

DOTCOM: The Disability Online Tool of the Commission

Norway

D. Independent living

D1. Choice of living arrangements

There is no obligation for disabled people to have a particular living arrangement, but for people that need extensive services the issue will be subject to negotiations between the person and the authority responsible for services, typically the local authority. In reality, local authorities have a freedom regarding how they organise services and this can be in conflict with the person's right to choose where to live. On the one hand, very few disabled people live in long stay institutions in Norway, and it is generally not regarded an option local authorities may choose. On the other hand, there are a few cases of young and middle-aged people that have acquired severe impairments who live in nursing homes for elderly (81 people younger than 50 years of age in 2016, according to the Norwegian Directorate of Health). Several national government programmes have been adopted to combat this, but due to shortage of alternatives, middle-aged people with acquired severe impairments continue to be admitted to nursing homes. While the public debate on this issue has been silent for some years, it has gained increasing attention after the ratification of the UN Convention, much due to Article 19 stating the right to choose the place of residence, and a gradual trend in recent years in which community services have become more congregated and institution-like.

Links

Informasjon og utviklingsprogram for mennesker med utviklingshemming (Information and development programme for people with intellectual disabilities)

http://www.regjeringen.no/nb/dep/bld/dok/rapporter_planer/rapporter/2010/informasjons-og-utviklingsprogram-for-me.html?id=621141

D2. De-institutionalisation

The 1990s were the years of de-institutionalisation in Norway. In 1988 the Storting (Parliament) decided to close all institutions for people with intellectual disabilities (from 1991-1995), and a programme to reduce long stays (to establish community alternatives) in mental health hospitals was implemented (White paper (St meld no 25, 1996-97), and also a programme to close long stay nursing homes for people with mental health issues and people with physical disabilities (NOU 1995: 14). Psychiatric institutions still exist, but their task is treatment and short term stays rather than long-term care. A few people with severe impairments are still admitted to nursing homes by local authorities, but this is against the national policy guidelines. However, there has been a trend in which community services have become more institution-like, which makes the right to choose the place of residence difficult for some groups. According to the Official Norwegian Report (NOU) 2016: 17, the proportion of people with intellectual disability living in large group homes (with seven or more) increased from 3% in 1994 and 16% in 2001, to 40% in 2010. The report contains several recommendations for strengthening the rights of people with disabilities. On 12

January 2018, the Storting decided to ask the Government to present a White paper with proposals for measures to secure the rights of people with intellectual disabilities, as follow-up of NOU 2016: 17.

Links

Development Programme for people with intellectual disabilities

http://www.regjeringen.no/nb/dep/bld/dok/rapporter_planer/rapporter/2010/informasjons-og-utviklingsprogram-for-me.html?id=621141

Further information

<https://naku.no/kunnskapsbanken/bofellesskap-forskning#main-content>

NOU 2016:17

<https://www.regjeringen.no/contentassets/b0baf226586543ada7c530b4482678b8/no/pdfs/nu201620160017000dddpdfs.pdf>

D3. Quality of social services

There are two basic quality assurance mechanisms : 1) individual complaints and appeals to the county governor (state representative in counties, Fylkesmann) on decisions/statements on service provision, and 2) auditing or inspections from the Board of Health (and in principle also from the National Audit Office). The Fylkesmann can also do inspections. There are regulations concerning Individual Plans which are not legally binding but that can be subject to complaints. The auditing is in general 'systems auditing' rather than quality investigations, that is, the auditing body checks to what extent systems and working procedures that ensure the quality of services exist and operate. Few concrete standards exist. There is room for discretionary decisions on the part of local authorities, but these can be overruled by the Fylkesmann according to general legal obligations (such as 'professionally adequate'). A number of laws include loose standards and requirements such as "services should be according to professional standards" or in keeping with individual needs. It is up to the Fylkesmann to interpret what this in reality means, but sometimes a service does not comply with such types of standards. The Regulations on Management and Quality Improvement in Health and Care Services, adopted in 2016, aims to contribute to professionally sound health and care services, quality improvement and patient and user safety, as well as ensuring the compliance with other requirements in health and care legislation.

Links

The legal basis of the inspection authority of the Board of Health

<https://www.helsetilsynet.no/tilsyn/>

Regulations on management and quality improvement in health- and care services

<https://lovdata.no/dokument/SF/forskrift/2016-10-28-1250>

D4. Provision of assistive devices at home

Provision of assistive devices takes place in collaboration between local authorities and Assistive Device Centres (one in each county) organised and funded by the National Social Security Scheme. Local authorities are responsible for meeting short term needs (less than six months) and Social Security is responsible for long term needs. Local authorities are expected to have an occupational therapy service involved in assessments. The right to assistive devices (beyond six-months needs) is enacted in the Law of Social Security (article

10-6 and 10-7), which is a rights based law. This makes provision of assistive devices an individual right in Norway. It is a right for people, 'if necessary and adequate to improve functioning in everyday life or to receive care at home' (author's translation). The Assistive Devices Centres are organised as a part of the Norwegian Employment and Welfare Administration (NAV). A recent innovation is the introduction of User Passes in the provision of assistive devices. The Pass gives long-term experienced users more say in the choice of device, service/repairs and replacement. This is expected to allow for more empowerment and user involvement, and to reduce waiting time and delays in the provision of devices. There is currently criticisms from disabled people's organisations because less expensive assistive technology that is also frequently in use by other people is removed from the list of assistive technology.

Links

Circular on the right to support to better functioning in everyday life

<http://www.nav.no/rettskildene/Rundskriv/%C2%A7+10-6+-+St%C3%B8nad+til+bedring+av+funksjonsevnen+i+dagliglivet.147986.cms>

Further information

<https://www.nav.no/no/Person/Hjelpemidler/Tjenester+og+produkter/Hjelpemidler>

D5. Availability of personal assistance schemes

The personal assistance scheme is enacted in the Law on Patient Rights, article 2-1 d, which places a duty on local authorities to provide personal assistants as one option for people that, due to disability, health issues or other causes have special needs. The provision of personal assistance is funded by local authorities, but can be organised by local authorities, a user cooperative (Uloba), private enterprises or the user him/herself (rarely the case). The needs are assessed by the local authorities. The service was enacted in 2000 for people who could manage the assistants themselves, but was expanded in 2005 to include also people that needed help for this (children and people with cognitive impairments). After years of struggle, the scheme changed from being an option local governments could provide , to become an individual right of the user from 2015 on. However, the right only applies if the user is: a) younger than 67 years of age; b) has long-term service needs; and c) needs more than 25 hours of support weekly. The Government's Strategy for the equality of persons with disabilities (2020–2030) foresees the development of a study with a view to ensuring that BPA is formulated in such a way that the scheme contributes to better achieving its purpose.

Links

Law on Patient Rights

<https://lovdata.no/dokument/NL/lov/1999-07-02-63>

Description from a user cooperative Uloba

<http://www.uloba.no/funksjonshemmet/Sider/default.aspx>

The Government's Strategy for the equality of persons with disabilities (2020–2030)

https://www.regjeringen.no/contentassets/bc8396c163f148dc8d4dc8707482e2be/a-society-for-all_web.pdf

D6. Income maintenance

The main income protection for adults (18-67 years) is the work incapacity pension. Eligible

are people unable to work for health reasons. The benefit is for people with less than 50% work capacity. Disabled people are one important target group but the benefit is not restricted to disabled people. The level of compensation depends on work history (contributions to the national insurance scheme). For people becoming disabled after a history of employment, the average rate of compensation was until 2014 between 50% and 60% of earlier income and more for people with low income (NOU 2007: 4) but this changed to 66% when the Act on disability pensions came into force in 2015. With this new law, people on incapacity pension do also have to pay regular taxes, thus the real after-tax income did not increase.

Specific rules apply to people becoming disabled before the age of 26 (with no work history and no payments into social security). Those rules grant them a minimum annual benefit of NOK 288,000 (about EUR 29,000) before taxes in 2019 (EUR 262,000 if living with a partner). For people partly able to work the compensation is reduced (the majority actually receive 100% benefit). People aged 18-67 are eligible for the incapacity benefit. It is not tested against assets but income and work capacity. The payments are reduced if earnings exceed a threshold level (NOK 40,000).

In general, the incapacity benefit is not granted until certain procedures to try to find a gainful employment have been tried without success (work assessment procedures). In this period, people receive the Work Assessment Benefit (AAP), which in principle has the same level of compensation as the work incapacity benefit. Normally, one cannot get AAP for more than three years.

Links

Incapacity benefit (uførepensjon)

https://lovdata.no/dokument/NL/lov/1997-02-28-19/KAPITTEL_5-8

Further information on pension reform and disability pension (Prop. 82 L 2009-2010)

<http://www.regjeringen.no/nb/dep/ad/dok/regpubl/prop/2009-2010/Prop-82-L-2009-2010.html?id=594496>

D7. Additional costs

Grunnstønad (basic benefit) is supposed to cover extra costs due to longstanding illness or disability, ranging in 2019 from NOK 8,232 to 41,052 per year based on assessment (1 euro=9.7 NOK). About 50% receive one of the two lowest levels of support. If you are granted a car or a service dog as assistive device, you will be provided the Grunnstønad at level 3 (NOK 16,464 per year) to cover running costs.

Hjelpestønad (supplementary benefit) is intended to cover costs for private help. Many families with disabled children receive this support to compensate for extra care work, but adults may also receive it to compensate for the support family or other caregivers provide, even if they live outside the family home. The amount ranges (in 2019) from NOK 14,748 to 88,488 per year.

Links

Grunn og hjelpestønad (basic and supplementary benefits)

<https://www.nav.no/no/Person/Familie/Grunn+og+hjelpestonad>

D8. Retirement income

The regulations for retirement income are quite complicated and under restructuring, implying that two systems of calculation will be in operations simultaneously. Calculations are basically based on a number of years one has been in employment, and also the income from work. If one has been on a disability pension, the income for those years is based on an estimate of the income if one had not been disabled (based on income before receiving incapacity benefit). People who have a right to incapacity benefit before the age of 26 (many with no work history) are subject to special regulations that protect them against a too low retirement pension. People with incapacity benefits receive retirement pensions from the age of 67, whereas people in employment can choose different options (mainly from age 62-70), but the choice has consequences for retirement pensions. The later one retires, the more one gets annually. The benefit is not means-tested but is coordinated with benefits of other people in the household (e.g. it can be reduced if two people in the household are eligible) and private/insurance pensions.

Links

Retirement pension for people with incapacity benefit

<https://www.nav.no/no/Person/Pensjon/Alderspension>