.

74. The National Communication Strategy for Fire Safety 2013-2020 will help strengthen and coordinate communication tasks performed by various actors. Communication and information will be particularly directed at vulnerable groups. The goal is for coordination and more targeted national efforts to help raise awareness of fire safety and reduce the number of fire deaths. Moreover, it has been decided to implement a trial scheme whereby deaf and hearing impaired persons can make emergency calls using text messaging.

### **Article 12: Equal recognition before the law**

75. Article 98, first paragraph of the Constitution establishes that all people are equal under the law. The starting point is that all persons have legal capacity and are holders of rights, and that all persons of the age of majority possess legal capacity to act.

76. When ratifying the CRPD, Norway issued a declaration on Norway's interpretation of Article 12. The Government upholds the declaration and considers it consistent with the wording of Article 12, see Article 4, and with a broad understanding among the States Parties to the Convention. Reference is made here to the General Comment No. 1 to Article 12, third paragraph of the Committee on the Rights of Persons with Disabilities.

### **Guardianship**

77. The Storting adopted a new Guardianship Act in 2010, and the Act entered into force in 2013. One of the purposes of the new Act was to bring Norwegian law in accordance with Article 12 of the Convention on the Rights of Persons with Disabilities. It was decided to give traditional terms such as "guardian" and "guardianship" new content in the Act. This decision has presented some challenges with respect to communication. We attempt here to use the term "individually tailored guardianship" to stress the fact that this is a modern form of assistance arrangement based on the integrity, will and preferences of the individual.

78. The Convention implies a paradigm shift. In our view, the paradigm shift requires a change of attitude that is reflected in legislative amendments, a need to build competence and a need for a learning organisation that can strive continuously for better solutions and better protection of the rights of persons with disabilities.

79. Norway therefore found it necessary to draw up a new regulatory framework and a new organisation in order to implement Article 12 of the Convention in practice. As part of the organisational reform, local authority for guardianship was transferred to the county governors. The Norwegian Civil Affairs Authority has been appointed the central guardianship authority, and will supervise the county governors' discharge of responsibilities pursuant to the Guardianship Act and will deal with appeals against the county governors' decisions. This means that the responsibility now lies with a government body with broad, interdisciplinary competence. Both employees and guardians also

underwent extensive training in the period between the adoption of the Act in 2010 and its entry into force on 1 July 2013. The bulk of this training involved introducing them to a new act based on the will and preferences of the individual. In our view, thorough and repeated training is important for implementing the paradigm shift in practice. These measures resulted in a considerable increase in the level of expertise and provided the basis for a competent and learning organisation in this area. In the preparatory works to the Guardianship Act, it is stressed that the purpose of the arrangement is that “every individual shall have the right — according to their abilities and capacity — to shape their life according to their own wishes and ideas” (unofficial translation). It was also pointed out that “the fact that some persons have a greater need for help than others should in principle be grounds for providing them with support and assistance in shaping their own lives, not for depriving them of their legal capacity”. These principles form the basis both for the drafting of the Act and for the practice of the various measures in the Act.

80. Although the goal is clear, it is not always easy to achieve good arrangements and solutions in practice. However, because of a significant investment in a competent organisation, we will be able to keep working for improved solutions. This will also be vital for a change of attitude. The awareness that it is the preferences and will of the individual that must form the starting point for the scheme must be part of a continuous process, and the Government will continue to focus on information and training of guardians and the county governors on the new law and the principles mentioned above.

81. Whereas the Convention applies to a broad range of persons and situations, the Guardianship Act applies to a relatively narrow group of persons with a particular need for support. Persons who do not fall within the scope of the Guardianship Act may have a right to other types of support and assistance under other legislation.

82. The Guardianship Act governs three different measures:

- Provisions regarding *powers of attorney*. This is a private-law, user-controlled scheme and an alternative to an officially appointed guardian. The right to establish a power of attorney — and appurtenant guidelines — constitute an important support mechanism which may be appropriate as a substitute for guardianship. The person will then be able to define his or her own needs for assistance, and designate the person(s) to provide this assistance
- If a person has not set up a power of attorney, the Act makes provision for a special *right of representation*. This right of representation makes it possible for close family members to assist a family member who needs assistance in daily financial tasks, such as buying food, paying the rent, etc. The right of representation means that the need to appoint a guardian is postponed or reduced. The purpose of the right of representation is to help the person to continue the life he or she has chosen to live up to the present, according to the person’s own preferences and will. If there is a need for changes in the status quo (the person needs assistance to move to another place, make an investment, sell a car or an apartment, etc.), a guardian needs to be appointed instead
- The third measure in the new Guardianship Act is a modernised form of guardianship: an *individually tailored guardianship*. Such guardianship is relevant where there are no existing powers of attorney, see above, or where the powers of attorney do not provide authorisation for sufficient assistance. The rules concern (1) the guardian’s relationship with the disabled person and (2) the guardian’s role in relation to external third parties — typically parties to private-law contracts and public authorities. The relationship between the person and the guardian is discussed below.

83. In an arrangement with individually tailored guardianship, it is the responsibility of the guardian to supplement the person in areas where the person is in need of assistance so that, given tailored assistance, the person is able to exercise his or her legal capacity to act on an equal basis with others. The person's integrity, will and preferences are crucial. The guardian's mandate must never be made more extensive than necessary. Finding suitable guardians and ensuring sufficient contact between the guardian and the person concerned is important. Persons appointed as guardians must have the training that is necessary to enable them to discharge their office properly, and must be provided with the necessary guidance and assistance as needed. Training must be provided by the county governor and adapted to the content and scope of the guardian's assignment. In order to be appointed guardian, the person concerned must be appropriate for the office and consent to the appointment. The county governor is responsible for finding someone who can safeguard the interests of the person requiring a guardian in a satisfactory manner, based on an individual assessment. Decisions regarding the appointment of a guardian can be appealed.

84. Four categories of guardians are currently in use. The largest and most important category of guardians consists of close relatives such as spouse/cohabitant, child, parent and sibling. A relative will often have most insight into a person's preferences and needs, and ought therefore often to be chosen as guardian if he or she is willing, suitable and in other respects the best solution for the person concerned. Next, efforts are made to find a guardian amongst those surrounding the person: more peripheral relatives or others wishing to act as guardian. There is a definite voluntary aspect to the recruitment of such guardians, but there is an incentive in the form of tax-free remuneration. As a third option, a body of regular guardians has been established. These are persons for whom being guardians is a livelihood, but who can also undergo considerable professionalisation and specialisation to enable them to provide good guardian services. The new Guardianship Act aims to restrict the use of lawyers as guardians to situations where there is a need for legal expertise; see p. 185 of Proposition No. 110 (2008-2009) to the Odelsting on the Guardianship Act.

85. The starting point for individually tailored guardianships is that persons with disabilities have full legal capacity to act on an equal basis with others, and that persons needing it should receive the help and support they need in order to exercise their legal capacity to act. The majority of guardianships pursuant to the Guardianship Act of 2010 accordingly imply no restrictions on legal capacity to act. The responsibility of the guardians is to help and support persons with an illness or disability who are in need of such assistance. A person for whom a guardian is appointed must give written consent to the establishment of the guardianship, the scope of the guardianship, and to the person selected to be the guardian, unless he or she is not in a position to understand what consent entails. The guardianship must be tailored to the person in need of assistance, and exercised in consultation with him or her.

86. The clear fundamental rule is that the guardian cannot make dispositions to which the person in need of assistance is opposed. There are exceptions to this, when the person under guardianship is subject to restrictions on his or her legal capacity to act in the area in question (see below for further discussion of this point). In such cases, too, the guardian's competence with respect to the person concerned must be interpreted in light of the principle of using the "least restrictive means" and other fundamental principles underlying the guardianship legislation.

87. Partial restrictions on a person's legal capacity to act must only occur when it is absolutely necessary, and must be limited in scope to the areas of life where it is required. The guardian must continue to attach weight to the views of the person, and the spouse or cohabitant, if any, must be allowed to have a say. If the person disagrees with the guardian's decision, he or she may bring the issue before the county governor.

88. Persons who are incapable of taking care of their financial interests, and who act in a manner that is severely detrimental to their financial situation, may be subject to restrictions on their legal capacity to act in financial matters. A person can be subject to restrictions on his or her legal capacity to act in personal matters in particular areas if there is significant risk that he or she will act in a manner that may be materially detrimental to his or her interests. Nobody can be deprived of legal capacity per se; restrictions on legal capacity to act must always be limited in scope to what is necessary in each individual case.

89. Although partial restrictions on a person's legal capacity to act is a serious intervention that must only occur in exceptional cases, there are nonetheless cases where this is necessary in order to protect the person's other rights. The right of self-determination must be balanced against other fundamental rights such as the right to life, the right to necessary medical care and the right to an adequate standard of living. If the possibility of partial restrictions on legal capacity to act is not allowed in cases where it is strictly necessary to prevent a person from inflicting serious harm on him- or herself, there is a risk that the person's other rights will suffer. Achieving a balance in the individual case between party autonomy on the one hand and other rights on the other can, however, be very challenging.

90. In cases where partial restrictions on legal capacity to act is necessary, it is essential to have mechanisms that ensure that this power is not abused. In Norway, partial restrictions on legal capacity to act must be decided by the district court. A person who has been subject to restrictions on legal capacity to act in certain areas, and who disagrees on a decision taken on his or her account, may bring the issue before the county governor and/or the court. The county governor also supervises the dispositions made by guardians.

91. Figures received from the guardianship organisation indicate that as of January 2015 there were less than 250 registered guardianships involving full or partial restrictions on legal capacity to act. This accounted for less than 0.7 per cent of a total of 36,200 registered guardianships for adults. These 36,200 apply only to adults; minors cannot be subject to restrictions on legal capacity to act. There are about 21,000 guardianships for minors. The statistics include decisions on legal incapacitation pursuant to the former Act of 28 November 1898 relating to the Declaring of a Person as Incapable of Managing his own Affairs. Such decisions are regarded as guardianships with full restriction of legal capacity to act for a transitional period of three years after the entry into force of the new Guardianship Act; see section 101 No. 3. These guardianships will be reviewed in the light of the new rules by 1 July 2016. At the end of the transitional period, the statistics will provide a better picture of the scope of guardianships with restrictions on legal capacity to act pursuant to the new Guardianship Act. It should also be noted that the data processing systems used in the guardianship organisations are undergoing development. Further work is necessary to ensure the quality of the statistics, and this will be a part of the continuing reform process.

92. Adapted use of powers of attorney may be an appropriate means of avoiding a situation where restriction on legal capacity to act emerges as the best solution viewed in the context of the person's overall rights and needs. Guidelines on the establishment of such powers of attorney may therefore be important. We welcome information about other successful measures to establish support mechanisms.

93. The implementation in practice of the new Guardianship Act and the above principles is an ongoing process, and we will continue to focus on information and training for guardians and in the guardianship organisation in order to ensure that the preferences and will of the person in question remain in focus.

**Exemption from accountability in criminal cases. Transfer to mental health care**

94. A person who is exempt from criminal responsibility (does not have the capacity to be held criminally responsible for his or her actions) on grounds of insanity, unconsciousness or severe intellectual disabilities pursuant to section 44 of the General Civil Penal Code cannot be sentenced to ordinary punishment. If a person has committed specific serious breaches of the law, he or she may nonetheless on specific conditions be sentenced to a special sanction under criminal law. Under current law, there are two special sanctions for persons who are not accountable for their actions: a person who was psychotic or unconscious at the time of committing the act, see section 44, first paragraph, can be sentenced to the special sanction transfer to compulsory mental health care if the conditions in section 39 are fulfilled. A person who had severe intellectual disabilities at the time of committing the act, see section 44 second paragraph, can be sentenced to the special sanction compulsory care (section 39 a; see section 39).

95. Two basic conditions must be fulfilled before a person can be sentenced to compulsory mental health care or compulsory care; see section 39 of the General Civil Penal Code. First, the person concerned must be not liable to a penalty pursuant to section 44 of the General Civil Penal Code. Second, the special sanction must be necessary to protect society from repeated crimes of a serious nature. In addition, requirements are set for the nature of the contravention: only when the offender has committed or attempted to commit a serious violent felony, sexual felony, unlawful deprivation of liberty, arson or other serious felony impairing the life, health or liberty of other persons, can a special sanction be justified. A fourth condition is that there must be a specific risk of repetition.

96. The special sanction transfer to compulsory mental health care is implemented in the health service and follows broadly the same rules as compulsory mental health care issued pursuant to the Mental Health Care Act; see the description in Article 15. The first three weeks of compulsory mental health care must be taken on an inpatient basis in an institution; see section 5-3, first paragraph of the Mental Health Care Act. The responsible health care professional will then decide the level at which the order of compulsory mental health care is to be enforced. The person transferred by court order will be placed in the institution at an appropriate level in the health service. The practical point of departure is that follow-up of the person concerned is the same as the supervision of ordinary patients in the mental health care system. Pursuant to the Mental Health Care Act, in selecting the treatment level, "special consideration must be given to the treatment of the person transferred by court order, and in particular to the need to protect society against the risk of further serious breaches of the law." The responsible health care professional must place emphasis on the efficacy of the various types of treatment for the person sentenced to special sanctions, but this consideration must cede precedence to the need to protect society against the risk of new serious breaches of the law.

97. Persons transferred on special sanction serve their sentence at the same treatment institutions as ordinary patients. This means, in practice, that the persons concerned will be found at all levels, i.e. regional security department, local security department, other hospital departments, as inpatients or outpatients at district psychiatric centres.

98. A court order for transfer to compulsory care is enforced at a special unit for compulsory care. Compulsory care can take place either in a ward within the special unit or outside the special unit in the person's own home municipality. The special unit determines whether the special sanction will be applied in or outside the special unit in the individual case. The special unit has ultimate responsibility, also when the special sanction is applied outside the special unit. Section 39 a of the General Civil Penal Code stipulates further that convicted persons may be restrained against their will and returned in the event of escape, if necessary by force and with the aid of public authorities. This also applies when the judgment is enforced outside the special unit. Neither of these special sanctions is limited to

a specific term, and they can last as long as there is a risk of repetition. In principle, these special sanctions can be lifelong. Convicted persons have the right to apply for remission of the sanction a year after the transfer order or a judgment denying remission is legally enforceable. Such applications must be brought before the court and determined by judgment.

99. The majority of persons assumed to be exempt from criminal liability will not be subjected to a special criminal sanction. Between 2002 and 2006, a total of 17 judgments of compulsory care and 84 judgments of transfer to compulsory mental health care were pronounced. By way of comparison, 13,081 breaches of the law (all categories) were dismissed in the same period due to doubt concerning the perpetrator's capacity to be held criminally responsible pursuant to section 44 of the General Civil Penal Code.

100. In January 2013, a committee on accountability was appointed and assigned to conduct a broad-based review of the General Civil Penal Code's provisions on the lack of personal capacity as a ground for excluding criminal responsibility (including which conditions this ground of exclusion from criminal responsibility should be based upon) and the role of forensic psychiatry in criminal cases. The committee has submitted its report; see *NOU 2014: 10 Skyldevne, sakkynndighet og samfunnsvern*. [Capacity to be held accountable, expertise and protection of society]. The committee finds that the lack of personal capacity should be considered as a ground for excluding criminal responsibility and proposes extending a modified version of the medical principle as a ground for excluding criminal responsibility on the basis of a lack of mental capacity. In the rule proposed by the committee, it is made clear that only an offender who is psychotic with a pronounced degree of psychotic symptoms can be excluded from being held criminally responsible. Furthermore, only the court, and not the expert witnesses, must make statements and reach conclusions on the question of whether the perpetrator was "psychotic" under the law. The committee further proposes some changes in the rules on special criminal sanctions. Amongst other things, it is proposed that the scope be broadened, such that also minor violations of integrity form a basis for a special sanction. The committee also proposes a new rule in the chapter in the Mental Health Care Act on persons sentenced to special sanctions to the effect that they must not be subjected to restrictions on liberty and interventions other than those necessary for the treatment and safety of the convicted person, fellow patients and the community outside the institution. Moreover, arrangements must be made within these limits for the convicted person's self-realisation.

#### **Due process for persons with intellectual disabilities**

101. In both the survey report *Slik har jeg det i dag* [This is my life today] and the white paper *Frihet og likeverd — Om mennesker med utviklingshemming* [Freedom and equality — people with intellectual disabilities] (Meld. St. 45 (2012-2013)), a gap is pointed out between factual rights and actual fulfilment of the rights of persons with intellectual disabilities. More information about the due process situation of persons with intellectual disabilities will be obtained in cooperation with the relevant directorates. In 2014, the Directorate for Children, Youth and Family Affairs collaborated with a number of directorates on obtaining the directorates' own data, figures/statistics and R&D in this area. The data have formed the basis for an R&D project announced by the Directorate for Children, Youth and Family Affairs in spring 2015 and to be completed in December of the same year. The purpose of the R&D project is to make a broad survey of existing data/research on the due process situation of persons with learning difficulties and to gain an overview of areas where there is inadequate knowledge. There are plans for R&D projects in areas where there is inadequate knowledge of the due process situation of persons with learning difficulties. The work is associated with an ongoing public survey of the life situation of persons with intellectual disabilities. Examining all aspects of the due

process protection of persons with intellectual disabilities is a central topic in the committee's terms of reference. See Articles 16 and 19.

### **Article 13: Access to justice**

102. In principle, everyone has equal access to justice. Under Article 98, second paragraph of the Constitution, no human being must be subject to unfair or disproportionate differential treatment, including dealings with the legal system. Under Article 95, first paragraph of the Constitution, everyone is entitled to have their case tried by an independent and impartial court within reasonable time, and legal proceedings must be fair.

103. However, many persons with disabilities are dependent on facilitation in order to effectively exercise their rights. In criminal proceedings, witnesses with "intellectual disabilities or similar impairments" may be questioned by means of judicial examination in certain cases involving violence or sexual abuse; see the Criminal Procedure Act, sections 239 and 298. Judicial examination enables the witness to make a statement in advance, and a video recording of the interview is played in court.

104. Children's Houses [*Statens Barnehus*] provide a service to children and young people who may have been exposed to or may have witnessed violence or sexual abuse that was reported to the police. This service is now also offered to adults with intellectual or other disabilities. All of the Children's Houses have their own staff, normally a professional supervisor and other staff members with expertise in dealing with adults with disabilities. Sound procedures for attending to the special needs of this group have also been developed.

105. In June 2015, the Storting adopted a bill with several amendments to the Criminal Procedure Act. When the amendments enter into force, probably in 2015, persons with intellectual disabilities or other functional disabilities with similar needs for accommodation must be questioned under adapted interview conditions if they are being questioned as a victim or witness in a case involving sexual offences, genital mutilation, abuse in intimate relationships, murder or bodily harm. These interviews must be conducted at a Children's House unless it is clearly in the best interests of the witness that they be conducted elsewhere. Adapted interviews must also be used if the police are in doubt about the functional level of the witness. Furthermore, the police can conduct adapted interviews of particularly vulnerable persons in other criminal cases when consideration must be given either to clarifying the case or to the witness. These amendments will give persons with intellectual or similar disabilities better access to justice. According to the amendments, the interviews of vulnerable adults will be conducted as sequential interviews, which is a method whereby a series of interviews is conducted. The purpose is to prevent the witness losing concentration and becoming tired, and to give the witness more time to establish a rapport with the interviewer and to feel safe in the interview situation. Tests using this method show that these interviews show more consideration for the witness and produce better evidence. They facilitate conviction of perpetrators of abuses against particularly vulnerable adults.

106. Article 13(2) of the Convention states: "In order to help to ensure effective access to justice for persons with disabilities, States Parties shall promote appropriate training for those working in the field of administration of justice, including police and prison staff."

107. Part of the basic training given at the Norwegian Police University College consists of teaching police cadets how to deal with people in different life situations and with different functional abilities in a courteous and respectful manner. Police investigators who interview children, persons with intellectual disabilities and other particularly vulnerable adults have normally taken further training to learn more about young witnesses and about how to interview them. Since autumn 2014, police investigators have been offered a course

that qualifies them to conduct interviews of pre-school children and of persons with intellectual disabilities, using sequential interviews. There is currently no absolute requirement for police investigators who interview persons with intellectual disabilities or similar disabilities to have taken this further training, but in the regulations the Ministry will advocate that investigators who conduct these interviews should, as far as possible, have done so.

108. One of the priority areas for the Norwegian Courts Administration is to continue developing the competence of its employees. Competence development includes communicating with vulnerable groups, including persons with intellectual disabilities and persons with impaired learning capability. The goal is to better equip the courts to identify, understand and interact with these user groups.

109. The Norwegian Correctional Service is responsible for training prison wardens in Norway. At present, the syllabus does not cover persons with disabilities and their rights. Nonetheless, an important aspect of the training is that students are provided with sufficient knowledge to equip them for meeting people with different challenges in a satisfactory way.

#### **Article 14: Liberty and security of the person**

110. Article 94 of the Constitution states that no-one may be taken into custody or otherwise deprived of their liberty except in cases determined by law and in a manner prescribed by law. It goes on to state that deprivation of liberty must be necessary and must not constitute a disproportionate infringement. A person deprived of their liberty is entitled to bring their case before a court without undue delay. Deprivation of liberty must be exercised in a non-discriminatory manner; see Article 98, second paragraph, of the Constitution. It follows from this that no-one may be deprived of their liberty solely because of their disability, and that persons with disabilities are entitled to constitutional rights on an equal basis with others.

111. Persons with disabilities have a right to liberty and security of the person on an equal basis with everyone else in Norway. They must not be subjected to arbitrary treatment. Norway's interpretation of Article 14 of the Convention (see also Article 25) is that the Convention does not lay down a prohibition against necessary compulsory admission or treatment of persons with mental illness as long as any deprivation of liberty and treatment is justified by objective criteria that go beyond the existence of a mental illness. Therefore, in its interpretative declaration made upon ratification of the Convention, Norway declared: "[...] the Convention allows for compulsory care or treatment of persons, including measures to treat mental illnesses, when circumstances render treatment of this kind necessary as a last resort, and the treatment is subject to due process protection." The Government maintains this interpretative declaration and deems it to be in line with the wording in Article 14 and in accordance with the prevalent understanding of the Convention among the States Parties. The fact that the declaration accords with the prevalent understanding of the Convention among the States Parties is reflected in the States Parties' reports to the Committee on the Rights of Persons with Disabilities and with the Committee's concluding remarks to these reports.

112. The UN Committee on the Rights of Persons with Disabilities has made general comments on Article 12 of the Convention. These comments also concern Articles 14 and 25. Norway submitted its response to these comments, in which it gives further justification for why the Government maintains its interpretative declarations regarding Articles 12, 14 and 25. Regarding Article 14, Norway has stated: "Article 14 No. 1 b) affirms that "the existence of a disability shall in no case justify a deprivation of liberty", and Norway fully agrees with this. However, this provision may not be read as signifying that the existence of

a mental disorder may not be one of several criteria for the use of non-consensual institutionalisation and treatment. Article 14 prohibits legislation and practices where the existence of a disability alone justifies the deprivation of liberty or compulsory treatment. This interpretation of the Convention is also supported by state practice of the State Parties to the Convention.

113. While agreeing that mental health services should as far as possible be based on voluntary consent, and that it should be a goal for the national health care services to minimize the use of compulsory care and treatment to the extent which is absolutely necessary, Norway is of the opinion that the Convention allows for legal provisions that enable compulsory care or treatment of mentally ill persons, given that these provisions meet a number of strict criteria.

114. As already mentioned, the existence of a mental illness or disability is not in itself sufficient to allow deprivation of liberty or compulsory treatment. However, compulsory care and treatment may be appropriate when this is necessary in the individual case, for instance when persons are incapable of making decisions about their treatment and/or present a serious risk of harm to themselves or other people, and when no less intrusive means are likely to be effective. The treatment given should be in accordance with generally acknowledged medical standards. The decision to submit a person to compulsory care or treatment should be subject to strict legal safeguards, and the patient should have access to review of the decision by an impartial body. Compulsory care and treatment which meets these criteria cannot be considered unlawful or arbitrary deprivation of liberty under Article 14 of the Convention.”

#### **Use of coercion in mental health care**

115. The Mental Health Care Act prescribes that provision of voluntary mental health care must be attempted before the decision to implement involuntary mental health care is made. The use of coercion must be a subsidiary solution. The patients must suffer from a “severe mental disorder” before compulsory mental health care may be implemented, and the Act prescribes “stringent supplementary conditions,” one governing treatment and one governing risk. The condition governing treatment comprises two alternatives, one for improvement and one for deterioration. The alternative for improvement implies that the patient’s prospects of restored or significantly improved health will be significantly reduced without compulsory mental health care. The alternative for deterioration implies that there is a strong probability that the condition of the patient will deteriorate significantly in the very near future unless compulsory mental health care is implemented. The condition governing risk implies that compulsory mental health care is necessary to prevent the patient from “constituting an obvious and serious risk to his or her own life or health or that of others.” Satisfaction of one of the supplementary conditions is sufficient. Nonetheless, the Act prescribes that a discretionary overall assessment be made, and that compulsory mental health care must clearly appear to be the best solution for the patient.

116. Regarding compulsory treatment itself, the Act prescribes, among other things, that it must be “clearly in accordance with professionally recognized psychiatric methods and sound clinical practice.” The Act also prescribes that treatment measures may only be initiated and implemented “when there is a great likelihood of their leading to the cure or significant improvement of the patient’s condition, or of the patient avoiding a significant deterioration of the illness.” Electroconvulsive therapy (ECT) may only be carried out on the basis of the principle of necessity or valid patient consent.

117. Under the provisions governing compulsory admission in the Mental Health Care Act, the patient must be examined by two physicians. The patient and next of kin may lodge an appeal with the supervisory commission against a decision to apply coercion. Appeals against decisions to implement compulsory admission generally do not have

suspensive effect. Compulsory treatment is contingent on an administrative decision made by the responsible mental health professional. Appeals against decisions to perform compulsory treatment with medication lodged within 48 hours after the patient is informed of the decision have suspensive effect until such appeals are decided. However, this does not apply if the patient will suffer serious adverse health consequences if treatment is delayed. The supervisory commissions serve as the appeal bodies in connection with the establishment and performing of compulsory mental health care in general, including the use of coercive means, while the county governors handle appeals against decisions to use forced medication.

118. If no appeal is lodged against the use of compulsory mental health care, the supervisory commission must nevertheless, on its own initiative, assess the need to continue compulsory mental health care three months after the decision was made. Furthermore, the responsible mental health professional must continually assess whether or not the conditions for compulsory mental health care still prevail. Judicial review of the use of coercion may be sought.

### **Compulsory mental health care for children and young people**

119. Compulsory mental health care for children and young people is generally implemented on their admission to an institution. Compulsory mental health care without inpatient care is rarely provided for children and young people. Only institutions that are approved for the provision of compulsory mental health care may admit children and young people for compulsory care. For adolescents aged between 16 and 18, the same provisions as for adults in the Mental Health Care Act apply. According to health care law, young people aged under 16 are not deemed legally competent. This means that mental health care for children aged between 12 and 16 is established on the basis of parental consent from the person or persons with parental responsibility. Both parents must consent to treatment as long as both of them have parental responsibility. Establishment of mental health care on the basis of parental consent is not deemed coercion under the law. Establishment of mental health care to children aged between 12 and 16 must be brought before the supervisory commission when the child does not “agree with the measure.”

### **Statistics for coercion in mental health care**

120. *SAMDATA rapport 2013 — tvang i psykisk helsevern* [SAMDATA Report 2013: Coercion in mental health care] (November 2014) shows that 5,400 patients were involuntarily admitted in 2013. This figure is the same as in 2012 but 200 less than in 2011. With reservations for errors and omissions in the source data, this statistic indicates a slight decrease in the number of compulsory admissions from around 8,100 in 2011 to 7,700 in 2013. At the same time, the average duration of compulsory admissions increased between 2011 and 2013.

121. The use of restraint and seclusion increased between 2012 and 2013, but according to the Directorate of Health, this may be due to improved reporting procedures on the part of the health authorities.

122. In 2013, a total of 3,740 decisions were made regarding compulsory mental health care, and 2,355 appeals against decisions were filed. The number of appeals increased by 11 per cent compared with 2012. Six per cent of appeals were upheld, representing a decrease on the figures for 2012 and 2011.

123. As part of the efforts to reduce the use of coercion in mental health care, the assignment document issued to the regional health authorities set a requirement for a 5 per cent reduction in the number of compulsory admissions in both 2013 and in 2014 (making a

total of 10 per cent). The requirement for 2015 is that the figures must be further reduced compared to 2014.

### **Review of legislation**

124. The Health and Care Services Act regulates the use of coercion and force as part of more specific services provided to persons with disabilities. The rules contain stringent substantive and procedural conditions governing the use of coercive measures, including requirements regarding the training of personnel in connection with the implementation of planned measures. The county governors may in exceptional circumstances grant dispensation from the training requirements specified in the Act. Furthermore, the Act stipulates that there must be two service providers present when such measures are implemented if this is not to the detriment of the health care user or patient.

125. Based on the fact that a large proportion of municipalities have a need for dispensation from the training requirements stipulated in decisions that are made, the Ministry of Health and Care Services commissioned the Directorate of Health to investigate and answer questions regarding different aspects of the educational and qualification requirements in the Health and Care Services Act and the situation regarding competence in the municipalities. The Ministry of Health and Care Services follows up the report through, among other things, the Directorate of Health's revision of Circular IS/10 — 2004 concerning due process protection when coercion and power are used against individuals with mental disabilities; see Health and Care Services Act.

### **Use of coercion in somatic health care**

126. Chapter 4A of the Patients' Rights Act allows the use of compulsory somatic treatment on the condition that the patient is not competent to give consent and refuses treatment. Moreover, withholding health care must potentially result in serious adverse health consequences. Patient groups that are particularly relevant in this connection are persons with dementia, persons with intellectual disabilities and persons with mental illness who need somatic health care such as nursing and care, and dental treatment. The provisions in this chapter also provide legal basis for compulsory admission and detention in health care institutions, typically compulsory admission of persons with dementia to residential care homes.

127. One important measure to protect residents in residential care homes against abuse and violation of integrity is to ensure that sufficient personnel resources qualified to assess the lawfulness and harmful effects of their actions are available at all times. A review of practice shows that inadequate staffing levels and lack of professional qualifications are generally highlighted as major challenges in Norwegian residential care homes. The Government therefore promotes training and increasing the competence of personnel as part of the state's obligations to prevent violation of the personal integrity of the individual. The aim for the plan *Kompetanseløftet 2015* [Competence Reform 2015] is to create a professionally strong care service.

### **Measures to increase the number of voluntary admissions in the mental health care service**

128. A national strategy to increase the level of voluntary admissions in the mental health care service is currently in progress (2012–2015). The strategy includes 14 national measures, which are divided into three main areas: 1) competence and quality assurance; 2) documentation; and 3) knowledge development and research. The national measures are intended to support regional and local actions plans. Cooperation between the specialist health service and the primary health service, integrated clinical pathways, and alternative solutions for voluntary admission that are as equitable as possible for users, relatives and

health care professionals constitute key elements in efforts to reduce the use of coercion. Increasing the level of voluntary admissions has much to do with prevention, and with seeking treatment as early as possible so that coercion can be avoided or reduced as far as possible. Most of the national measures have already been implemented. The main priorities for the final part of the strategy period are to complete guidance material to personnel in the mental health care service, prepare guidance material on voluntary and user-controlled services including medication-free services, and improve data quality to increase knowledge about the use of coercion.

129. In line with the Ministry's requirements regarding the content of regional and local plans to increase the number of voluntary admissions in the mental health care service, the assignment document for 2015 stipulated that patients in mental health care service must also be able to choose between different treatment options as far as possible, including options that do not entail medication. These treatment options must be designed in close cooperation with user organisations. The assignment document asked the regional health authorities to report on plans for how this is to be implemented, and this matter is now being followed up in all the health care regions.

### **Transport of persons with mental illness**

130. The health service has responsibility for transporting persons with mental illness. One goal is to establish a dignified and professionally sound transport service where the police only provide assistance when necessary for security reasons. The Ministry of Justice and Public Security has allocated NOK 20 million from its budget in 2015 to allow specially trained health care professionals to transport persons with mental illness. The four regional health authorities have been tasked with establishing projects over a three-year period conditional on annual budgetary allocations made by the Storting.

### **Prison**

131. The Convention sets a requirement for "reasonable accommodation" to be provided to persons with disabilities when deprived of their liberty. When it comes to executing sentences, this is resolved in practice by attempting to place persons with disabilities in institutions that have implemented some degree of accommodation, such as adapted cells. Sometimes institutions have been adapted for a specific prisoner; see Article 9 for more details. When no adapted cells are available, the law allows scope for transferring prisoners to institutions outside the Norwegian Correctional Service to serve their sentence, within certain limits. The prison health service has responsibility for following up medical issues that may arise when persons with disabilities are deprived of their liberty.

## **Article 15: Freedom from torture or cruel, inhuman or degrading treatment or punishment**

132. Under Article 93, second paragraph of the Constitution and several treaties to which Norway is a signatory, the prohibition against torture or cruel, inhuman or degrading treatment or punishment protects persons with disabilities on an equal basis with others. The Optional Protocol of 2002 to the UN Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT) was ratified by Norway in 2013. Following ratification of the OPCAT, the Storting designated the Parliamentary Ombudsman as the National Preventive Mechanism against Torture and Inhuman Treatment, which was established in spring 2014.

**Medical and health research**

133. Under the Health Research Act, consent must be obtained from participants in medical and health research studies unless otherwise prescribed by law. Consent must be informed, voluntary, express and documented. Consent must be based on specific information about a concrete research project, unless there is a case for granting broad consent; see the Health Research Act, section 14. If the research participant can be regarded as being in a relationship of dependency with the person requesting consent, meaning that the research participant might feel pressured to give their consent, informed consent must be obtained by another person with whom the research participant does not have this kind of relationship. In the event of substantial changes to the research project, new consent must be obtained in accordance with section 13 if the changes are deemed to have consequences for the participant's consent. Consent to take part in a research project may be withdrawn at any time. If participants withdraw their consent, research on their biological material or personal health data must stop. Participants who withdraw their consent may demand that their biological material be destroyed and personal health data deleted or surrendered within 30 days.

**Article 16: Freedom from exploitation, violence and abuse**

134. In Norway, penal provisions that protect individuals against personal violations apply in principle to everyone. However, some penal provisions afford specific protection for certain vulnerable groups, among them persons with disabilities.

**Hate speech**

135. Persons with disabilities constitute one of several groups that are protected against hate speech under section 135 a of the General Civil Penal Code. This provision applies to anyone who publicly makes discriminatory remarks. By discriminatory or hateful remarks is meant utterances that threaten or ridicule someone or that incite hate, persecution or contempt for someone based because of their disability. Both wilful and negligible violations are punishable. This provision has been incorporated into section 185 of the General Civil Penal Code of 2005.

**Protection against discrimination in employment relationships**

136. Section 349 a of the General Civil Penal Code also affords persons with disabilities protection against discrimination in employment relationships. Under this provision, any person who in any commercial or similar activity refuses anyone goods or services because of their disability may be liable to fines or imprisonment of up to six months, provided that such refusal is not due to lack of physical accommodation. This provision has been incorporated into section 186 of the General Civil Penal Code of 2005.

**Abuse of position**

137. Section 193 of the General Civil Penal Code punishes the abuse of position and anyone who engages in or who aids and abets others to engage in sexual activity by exploiting a person's mental illness or learning disability. This provision has been incorporated into section 295 of the General Civil Penal Code of 2005. One of the acts specified in the provision governing rape concerns anyone who engages in sexual activity with a person who is unconscious or incapable for any other reason of resisting the act; see section 192, first paragraph (b) of the General Civil Penal Code. This act may, under certain circumstances, be applicable in cases where the aggrieved person is severely disabled. This provision has been incorporated into section 291 (b) of the General Civil Penal Code of 2005.

### **Disability as an aggravating circumstance**

138. Furthermore, the fact that a crime that is motivated by the aggrieved person's disability may constitute an aggravating circumstance. Section 232 of the General Civil Penal Code specifies this as an especially aggravating circumstance that may lead to an increase in the penalty for assault and bodily harm. In the General Civil Penal Code of 2005, a crime that is motivated by the aggrieved person's disability is specified as a generally aggravating circumstance; see section 77 (i). The General Civil Penal Code of 2005 has not yet entered into force. It is expected to enter into force in the course of 2015. The abovementioned provision is expected to support current legislation as it is articulated in case law.

### **Violence and abuse**

139. A prevalence study entitled "Violence and rape in Norway. A national prevalence study of violence during the life course" was launched by the Norwegian Centre for Violence and Traumatic Stress Studies in 2014. The study documents the prevalence of violence and abuse in Norway. However, no reliable figures exist for persons with disabilities. Research studies conducted in 2010 and 2013 conclude that persons with functional or intellectual disabilities are exposed to at least as much violence as the rest of the population. It is believed to particularly apply to women with disabilities.

140. A mapping of the services available to persons with disabilities vulnerable to violence was conducted in connection with following up the Government's Action Plan against Domestic Violence 2014–2017. This mapping is now being followed up. This work is viewed in connection with Guidelines for cases involving sexual abuse of adults with intellectual disabilities. These guidelines have been published on a website. The website also contains material for training and competence development in municipalities, companies and other relevant organisations, and easy-to-read brochures for people with intellectual disabilities.

141. Digitised teaching material dealing with sexuality and setting boundaries for young people with disabilities has been developed. This material, called *Kropp, identitet og seksualitet* [Body, identity and sexuality] is aimed at persons with minor disabilities but can also be used by others. Teaching should be performed by a course instructor. The objectives for the course are to promote a healthy attitude towards one's own body and sexuality and to prevent abuse.

142. In 2014, the Government launched a new action plan to combat violence and abuse of children and young people (to run from 2014 to 2017). The plan, called A Good Childhood Lasts a Lifetime, emphasizes how children and young people with disabilities are particularly at risk of being subjected to offensive acts, violence and abuse. Measure 21 in the plan therefore aims to develop better procedures to detect and follow up on such cases, including abuse by service providers. These procedures will be communicated to all relevant services and assistance programmes.

143. A guide to enhance the Child Welfare Service's expertise in the area of children with disabilities is expected to be published in mid 2015. This should help prevent vulnerable children from being misdiagnosed when they have been subjected to neglect and abuse. A website dedicated specifically to protecting adults with disabilities against sexual abuse has also been created.

144. The aim is to make all crisis centres and incest crisis centres accessible to everyone, regardless of functional ability. In 2013, 32 of 47 centres were considered accessible, compared to only 18 of 50 centres in 2007.

**Requirement for criminal record certificate**

145. In 2012, Norway introduced a regulatory provision requiring companies offering the employment scheme called permanent adapted work to request a criminal record certificate from individuals who are to be employed by these companies and who may enter into relationships of trust or responsibility where abuse of or harmful influence on persons with intellectual disabilities may occur. By employees is meant regular employees, and the certificate must not be more than three months old. The requirement for a criminal record certificate is intended to prevent abuse of and negative influence on persons with intellectual disabilities in the workplace. See Article 27 for further discussion of the permanent adapted work measure.

**Proposed amendments to the Criminal Procedure Act**

146. One problem that is often highlighted is that cases where persons with intellectual disabilities have been subjected to violence and sexual abuse go unreported. One place where this issue has been brought to light is the white paper on liberty and equity for persons with intellectual disabilities. The bill on amendments to the Criminal Procedure Act (Prop. 112 L (2014-2015)) (concerning examination of children and particularly vulnerable aggrieved persons and witnesses) proposes that the initial examination should as a general rule be conducted without the suspect being charged or notified in advance. If this proposal is adopted, it will lower the threshold for reporting such cases and make it easier to report suspicions of violence or abuse of particularly vulnerable adults to the police promptly. Furthermore, these amendments will reduce the risk of particularly vulnerable adults being subjected to further abuse and threats from the time of reporting to the time of examination. In this way, society will be better placed to detect and prevent abuse of persons with intellectual disabilities and others with similar disabilities.

**Article 17: Protecting the integrity of the person**

147. Under Article 102, second paragraph of the Constitution, authorities of the state must ensure the protection of personal integrity. The first sentence, third paragraph of Article 104 of the Constitution states that children also have the right to protection of their personal integrity.

148. Persons with disabilities have the right to respect for their physical and mental integrity on an equal basis with others. The Health and Care Services Act and the Patients' Rights Act both state that everyone is entitled to receive worthy services from the municipal health and care services. This means that the overall service must be organised in such a way as to safeguard the physical and mental integrity of the individual.

149. Examination and treatment of mental illness in persons who lack the capacity to consent and who have, or are assumed to have, a severe mental disorder or who refuse health care may only be conducted with legal basis in the Mental Health Care Act. The Act shall ensure that the implementation of mental health care complies with the fundamental principles of the rule of law and respect for human dignity.

**Health care and consent**

150. Under the Patients' Rights Act, the fundamental rule is that health care may only be provided with the patient's consent. Any exceptions to the general rule must be based on law or on "another valid legal basis". For consent to be deemed valid, the patient must have received the necessary information about his or her state of health and on the content of the health care. The Act states that persons aged over 18 have the right to give their consent (are competent to consent) unless special provisions dictate otherwise. The same applies to

persons aged between 16 and 18 unless special provisions or the nature of the measure dictate otherwise. Parents or other persons with parental responsibility have the right to consent to health care for patients aged under 16. However, the Act stipulates that increasing importance must be attached to the child's opinion as he or she grows older and more mature. When the child has reached 12 years of age, he or she must be allowed to express an opinion on all questions concerning his or her own health. The capacity to consent may cease to apply fully or partly if the patient, "on account of a physical or mental disorder" is clearly incapable of understanding what the consent entails. Bearing in mind the patient's age, mental state, maturity and experience, health care professionals must do their best to enable the patient to give consent to health care.

151. The provisions in the Patients' Rights Act governing health care for patients who refuse health care entered into force in 2009. The purpose of these provisions is to provide the necessary health care in order to prevent serious adverse health consequences and to prevent and limit the use of coercion. The preparatory works to the Act state that the Ministry will ensure that the provisions in the bill are thoroughly assessed.

### **Sterilisation**

152. As a general rule, requests for sterilisation must be submitted by the person who wishes to be sterilised. If the person is aged under 18, has a severe mental illness, a severe learning disability or a severe mental disorder, both the person concerned and his or her guardian must give their consent. Under the Sterilisation Act, a guardian may apply for sterilisation on behalf of a person with a mental illness, learning disability or mental disorder that is so severe that the person concerned lacks the capacity to form his or her own opinion on the intervention, and no cure or significant improvement can be expected. Applications for sterilisation are considered by a sterilisation board, which is headed by the county governor and consists of two other members appointed by the Government.

### **Abortion**

153. The general rule is that the woman herself decides whether an abortion should be performed (within 12 weeks) and whether she wishes to apply for an abortion (weeks 12 to 22). If a woman has a severe mental illness or significant intellectual disabilities, her guardian may submit the request for an abortion on her behalf. The woman's consent must be obtained if she can be assumed to have the capacity to understand the significance of the procedure. If the woman's consent is not obtained, the pregnancy may only be terminated with the consent of the county governor.

154. The county governor may only consent to termination if this is clearly in the best interests of the woman. See Article 22 for more details.

## **Article 18: Liberty of movement and nationality**

155. Under Article 106 of the Constitution, everyone who resides in the realm may move freely within the borders of the realm and choose their place of residence there. No-one may be denied the right to leave the realm unless it is necessary in the interests of effective legal proceedings or the performance of military service. Norwegian citizens may not be refused entry into the realm.

156. Norway applies no special regulations to persons with disabilities with regard to liberty of movement, the freedom to choose their place of residence or to citizenship. To obtain Norwegian citizenship, applicants must meet requirements for participating in Norwegian language training, must have or must meet the requirements for a permanent residence permit, must not have had any sanctions imposed upon them, and must be

released from any other nationality if it is possible and reasonable to require this. An applicant who has been sanctioned for a criminal offence must serve a waiting period before citizenship can be granted. The authorities have distributed a consultation paper proposing requirements for successful completion of a test on Norwegian society and a minimum level of proficiency in spoken Norwegian before Norwegian citizenship can be granted. Under the current system, exemptions from the requirement to complete Norwegian language training may be granted in circumstances where health issues or other compelling reasons make it unreasonable to impose a requirement to complete such training.

157. Under the Immigration Regulations, a condition governing family immigration is that the family member applying for residence is assured subsistence through the reference person's employment income. However, the requirement for assured subsistence may be deemed to be met if the reference person receives a disability pension under the National Insurance Act. The regulations imply that persons with permanently reduced capacity for work may nonetheless bring their family to Norway.

### **Article 19: The right to live independently and be included in the community**

158. 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**

159. 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.

160. 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.

161. 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.

162. In 2014, the Government proposed a strategy for housing and support work in the future: Housing for welfare: National strategy for housing and support services (2014-2020). This is a coordinated, cross-sectoral and binding strategy outlining guidelines for housing and support services. Clarifying responsibilities, duties and expectations, it sets clear objectives for future housing and support services. The Norwegian State Housing Bank acts as coordinator for following up the strategy.

### **Nursing and care services**

163. 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.

164. Figures from the IPLOS Register (see Article 31) 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.

165. 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.

166. 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 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.

167. 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**

168. 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**

169. 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**

170. 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.

171. 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.

### **Review of policy on assistive aids**

172. A committee will be appointed to make an overall review of policy on assistive aids. The committee will consider how to create comprehensive solutions in different spheres of life that meet the challenges of the future, and where policy on assistive aids together with measures in other policy areas will yield sound and cost-effective solutions. This study will include a thorough examination of the most appropriate division of responsibilities between central and local government with respect to grants for assistive aids. The interests and needs of the users will form an important part of the review to be carried out.

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

173. 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.

174. The chairman and members have broad expertise in the field. One member of the committee has immigrant background and has expertise in immigrant issues. In spring 2015, the committee was supplemented by a member of the Norwegian Association for Persons with Developmental Disabilities. The committee will deliver its report in June 2016.

### **Article 20: Personal mobility**

175. A national goal is that people of all ages and circumstances should, as far as possible, be able to use the public transport system, thereby reducing the need for special solutions and special transport to a minimum. One of the goals of the National Transport Plan 2014-2023 is to work towards universal design of the transport system.

#### **Public transport**

176. Legislation and physical measures financed through the government budget are being employed in dedicated efforts to make the public transport system accessible to as many travellers as possible, independent of individually varying functional ability. Rules to ensure universal design of transport equipment and infrastructure have been introduced in most areas. New infrastructure, terminals and means of transport are being built to universal design standards according to Technical Regulations in the Planning and Building Act and sector-specific regulations. Universal design is an integral part of all plans for upgrading and building infrastructure under the Norwegian Public Roads Administration, Avinor AS and the Norwegian National Rail Administration. Emphasis is placed on upgrading one section at a time, where whole travel chains are upgraded to obtain maximum effect from the measures. Transport hubs and key public transport routes receive priority.

177. Emphasis is placed on good arenas for user participation, to help ensure that the best possible solutions are chosen and that resources are used optimally. Organisations of

disabled persons are consultative bodies in development projects affecting the general public.

178. The EU bus directive contains requirements regarding universal design, and applies in Norway. The universal design requirements apply to buses that carry passengers on the basis of a route licence. They also apply to cars that provide transport with special licences for transporting persons with disabilities, and to taxis, which are required to make adaptations to accommodate such transport.

179. As part of the local public transport service, the county authorities offer specially adapted transport for persons with disabilities who cannot use ordinary public transport. The county authorities set the standard for the service, as they do for local public transport generally.

### **Railway**

180. Joint European requirements for universal design of railway infrastructure and rolling stock was incorporated into Norwegian law in 2011. New trains in use from 2012 satisfy these requirements. Older trains are being upgraded and made accessible with the aid of boarding and disembarking systems, places for wheelchairs and on-board information systems. Regulations on universal design of vehicles on tram tracks, underground tracks, local trains, etc. was enforced from 1 July 2015.

181. When new stations are built or major changes made in existing platforms, the stations are designed to satisfy universal design. Since 2012, all stations have been reviewed in order to map out obstacles which, if remedied, can improve accessibility without major outlay. Measures include marking of stairs, contrast marking of glass surfaces and pillars and installation of door-openers. According to the plan, all of these obstacles will be remedied by 2017. From January 2012, the infrastructure manager is responsible for offering assistance to people with disabilities at selected railway stations. As of 2014, assistance was offered at five stations.

### **Roads**

182. Under the universal design action plan of 2009-2013, and as a part of the National Transport Plan, the focus has been on upgrading traffic hubs and bus stops along the national highways. Between 2010 and the end of 2013, 473 bus stops and 26 hubs were upgraded to conform to the principles of universal design.

### **Aviation**

183. Special regulations on universal design of airports and on the rights of persons with disabilities in connection with air transport were established in 2013. These regulations stipulate the boarding arrangements required at the individual airports and set requirements regarding assistance on departure and arrival.

### **Ships**

184. Requirements regarding universal design of ships have been incorporated into acts and regulations. The area of application of the regulations varies depending on the ship's age, length and trading area and on whether it is a high-speed craft. In 2004, further requirements were introduced regarding accessibility and adaptation for disabled persons on ships. The Norwegian Maritime Directorate has additionally stipulated amendments through regulations concerning requirements for universal design of passenger ships in coastal traffic with effect from 1 January 2009. These amendments entail requirements of universal design of access to ships, signage, communication and announcements, alarm systems and supplementary requirements to ensure mobility on board ships.

### **Statistics and indicators in transport**

185. Avinor has started reviewing airports to check whether they have universal design. A total of 46 airports will be reviewed in the period 2014-2016. The goal is for all airports managed by Avinor to have universal design by 2025. As mentioned under Article 9, the overarching goal of Statsbygg is for all building projects to conform to the principles of universal design and for all buildings administrated by Statsbygg to be universally designed by 2025. There are around 6,500 bus stops along the national highways. The Norwegian Public Roads Administration is engaged in making the bus stops and public transport hubs more accessible. In the National Transport Plan 2014-2023, there are plans to upgrade around 900 bus stops and 100 hubs along the national highways to universal design in the course of the decade. In addition come measures in the urban environment agreements. In the period 2010-2013, 473 bus stops and 26 public transport hubs along the national highway were upgraded. The National Transport Plan 2014-2023 contains a goal to increase accessibility and apply universal design to a further 40-80 stations. At the end of 2013, 101 railway stations met the accessibility requirements (30 per cent) and 3 railway stations met the universal design requirements (1 per cent). Thirty-three of the 36 ferries along national highways have universal design.

### **Individual grant schemes for transport**

186. Persons with a permanent disability that precludes them from using public transport, or for whom public transport entails an unreasonable burden, may be entitled to a grant for a car through the National Insurance Act or to a basic benefit to cover some of their extra transport expenses, for example for taxis. Grants may be given through the National Insurance Act to persons who need a car to get to and from work or school, etc. Those who receive grants for a car will normally also have a right to a basic benefit to cover the expenses of running it. Blind and partially sighted persons may receive a grant to buy a guide dog through the National Insurance Act.

187. Pupils who, owing to a disability or temporary injury or illness, need a ride between home and school, are entitled to this regardless of distance. This also applies to pupils with places in after-school care.

## **Article 21: Freedom of expression and opinion, and access to information**

188. Freedom of expression in Norway is safeguarded by Article 100 of the Constitution. Norway has also ratified several treaties that deal with freedom of expression, including the International Covenant on Civil and Political Rights and the Convention for the Protection of Human Rights and Fundamental Freedoms. Persons with disabilities have the same rights as all others to exercise freedom of expression and opinion. By means of various necessary measures, such as the use of new technology, the authorities try to make it possible for everyone to exercise this right.

### **Elections**

189. Official information on elections is available on the website [www.valg](http://www.valg). This website is adapted with HTML coding, text alternatives for images/illustrations, and with options for enlarging text and having text read out loud. Brochures are prepared with large text and on matt paper. Information films are provided with voiceover narration and subtitles. See Article 29 for more details.

**Easy-to-read information**

190. An electronic word list, *Ordbanken*, has been developed, containing around 1,000 simply defined words grouped into 11 key subject areas in society. *Ordbanken* serves as an aid for people with disabilities and for others involved in preparing and publishing information. The Directorate for Children, Youth and Family Affairs has published an easy-to-read version of the UN Convention on the Rights of Persons with Disabilities for persons with intellectual disabilities. The purpose of the booklet is to make it easier for persons with intellectual disabilities to learn about their rights. *Klar Tale* is an easy-to-read weekly newspaper for persons with language and reading difficulties. The use of enlarged text and simple language makes the newspaper easier to read than others. *Klar Tale* is published in print and Braille editions and as a talking newspaper in CD and podcast formats. The Klar Tale Foundation receives funding for operating the newspaper.

**Article 22: Respect for privacy**

191. Pursuant to Article 102 of the Constitution, everyone has a right to respect for their privacy and family life, their home and their communication. The right of respect for the individual's privacy, family life, home and correspondence is also laid down in the UN International Covenant on Civil and Political Rights and the European Convention on Human Rights, which apply as Norwegian law in the form of the Norwegian Human Rights Act. This right applies to all physical persons, irrespective of functional ability. The Norwegian Personal Data Act is intended to protect the individual against violation of privacy through the processing of personal data. The Act applies to all physical persons, irrespective of functional ability. Pursuant to the Personal Data Act, health data are sensitive personal data, and processing of this type of information is subject to particularly stringent rules. Information on health and rehabilitation is protected for persons with disabilities in the same way as for others.

**Protection of personal data in the healthcare sector**

192. The protection of the personal data of persons with disabilities presents a particular challenge to the healthcare sector. This applies when healthcare services for individual users are made subject to tendering and procured on the market. Specifications in invitations to tender must sometimes be so detailed that they pose a risk of the potential recipient of the service being identified. This may entail violation of the privacy of persons with disabilities unless their consent is obtained. Amendments are now being made to the procurement legislation aimed at both safeguarding privacy and achieving the best possible procurement of services.

**Correctional services**

193. The right of the correctional services to search prisoners, their rooms and possessions and to monitor their correspondence, visits and telephone conversations is strictly regulated in the Execution of Sentences Act and appurtenant regulations and guidelines. Discrimination on the grounds of disabilities is prohibited; see the Anti-Discrimination and Accessibility Act. The same stringent control of what is relevant to police investigations applies to investigations of persons with disabilities as to all others.

**Article 23: Respect for home and the family**

194. Article 102 of the Constitution stipulates that everyone has a right to respect for their family life and their home. Pursuant to Article 103 third paragraph, second sentence of the

Constitution, the state authorities shall create conditions that facilitate a child's development, including ensuring that the child is provided with the necessary economic, social and health security, preferably within its own family.

### **Measures to strengthen the family, the parental role, and conditions for children growing up**

195. Norwegian measures to strengthen the family, the parental role and the conditions under which children grow up are universal schemes, but can also be particularly relevant for certain types of disabilities. The family counselling offices play a central part here. These offices are available to everyone, so can also be of benefit to parents with disabilities or parents with disabled children. The family counselling offices offer courses on living together that target parents with disabled children. The course is called "What about us?" Surveys show that parents with disabled children encounter special challenges in their own relationship. The Government's plan of measures to prevent violence and assaults among youngsters also contains measures of relevance to families with disabled children.

### **Parents with cognitive difficulties**

196. It is estimated that around 600 children per year are born to parents at least one of whom has cognitive disabilities. Moreover, it is estimated that around 25 per cent of all placements made by the Child Welfare Service may be a result of the parents having cognitive disabilities. Many of these cases involve additional problems such as substance abuse and psychiatric issues. Many of these children are placed in foster homes. A research report also concludes that the measures implemented in these families generally are not tailored to the special challenges facing this group. The Directorate for Children, Youth and Family Affairs is following up by building up the Child Welfare Service's expertise on parents with cognitive disabilities, and by helping to ensure that children in these families are properly looked after.

### **Adoption**

197. The Adoption Act Commission recently conducted a full assessment of the principles of the adoption institution and a general evaluation of what the Act should contain, including drafting a new Adoption Act. The Commission has promised to single out and treat separately the subject of adoption of children in need of special support. The background to this is national and international developments in this area, and the requirements and assumptions in the Hague Convention. The Adoption Act Commission is of the view that all children must have the same possibility to be adopted, and stresses that as a result of the non-discrimination principle, children with special needs should have the same possibility for adoption as other children. It is stressed here that no international regulation prohibits the adoption of children with serious disabilities, illness, HIV, etc. A general ban on this would be in conflict with the non-discrimination principle. The Directorate for Children, Youth and Family Affairs has a dedicated adoption portal.

### **Action plan for preventing unwanted pregnancy and abortion — strategies to improve sexual health**

198. The Directorate of Health is responsible for following up the action plan *Strategier for bedre seksuell helse* [Strategies to Improve Sexual Health] for preventing unwanted pregnancy and abortion. The Amatheia Foundation provides information, guidance and dialogue with women and couples who have unintentionally fallen pregnant. Through this service, the foundation wishes to give women the broadest possible basis for making a choice between abortion and completing the pregnancy, and to meet the needs of particularly disadvantaged women and couples.

## Article 24: Education

199. 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.

200. 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.

201. 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.

202. Early intervention is decisive for mastering basic skills and for achieving satisfactory learning outcomes. All pupils must receive education that is adapted to their needs. Furthermore, it is essential that everyone needing special language training or special needs education receives it. The key to improving pupils' knowledge levels is to give priority to teacher competence. This Government has therefore given high priority to a range of continuing and further education programmes. Education in Norway is based on the principle of inclusion. A democratic society requires that everyone be given the opportunity to develop their potential. This in turn requires us to facilitate that everyone can realise their learning potential. This is the underlying principle for *adapted education*. The inclusive kindergarten and school is based on values and a view of humanity with a fundamental respect for human rights and human dignity. These values are enshrined in the objects clause of both school and kindergarten legislation. In individual kindergartens and schools, inclusion means actively taking into consideration the individual circumstances and abilities of children and young people, with respect to both organisation and teaching. Consequently, the Education Act stipulates that the educational system must be of equal quality and adapted to the abilities and circumstances of each child. When a pupil in lower secondary school or a pupil, apprentice or training candidate in upper secondary school does not benefit or is unable to benefit satisfactorily from mainstream education, they are entitled to special needs education. This includes necessary education in alternative and supplementary communication.

### Kindergarten and primary and lower secondary education

203. The Kindergarten Act stipulates that children with disabilities have the right to priority for admission to a kindergarten. Children with disabilities are entitled to suitable individual accommodation in municipal kindergartens to ensure equitable development and activity opportunities. In 2013, 3,046 children with disabilities were admitted to kindergartens, 2,006 of which were provided with extra resources. 4,860 children with disabilities attended kindergarten without being given admission priority. 3,126 of them were provided with extra resources. In the kindergarten year 2013–2014, 6,959 children (2.4 per cent of children attending kindergarten) received special educational support in their kindergartens.

204. Children and young people have an obligation to attend primary and lower secondary education and a right to receive a public primary and lower secondary education. Primary education normally begins in the calendar year in which the child turns the age of six. If an expert assessment raises doubts as to whether a child is sufficiently mature to begin school, the child has the right to postpone starting school by one year if this is requested by the parents. The right and obligation to attend school last until the pupil has completed the tenth year of schooling. Based on an expert assessment and the written consent of the parents, the municipality may decide to fully or partly exempt a pupil from the obligation to receive an education if this is found to be in the interests of the pupil.

205. The Office of the Auditor General's investigation into special needs education in primary and lower secondary schools was submitted to the Storting in 2011. The investigation shows that there are weaknesses in the municipalities' case processing when assessing the need for special needs education and when granting rights to, planning and following up special needs education. In the white paper published by the Ministry of Education and Research in the same year, Report No. 18 to the Storting (2010-2011) Learning together, many of these challenges were discussed and measures and improvements proposed. Many of these measures have now been initiated and/or implemented.

206. Under the Education Act, children in kindergartens and in primary and lower secondary schools are entitled to instruction both in and through the medium of sign language.

#### **Educational provision**

207. When a pupil in primary or secondary education does not benefit or is unable to benefit satisfactorily from mainstream education, the pupil or training candidate is entitled to special needs education. The proportion of special needs education increased significantly between 2000 and 2010, but has since decreased. The annual reports from the county governors show that, parallel with the slight reduction in the number of individual decisions for all grades during the past two years, the total number of appeals concerning special needs education has decreased from 329 in 2010 to 210 in 2013. The county governors report that the various activities and measures for adapted education, special educational support, and special needs education have raised awareness among school owners but that there is still considerable need for follow-up.

208. Pupils who have Norwegian sign language as their first language or who, according to an expert assessment, need such instruction, are entitled to primary and lower secondary instruction in and through the medium of sign language. Visually impaired and blind pupils are entitled to necessary instruction in the use of Braille and necessary assistive aids. Pupils also have the right to necessary orientation and mobility instruction in connection with mobility at school, to and from school, and at home. When communicating with others, persons with hearing impairments make extensive use of digital tools in combination with sign language. Digital skills are therefore integrated into the three basic skills for sign language.

209. During the 2014-2015 school year, individual decisions for special needs education were made for around 8 per cent of pupils in primary and lower secondary school. Boys accounted for around 70 per cent of this figure. The scope and organisation of special needs education vary.

210. During the 2014-2015 school year, just under 4,000 pupils in primary and lower secondary school were affiliated with dedicated special needs units or separate special needs schools. This accounts for around 0.6 per cent of all pupils in primary and lower secondary school and around 8 per cent of pupils receiving special needs education. In

addition, just over 1,300 pupils were on placements in alternative learning environments outside the mainstream education provision one day a week or more. Boys accounted for around 80 per cent of this figure. Schools have a limited scope for making use of alternative learning arenas for pupils entitled to special needs education, and any requirement for such arrangements must be stated in the individual decision regarding the pupil's educational needs.

211. Until now, no statistics have been collected on pupils receiving special needs education in upper secondary schools, only figures on pupils registered as taking a planned basic qualification. From the 2013-2014 school year, schools must register all pupils with individual decisions concerning special needs education. Work on implementing and improving registration routines is currently in progress.

212. The municipalities have responsibility for ensuring that pupils' rights to special needs education in primary and lower secondary school are fulfilled. Correspondingly, responsibility in upper secondary schools lies with the county authorities. Special needs education is an individual right that takes precedence over economic considerations. Schools have a duty to notify school owners if they lack financial resources. The school owners are responsible for ensuring that the pupil's individual right for special needs education is fulfilled.

213. The school must have assessed and possibly tested measures within the mainstream educational provision before a decision is made to initiate special needs education. Consent must be obtained from the pupil or from the pupil's parents. The pupil has no obligation to receive special needs education. The provision of special needs education should, as far as possible, be designed in cooperation with the pupil and the pupil's parents, and strong emphasis must be placed on their views. One key principle that applies to special needs education is the principle of equity. The principle implies that the education provided to pupils with the right to special needs education must be equal in value to that provided to other pupils.

214. The Education Act requires every municipality and county municipality to have an educational and psychological counselling service. This service must help schools with competence development and organisational development activities so as to better accommodate pupils' special needs. It must also ensure that expert assessments are made in cases where this is required by law. The service should systematically help schools and kindergartens to ensure that all children and young people with special needs and support can participate in sound development and learning processes. All pupils with the right to special needs education have a right to an individual subject curriculum. This plan must set out the content of the special needs education, which goals and content apply, and how tuition is to be conducted.

215. Statped is a national agency that provides special needs educational services to the municipalities and county authorities. Statped should contribute to the provision of adapted and inclusive education for children, young people and adults with special educational needs. Statped has expertise in six defined specialisation fields, and uses a multidisciplinary approach to provide help to individual users and collaborative partners. The six specialisation fields are: deaf-blindness, acquired brain injury, hearing, complex learning difficulties, language and speech, and vision. Statped will develop, adapt and produce necessary learning resources that are not addressed by other actors (publishes or developers). It has specific responsibility for developing teaching aids for children and pupils, Braille, sign language and alternative and supplementary communication.

### **Upper secondary education**

216. Young people who complete primary and lower secondary education or similar education are entitled to apply for three years of full-time upper secondary education. Pupils entitled to special needs education have a statutory right to additional full-time education for up to two years if necessary to achieve their educational objectives.

217. Young people who are entitled to upper secondary education and who have sign language as their first language or who, according to an expert assessment, need such an education, are entitled to receive their upper secondary education either in and through the medium of sign language in a sign language environment or through using an interpreter in a mainstream upper secondary school. By sign language environment is meant schools that offer adapted education in and through the medium of sign language for pupils with hearing impairments.

### **Alternative and supplementary communication**

218. Pupils, apprentices and training candidates who are partially or totally without functional speech and who require alternative and supplementary communication, shall be allowed to use their own forms of communication and the necessary communication aids in their education. This is laid down in the Education Act and is also discussed in the guides on special educational support, adapted education, and special needs education.

### **Higher education**

219. Under the law, all students have a statutory right to an individual education plan. The purpose of the plan is to forge a closer, more binding relationship between the institution and the student. It will also serve as a means of revealing various needs for adaptation. No national rules have been set as to what such adaptation can or must entail. The institutions are best placed to assess which types of adaptation are most appropriate for the individual student. The institution and the student ought to cooperate on finding satisfactory solutions.

220. *Universell* [Universal], the Ministry's unit responsible for adaptation in higher education, has been commissioned to prepare a report on how students use expert assessments in connection with their studies and their need for assistive aids. The report will also contain a survey of who covers the costs of collecting relevant documentation. The report is expected to be ready in the course of 2015.

221. See Article 30 for a discussion of the Norwegian Library of Talking Books and Braille.

### **Learning environment**

222. All pupils are entitled to a good and inclusive learning environment. A good learning environment and teacher competence in leading a class are important to the pupils' development.

223. Under the University and University Colleges Act, the educational institutions are assigned responsibility for the students' learning environment. The Act states that the learning environment must, "as far as possible and reasonable", be designed on the principle of universal design. Furthermore, the Act states that premises, access roads, sanitary facilities and technical installations must, "as far as possible and reasonable", be designed in such a way as to enable persons with disabilities to study at the institution. The provisions in the Act help ensure that students with special needs can have their knowledge and skills tested in an academically satisfactory and fair manner without compromising the

academic requirements set for higher education. The state allocates funding to buy, install and rehabilitate affordable student accommodation within the prevailing budgetary limits.

### **Student grants**

224. The State Educational Loan Fund offers additional support to students with disabilities taking higher education. This consists of a fixed monthly amount and is intended to cover additional expenses which students with disabilities incur in connection with accommodation and transport. A total of 327 students received additional grants in the 2012-2013 academic year.

### **Supervision**

225. Through supervision, the authorities can assess practice in individual municipalities, counties and schools and can give concrete feedback on any breaches of the law. The topic for the national audit for the period 2014-2017 is how the schools work on pupils' learning outcomes. This applies to the educational provision in general and to the educational provision for pupils with special needs in particular, including the need for special needs education and the related case processing rules. Guidance activities are arranged before and after the supervision is conducted, aimed to achieving best possible compliance with regulations.

### **Educational provision for persons aged over 26 years with disabilities**

226. Mainstream education is public or private education that is open to everyone and that provides formal qualifications, that is qualifications that are documented in the form of a diploma or other type of official document issued by schools and educational institutions. The Norwegian Labour and Welfare Administration can provide support for mainstream education to persons with disabilities aged over 26 years. The education may last for up to three years.

## **Article 25: Health**

227. See also Articles 4, 14, 17 and 19.

228. Article 14 mentions that in the declaration on Norway's interpretative declaration issued when ratifying the Convention, Norway declared its understanding that "the Convention allows compulsory care and treatment of people, including measures to treat mental disorders, when the circumstances make such treatment necessary as a last resort, and the treatment is subject to guarantees of due process." The Government maintains this declaration of interpretation and believes it to be in line with a broad understanding of the Convention among the States Parties.

229. As mentioned under Article 14, the UN Committee on the Rights of Persons with Disabilities has issued general comments on some of the articles in the Convention. Norway has responded to the comments, explaining in more detail why the Government maintains the interpretative declarations concerning Articles 12, 14 and 25. With respect to Article 25, Norway has commented:

230. "Article 25 of the Convention establishes the right of people with disabilities to health services in general. According to Article 25 (d), States Parties shall require health professionals to provide care of the same quality to persons with disabilities as to others, cf. also the principle of equality and the prohibition of discrimination in Article 5 of the Convention. A natural interpretation of this principle of equality or prohibition of discrimination is that it entails an obligation to treat similar or comparable cases in the same way. It is not a breach of the principle of equality to consider different illnesses and

disorders differently with regard to the medical treatment that is required. This also applies when individual circumstances make compulsory measures necessary in the treatment of a serious mental disorder.”

231. The obligation of the States Parties under Article 25 (d) to require health professionals to provide care of the same quality to persons with disabilities as to others, “including on the basis of free and informed consent”, must also be understood in light of the context described above. A natural and reasonable interpretation of the provision in Article 25 (d), also taking into account its placement and context, is that persons with disabilities shall generally be provided with care of the same quality as others in comparable situations. This care will be provided on the basis of free and informed consent to the same degree as for others, provided that the person concerned is capable of giving an informed consent. Thus, a mentally ill patient may not be subjected to compulsory somatic treatment, save in the exceptional circumstances when such treatment is also permissible for other patients.”

232. Persons with disabilities have the same rights to healthcare services as the rest of the population. Municipal healthcare services have a statutory obligation to maintain an overview of the state of health of the population, and to provide necessary medical assistance to all inhabitants. When specialised medical assistance is needed that cannot be provided by the primary health service, patients must be referred to the specialist health service for further assessment and possibly treatment. Municipalities and the specialist health service are obliged to enter into cooperative agreements to ensure that patients receive a comprehensive service.

### **Coping**

233. The Health and Care Services Act stresses that the purpose of the Act is to prevent, treat and facilitate coping with illness, injury, suffering and disabilities. Similarly, one major objective of the Specialist Health Service Act is to counter illness, disease, injury, suffering and disability. These provisions are of significance for interpreting and applying the contents of the other provisions of the Act to specific cases. The Patients’ Rights Act has its own provisions concerning patients’ and users’ right to information. This Act states that users shall have the information necessary to provide sufficient insight into the services offered and to enable them to protect their rights. It is also stressed that the information must be adapted to the recipient’s individual circumstances, such as age, maturity, experience and cultural and language background.

### **Mental health**

234. The Government has given high priority to the goal of strengthening the health services available to persons with mental disorders. The municipal health services and specialist health service are both to be strengthened in this area. Following the *Opptrappingsplanen for psykisk helse* [Escalation Plan for Mental Health] (1999-2008), the mental health services have undergone major changes. At the end of the plan period, more than twice as many people were receiving treatment for mental disorders as in 1998. This increase took place both in municipalities and in the specialist health service, and has continued in subsequent years. Most people now get help locally, close to their place of residence. In line with the escalation plan guidelines, the large, closed institutions have gradually been dismantled, while at the same time some 75 district psychiatric centres have been established. The centres provide the majority of the services in the psychiatric part of the specialist health service. Most patients are treated through the outpatient and ambulant services, and according to their own wishes. The transition from hospital to district psychiatric centres and from inpatient to outpatient and external services parallels developments in most other countries and complies with the recommendations of the World

Health Organization (WHO) and the EU. The district psychiatric centres need to be strengthened further, to ensure ready availability around the clock, fulfil competency requirements, and as far as possible achieve equal services for all, irrespective of place of residence.

235. Programmes to increase municipal mental health competence have been initiated to strengthen service provision at municipal level. Measures include recruiting more municipal psychologists and offering grants for ongoing professional development of municipal personnel. Providing competent, accessible services in the municipalities increases the possibility of offering early and better help, and reduces the need for institutionalisation in the specialist health service, including the need to use compulsory detention. The services offered to persons with severe mental illness who are unable to use ordinary services are strengthened through an extension of the work involving outreach treatment teams and mutually binding cooperation between the municipal and specialist health services.

236. In pace with the measures to strengthen the mental health services offered in the municipalities, there has been a steady increase in man-years for psychiatric nurses and persons with further training in mental health care; see KOSTRA (Municipality-State-Reporting), administered by Statistics Norway). See Article 31 for more details.

### **Self-assessment of health**

237. Figures from the Survey on Living Conditions (see also Article 31) show that persons with disabilities have far poorer self-assessed health than the population generally. Forty-five per cent of persons with impaired mobility regard their state of health as poor. The proportion among persons with disabilities generally is 37 per cent. This indicates that a far larger share of persons with disabilities have health problems that create obstacles and challenges in various spheres of their lives. Just under one in ten with disabilities state that they have an unmet need for medical services, while the corresponding figure for the general population is only 2 per cent. This indicates that the major health challenges that persons with disabilities report are not being adequately met by the healthcare service. One in ten persons with disabilities report that they have poor dental health. The corresponding figure for the general population is about one in twenty. Persons with other types of disability also have a higher degree of psychological problems than the population in general. Eighteen per cent of persons with disabilities aged between 20 and 66 reported in 2012 that they had an unmet need for psychiatric health services. The corresponding figure for the general population was 6 per cent. This may indicate that persons with disabilities encounter larger barriers in contacting psychiatric health services than others.

### **Insurance**

238. Apart from the general prohibition on discrimination against persons with disabilities in Article 98 of the Constitution and the Anti-Discrimination and Accessibility Act, there are no rules in Norwegian law that specifically regulate the issue of non-discrimination of persons with disabilities in connection with taking out insurance, including health insurance. This issue will have to be resolved according to the general rules in the Insurance Contracts Act. In principle, insurance companies are supposed to make general risk considerations the basis for their assessment of whether an insurance contract should be entered into and for what premium, and the companies undertake to use insurance conditions that are proportionate to the risk being assumed. When the insurance company decides whether it should take on a personal insurance and assesses the risk, the company is required to base it on the state of health of the insured at the time of application.

239. This point of departure is modified somewhat by the fact that the Insurance Contracts Act imposes a partial duty to contract on insurance companies. The insurance

companies' partial duty to contract regulates when the companies can reject an application for insurance. The provision stipulates that a company cannot without just cause deny anyone insurance cover on the ordinary terms it offers the general public. Circumstances that constitute a special risk shall be deemed just cause for denial, provided that there is a reasonable connection between the special risk and the rejection of the application. The provision further establishes that factors to which it is prohibited, under provisions in or regulations to an act, to attach weight when performing risk assessments in insurance, cannot constitute just cause. The same applies to information that the company, under provisions in or regulations to an act, is precluded from requesting from the policyholder or the insured.

240. In parallel with the introduction of a rule of partial duty to contract, important rules were adopted that restrict access by insurance companies to health information. The premise is that the company can request information that may have a bearing on its assessment of risk. However, the company is precluded from asking for health information going back more than ten years, nor can health information that has been unlawfully gathered or left undeleted be invoked by the insurance company.

## **Article 26: Habilitation and rehabilitation**

241. Pursuant to the Health and Care Services Act, responsibility for offering social, psychosocial and medical habilitation and rehabilitation has been imposed on the municipalities. In the care services, rehabilitation of everyday function with the aid of home care personnel is an example of early efforts to contribute to enhancing the user's quality of life and functional ability. The Government aims to submit an escalation plan for habilitation and rehabilitation. The plan will focus primarily on the municipal sector.

242. The municipality is required to provide a coordinator for patients and users with a need for long-term, coordinated services pursuant to the Health and Care Services Act. The coordinator shall arrange for the necessary follow-up of the individual patient or user, and to ensure coordination of the services and progress of the work on an individual plan. The municipality must offer a coordinator to the users in question, even if they do not want an individual plan, and have a coordinating unit for habilitation and rehabilitation activities. This unit must have ultimate responsibility for the work with individual plans, and for appointing, training and guiding coordinators.

243. In addition to regulatory measures to ensure persons with disabilities of good, customised healthcare services, it is important for Norwegian authorities to focus on challenges, resources and possibilities rather than problems and limitations. Many programmes have been launched to promote coping and participating in social and working life, such as measures under the action plan for work and mental health, the programme *Raskere tilbake* [Back to work faster] and the grant scheme for competence and innovation. The grant scheme is intended to foster the development of new measures and methods that contribute to a greater degree of self-mastery and rehabilitation, including rehabilitation of everyday function.

244. Under the Specialist Health Service Act, the state has the ultimate responsibility for ensuring that the population at large has the necessary specialist health service. The regional health authorities must ensure that persons with a fixed home or place of residence within the region are offered specialist health services both inside and outside institutions. Regulations relating to habilitation and rehabilitation, individual plans and coordinators have been adopted. These regulations set out the tasks that entail facilitation.

245. The Office of the Auditor General has conducted a survey of rehabilitation in the health service. The survey was followed up in the white paper on the primary health service

(2014-2015). The white paper provides an account of rehabilitation, the organisation of the area, deficiencies in the municipalities and proposed measures. The survey will also be followed up in the National Health and Hospital Plan, which will be submitted by the end of 2015. In 2015, the Directorate of Health is also to prepare guidelines highlighting good examples of organisation in the field of rehabilitation. It is also intended to draw up an escalation plan specifically for the field of rehabilitation.

246. Grants can be made through the National Insurance Act for training courses for the hearing- and visually impaired and for deaf-blind persons designed to strengthen their ability to be self-reliant in daily or working life.

### **Article 27: Work and employment**

247. Pursuant to Article 110 of the Constitution, the state must create conditions under which every person capable of work is able to earn a living through their work or enterprise. Those who cannot provide for their own subsistence have the right to support from the state.

248. In Norway we have a general labour market policy that applies to everyone. Efforts to get persons with disabilities into employment form a part of this general labour market and working life policy. Labour market policy is a state responsibility and is administered by the Norwegian Labour and Welfare Administration, which is responsible for establishing labour market programmes designed to help people enter employment. In Norway we distinguish primarily between efforts targeting the unemployed and efforts targeting persons with reduced capacity to work. The latter have access to a more extensive range of services. Efforts targeting persons with a reduced capacity to work also cover persons with disabilities. Persons with disabilities have the same right to labour market programmes as others, and as a group they receive priority. They are also entitled to various measures such as adaptation of the workplace. This group is also entitled to targeted measures designed to supplement the general labour market programmes, such as necessary assistive technologies. Combined with adaptation and close follow-up, the time-limited wage subsidies have proved effective for helping persons with disabilities to enter the ordinary labour market.

249. A new right to temporary employment for 12 months on a general basis has been introduced, aimed particularly at facilitating access to the labour market for groups which employers may consider in terms of the risk associated with employing them. The amendment will offer more people the opportunity to enter the labour market, and may prove highly significant for the newly qualified, recently arrived immigrants, and people with disabilities. This may help to prevent permanent exclusion from the labour market.

250. The employment rate among women and men with disabilities is around 43 per cent. The employment rate in the population as a whole is about 74 per cent. The difference in employment rates between persons with disabilities and the general population is least among the youngest (about 13 per cent) and greatest in the age group 40-59 years (about 38 per cent).

### **Jobs Strategy for Persons with Disabilities**

251. In 2012, the then Norwegian government presented Jobs Strategy for Persons with Disabilities. See: [https://www.regjeringen.no/contentassets/ff70f517a68040f5b52bc374f94b1855/ad\\_jobbstrategi\\_engelsk.pdf](https://www.regjeringen.no/contentassets/ff70f517a68040f5b52bc374f94b1855/ad_jobbstrategi_engelsk.pdf). The Jobs Strategy was continued in 2013 and 2014. The primary target group is long-term receivers of benefits under the age of 30 in need of employment-oriented assistance in entering ordinary employment. Young people under the age of 30 with a disability needing assistance in entering the ordinary labour market are a

high priority group for the Norwegian Labour and Welfare Administration. The Jobs Strategy identifies four barriers that can prevent persons with disabilities entering the labour market. The barriers are defined as: discrimination, cost, productivity, and information and attitude barriers. The measures in the Jobs Strategy are designed to reduce these barriers. The primary strategy comprises measures, follow-up and facilitation in ordinary working life. Measures have been implemented to support the work on the Jobs Strategy.

### **Mental health and working life**

252. The prevalence of mental disorders in Norway is roughly the same as in other Western countries. The majority of those with a mental health problem participate in working life. However, a large proportion of the population is excluded from working life. *Oppfølgingsplan for arbeid og psykisk helse* [Follow-up plan for work and mental health] (2013-2016) is intended to ensure comprehensive, appropriate and coordinated assistance from the Norwegian Labour and Welfare Administration and the healthcare sector to persons with mental health problems to enable them to complete an education and participate in working life. The plan also covers measures in the area of educational policy, including programmes for preventing mental health and substance abuse problems in schools. The plan also contains measures for paving the way for pupils with mental health and substance abuse problems to complete secondary education. The follow-up plan applies for the period 2013-2016.

### **Inclusive Working Life Agreement**

253. The Inclusive Working Life Agreement is a tripartite cooperation between the Norwegian government and the social partners. It is designed bring about a more inclusive working life for the benefit of the individual employee, the workplace and society at large, to reduce sickness absence and unemployment benefit, and to ensure that the resources and work capability of the individual are developed and used in active work. Follow-up of the agreement is the responsibility of the Working Life and Pension Policy Council. An extensive and active cooperation has been established among the relevant authorities and parties to implement and follow up these measures at central, regional and local level. The agreement has three subsidiary goals: to reduce sickness absence, to increase the employment of persons with disabilities and to extend the labour force participation of persons aged over 50. The current agreement applies to the period 2014-2018, and is the fourth in a series of agreements that started in 2001. There is general agreement to intensify efforts to include persons with disabilities in working life in the new agreement period.

254. In the new agreement, both the authorities and the social parties have committed themselves to paving the way for activities that promote this objective. Efforts will be directed primarily at youngsters who need assistance to enter the labour market, and who with appropriate follow-up and facilitation can be found employment. This is a group that it is particularly important to include in working life, in order to prevent them going from education to permanent benefits. A report published by the Fafo research foundation in 2014 shows that enterprises with an inclusive working life agreement have more disabled employees and employ more persons with disabilities. Enterprises with these agreements also have more positive attitudes to recruitment of persons with disabilities than enterprises that have not signed the agreement.

### **Individual accommodation**

255. The Anti-Discrimination and Accessibility Act has provisions concerning individual accommodation for employees and job-seekers with disabilities. The Working Environment Act also has provisions concerning special accommodation for employees with a reduced

capacity for work. According to the latter, the employer has a special obligation to provide individual support for employees with reduced capacity for work and for employees who at some stage of the working relationship develop a need for facilitation.

256. Persons with disability benefits who need special accommodation and follow-up can be offered permanent adapted work in a sheltered or ordinary enterprise. This work is intended to enable participants develop their resources through facilitated work, and to acquire qualifications through the production of goods and services. The programme does not have a time limit.

#### **Persons with intellectual disabilities**

257. Persons with intellectual disabilities have the same right to work as others. Those who cannot take part in ordinary working life must have an option of facilitated work. Most people with intellectual disabilities will need assistance in entering employment after completing their education. The assistance may be temporary or more long-term, depending on whether the needs for assistance are simple or more complex. Several types of measures have been established that are particularly relevant for persons with intellectual disabilities. The most widely used is permanent adapted work (see above).

#### **Employer attitudes**

258. A survey of employer attitudes conducted by Fafo in 2013 showed that employers do not necessarily associate disability with reduced capacity for work, and certainly not with high sickness absence. Only seven per cent did not agree that all enterprises should endeavour to employ qualified persons with disabilities. The same survey showed that 44 per cent of enterprises in Norway have employed persons with disabilities, 41 per cent of them private and 54 per cent public enterprises. See also Article 9.

#### **The state as employer**

259. The Government strives to achieve diversity in the government workforce, and considers it very important to create conditions that enable government enterprises to make use of the expertise and manpower of persons with disabilities. The Civil Service Act (central government employees) has special rules for persons with disabilities. If there are qualified applicants who have a disability, at least one such applicant must be called in for an interview. There are stringent restrictions on who is considered to have a disability according to these rules. The Civil Service Act also has a rule that a qualified applicant with a disability can be appointed even if there are more highly qualified applicants. The central government trainee programme for persons with disabilities and higher education has now become an established scheme. An interview and evaluation of applicants is conducted in the usual manner.

260. The Ministry of Local Government and Modernisation has the role of employer in the central government. It encourages public-sector undertakings to recruit more persons with disabilities, and uses guidelines, information, awareness-raising and knowledge development to achieve this goal. Examples of this are guidelines for diversity recruitment, guidelines on public-sector undertakings' equal opportunities reports as part of their activity and reporting obligation, and breakfast seminars on diversity recruitment. Efforts are also made to encourage public-sector undertakings to establish more trainee places for persons with disabilities.

### **Article 28: Satisfactory standard of living and social protection**

261. See also Articles 19 and 27.

**Social services**

262. The objective of the Act on Social Services in the Labour and Welfare Administration is to contribute to social and financial security, enable the individual to live in a self-sufficient manner, and assist the transition to working life, social inclusion and active participation in society. The Act must contribute to ensuring children and adolescents and their families receive a comprehensive and coordinated range of services, contribute to equal worth and equal opportunities, and prevent social problems. The Act applies to everyone, irrespective of functional ability. The Act provides substantial scope for the use of professional discretion in arriving at flexible solutions tailored to the needs of the individual in need of help. Financial support pursuant to this Act must ensure everyone of acceptable subsistence, including coverage of expenses for food, clothing, housing, etc. In the assessment of what is acceptable subsistence, the individual situation of the benefit recipient, including disability, can provide guidelines for the level of support.

**National insurance scheme**

263. Persons with disabilities have the same rights to pension and national insurance benefits as the rest of the population. Norway has a national and universal national insurance scheme; see Article 4.

**Social housing measures**

264. The Norwegian State Housing Bank administers a number of loan and subsidy schemes intended to help attain the housing policy goals and the vision of the general possibility for everyone to live safely and well. The schemes have different objectives and orientations, but common to all is their triggering by housing situation and need, not personal functional ability. There is no significant difference between the general population and persons with disabilities in terms of the proportion of owner-occupancy.

**Article 29: Participation in political and public life**

265. Article 101 of the Constitution establishes that everyone has the right to form, join and leave associations including trade unions and political parties. All people may meet in peaceful assemblies and demonstrations.

**Elections**

266. Accessibility to elections is largely regulated by two acts: the Election Act and the Anti-Discrimination and Accessibility Act. Norwegian municipalities are responsible for good facilitation in connection with elections. Accessibility to elections has to do with both the premises used as polling stations and how they should be adapted to meet accessibility requirements.

267. The Election Act sets some requirements for premises used as polling stations. They must be both suitable for registering votes and accessible for voters. Voters must be able to enter polling stations without assistance. Alternative premises must only be used in the case of “special reasons”. A decision to use alternative premises must be based on a rigorous assessment. The election regulations contain requirements regarding easy accessibility inside the polling stations themselves, including signage/labelling, accessibility, logistics, lighting and voting equipment.

268. The Anti-Discrimination and Accessibility Act requires the election authorities to ensure accessibility for all, irrespective of functional ability. The duty to make active efforts under the Act requires municipalities to be aware of whether the election premises satisfy the requirements of universal design. Surroundings and materials must be designed so that

they can be used by people of all ages and with different skills, capacity and functional ability. Factors concerning mobility, sight, hearing, understanding comprehension or sensitivity to the environment are of key importance.

269. The authorities have also worked actively to improve accessibility to voting in recent years. Voting equipment that meets universal design requirements can be ordered by the municipalities. The Norwegian Association of the Blind and Partially Sighted and other user groups took part in testing the equipment. The voting equipment includes election booths, ballot boxes, signage programmes and a new type of ballot paper. Perhaps most importantly, election booths can now be used by everyone, including wheelchair users.

270. In addition, guidelines and subsidy schemes have been established in order to facilitate participation in elections for people with various types of disabilities and to increase knowledge about voting.

271. At the parliamentary election in 2009, there was no significant difference in participation between persons with disabilities aged 20-66 and the general population in the same age group. Nor is there any significant difference in the proportion who are members of an organisation (EU Statistics on Income and Living Conditions — EU-SILC 2011). A 2011 report from the Centre for Research on Civil Society and the Voluntary Sector also shows that there is little difference when it comes to the proportion who hold or have held political offices.

#### **Municipal committees for people with disabilities**

272. The establishment of municipal committees for persons with disabilities is intended to influence local government democratic processes. The Act relating to a Municipal or County Council Committee or Other Representation Scheme for Persons with Disabilities, etc. requires municipal or county authorities to ensure that persons with disabilities are assured of open, broad-based and accessible participation in work on matters of particular importance to persons with disabilities. This applies to physical access and other initiatives to counter discrimination based on disability. The Act requires that municipalities establish councils or other representation schemes for persons with disabilities. The municipal councils have an advisory function in relation to municipal and county authorities and help to ensure that persons with disabilities are heard.

### **Article 30: Participation in cultural life, recreational activities, entertainments and sport**

273. See also Article 9.

274. Norwegians are very active in their leisure time. Outdoor and cultural activities are extensively pursued, and participation in sports clubs and associations is high. Going for a walk is a household word. There is no significant difference between the adult population with disabilities and the population generally when it comes to the proportion that are members of organisations, sport clubs or associations. Nor is there any difference in the proportion who report having done voluntary work for an organisation or association (Statistics Norway, EU-SILC 2011).

#### **Sport**

275. Providing for athletes with disabilities is an important aim of Norwegian sports policy. The Norwegian Olympic and Paralympic Committee and Confederation of Sports (NIF) is the state's most important partner as regards sporting activities. Participation in sport for persons with disabilities is facilitated through grants to NIF. There is a clear

expectation that NIF should give priority to this area when distributing the government grant. In conformity with the NIF General Assembly's 1996 decision, athletes with disabilities are provided for under the umbrella of sport generally. The decision is based on an ambition that everyone should be able to find an opportunity for sport in their local community. NIF reports having about 11,000 members with disabilities.

### **Culture**

276. In the sphere of music, seven orchestras have installed audio induction loops or other equipment to help the hearing-impaired. Special places are reserved for wheelchair users and lifts or other arrangements are installed for wheelchair users and others with mobility difficulties. In addition to physical facilitation. Some music institutions have also entered into a cooperation with the Norwegian Association of the Blind and Partially Sighted on special facilitation for the blind. In the sphere of stage productions, 17 national/regional institutions have made adaptations for wheelchair users and others with mobility difficulties, and most have also installed aids such as audio induction loops to assist the hearing. Resources are granted annually from the budget of the Ministry of Culture for sign language interpretation at theatre performances etc.

277. The Norwegian Library of Talking Books and Braille (NLB) is a public undertaking that produces and lends out public library literature, including newspapers and study literature to persons with disabilities that make it difficult for them to read printed texts. The 2015 allocation to NLB is close to NOK 51 million. In addition, subsidies are given to the audio library of the organisation Christian Association for the Visually Impaired in Norway. The Norwegian Broadcasting Corporation broadcasts the news in sign language on weekdays.

### **Summer camps, holidays and welfare programmes**

278. A support scheme has been established to provide subsidies for summer camps run by organisations for children with disabilities and a particularly extensive need for help. A separate support scheme has been established to provide subsidies for holiday and welfare programmes run by voluntary organisations for persons with disabilities. Annual support of around NOK 15 million is granted for these schemes.

### **Escort card**

279. Escort cards issued by the municipal authorities are intended to give persons with disabilities in need of assistance the same opportunity to participate in society as the general population without having to pay for tickets for two persons. The escort card functions as evidence of the need for assistance. The scheme is voluntary for the municipalities and is not statutory, but since 2001 has been established in very many municipalities. Most municipalities observe a recommended lower age limit of eight years. A person with an escort card should be able to use it throughout Norway. Both public and private operators in the cultural and sporting world normally accept the escort ID and give a free ticket to the escort. It is also accepted by a number of operators in the transport sector, but not by any airlines.

### **Assistive aids**

280. Through the National Insurance Act, children and young people aged under 26 can obtain assistive aids for training and stimulation, to maintain and improve their motoric and cognitive functional ability. There is no user fee on such devices for persons under the age of 26. For persons over the age of 26 there is a smaller user fee.

### **Religious belief and practice**

281. The Congregations of the Deaf are the Church of Norway's congregations for deaf and severely hearing impaired people. In addition to having their own services in Norwegian sign language, they contribute to the design of sign language resource material that can be used by parishes to facilitate church services, religious instruction for children, etc. To promote knowledge on how best to facilitate religious and life stance practices for persons with disabilities who receive health care services, the Directorate of Health have collaborated with the Council for Religious and Life Stance Communities, the Church of Norway National Council and others on drawing up the guidelines *Samhandling mellom helse- og omsorgstjenesten i kommunene og tros- og livssynsfeltet* [Cooperation between municipal health and care services and religious and life stance communities]. These and other guidelines are available on [www.deltakelse.no](http://www.deltakelse.no).

### **Article 31: Statistics and data collection**

282. 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.

283. 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**

284. 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.

285. 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**

286. 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**

287. 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**

288. 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**

289. 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.

290. 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.

### **Article 32: International cooperation**

291. In international cooperation, the Norwegian authorities have given priority over time to the work of improving the situation of persons with disabilities. In connection with Norway's ratification of the Convention, the Ministry of Children, Equality and Social Inclusion issued a policy document on Norway's international efforts for the rights of persons with disabilities, outlining a number of concrete measures. See: [Norway's international efforts to promote the rights of persons with disabilities](#). This was followed up in the Report No. 10 to the Storting Opportunities for All: Human Rights in Norway's Foreign Policy and Development Cooperation (2014-2015), which the Government published in December 2014. See: <https://www.regjeringen.no/en/dokumenter/meld.-st.-10-2014-2015/id2345623/?docId=STM201420150010000ENGEPI&ch=1&q=>.

292. Focus is placed on strengthening implementation of the Convention by providing aid for education, humanitarian efforts, work for global health and for women and gender equality. Great emphasis is placed on supporting and involving persons with disabilities and their organisations in this work. The Government will conduct a harmonised policy with integration of work to promote and protect human rights into all aspects of foreign and development policy.

293. In 2012, 58 million children were excluded from basic schooling. Among the children that the global society has failed to reach, we find the poorest and most marginalised children, including children with disabilities. In 2014, the Government published Report No. 25 to the Storting Education for Development (2013-2014), which contains concrete points to follow up with regard to children with disabilities among Norway's bilateral and multilateral partnerships alike. See: [Education for Development](#). In addition to special efforts, the interests of children with disabilities constitute a cross-cutting consideration that must be included in everything we do in this area. Norway will contribute in particular to ensuring that the interests of children with disabilities are integrated into national education plans in countries in which we have bilateral cooperation on education. We will use the Global Partnership for Education (GPE) and UNICEF as arenas for furthering inclusion of marginalised children and adolescents.

294. The Norwegian prime minister has issued invitations to a summit meeting in Oslo in July 2015 to discuss how the work of completing the task of providing a good education for everyone can be strengthened. Prior to the meeting, the Ministry of Foreign Affairs has appointed an international group of expert to provide input to the summit meeting on how children and adolescents with disabilities can best be included in this effort.

295. Work for persons with disabilities also constitutes an important part of Norway's humanitarian efforts. For almost two decades, Norway has played a leading part in international work for victims of mines and cluster bombs. In recent years, Norway has focused on stressing that the situation of the victims is a human rights issue that must be viewed in connection with work for the rights of persons with disabilities. In dialogue with Norway's partners in humanitarian aid, we take up the need to integrate persons with disabilities into plans and responses.

296. Norway is actively engaged in the work on rights of persons with disabilities in the UN Human Rights Council and General Assembly, and also takes up issues related to the rights of persons with disabilities in other multilateral fora such as the Commission on the Status of Women, the World Bank, WHO and UNESCO. Norway is working for persons with disabilities to receive special attention in the post-2015 agenda, and believes sustainability goals should focus on ensuring that persons with disabilities have the same rights to education and decent work, and that the underlying data to support this work are available.

297. International cooperation is also important for the development and exchange of experience of services and programmes. In the capacity of observer, Norway attends the EU's High-Level Group on Disability. In the Council of Europe, Norway is represented in the group of experts who make various recommendations within the Action Plan to promote the rights and full participation of people with disabilities in society: Improving the quality of life of people with disabilities in Europe (2006-2015). Norway also takes part in Nordic cooperation in this area.

298. The Ministry of Foreign Affairs is engaged in strategic cooperation with the Atlas Alliance, a consortium of Norwegian disabled people's organisations that engages in international development work. The strategic cooperation entails the ministry consulting with the Atlas Alliance on the international work to strengthen the rights of persons with disabilities. The Norwegian Agency for Development Cooperation (Norad) gives financial support to the work of the Atlas Alliance to promote the rights of persons with disabilities in developing countries.

299. In 2012, Norad performed an evaluation of Norway's input to promote the rights of persons with disabilities in its development work. The general conclusion was that the rights of persons with disabilities had not been very strongly integrated into this work. The recommendations ensuing from the evaluation are being followed up actively. For example, all recipients of grants must now show how human rights, including the rights of the disabled, are integrated into their programme. Inadequate follow-up on the part of the organisations has led to grants being reduced.

### **Article 33: National implementation and supervision**

300. The Convention touches on measures and rights within a number of sectors and areas of society. The Ministry of Children, Equality and Social Inclusion coordinates the work of implementing the Convention, including the work on Norway's report. The intention is that the sector ministries will cooperate extensively. There are also plans for broad-based cooperation with civil society in the following up of the Convention. The Equal Opportunities and Anti-Discrimination Ombud has been appointed the national surveillance body. See [www.ldo.no](http://www.ldo.no). The Ombud is a free and independent body. Civil society also has a central part to play in the surveillance process. The Norwegian Federation of Organisations of Disabled People (FFO) has been given the responsibility of coordinating the work of preparing a shadow report.