



Convention on the Rights of Persons with Disabilities

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Committee on the Rights of Persons with Disabilities Twenty-first session

Summary record of the 455th meeting*

Held at the Palais des Nations, Geneva, on Monday, 25 March 2019, at 3 p.m.

Chair: Mr. Basharu

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* No summary records were issued for the 453rd and 454th meetings.

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The meeting was called to order at 3 p.m.

Consideration of reports submitted by parties to the Convention under article 35

(continued)

Initial report of Norway (CRPD/C/NOR/1, CRPD/C/NOR/Q/1 and CRPD/C/NOR/Q/1/Add.1)

1. *At the invitation of the Chair, the delegation of Norway took places at the Committee table.*
2. **Mr. Kolstø** (Norway), introducing his country's initial report (CRPD/C/NOR/1), said that his Government's goal was for everyone to have equal opportunities and freedom to make their own choices. In recent years, the human rights framework in the country had been strengthened through the addition to the Constitution of a chapter on human rights, inspired by international instruments; the establishment of a new national human rights institution with category A status; and the adoption of a new comprehensive Equality and Anti-Discrimination Act, enforced through the Equality and Anti-Discrimination Tribunal.
3. Persons with disabilities still faced barriers that prevented them from participating equally in society. Accordingly, the Government sought both to strengthen the capacity of individuals and to make society more accessible. While there had been progress in many areas, there remained a gap between those goals and reality. In order to assess the situation, reliable data were required. The Government had therefore been working to improve its statistics since the submission of the report. Research was also a priority. The Norwegian Research Council had, for example, allocated funds to a major project to study labour inclusion of persons with disabilities. The Government had recently launched "A Society for All" 2020–2030, a strategy to ensure the equality of persons with disabilities. It intended to present a new action plan on universal design, to replace the existing plan, which would end in 2019.
4. Persons with disabilities often needed health care from different providers and experienced a lack of coordination among them. To address that problem, designated coordination units had been established for all persons in need of long-term coordinated health and care services and all such persons had the right to a personal care plan. User-controlled personal assistance had been made a statutory right for persons who needed long-term support for independent living. The scheme required improvement, however, and the Government would appoint a committee to propose the necessary measures.
5. Inclusion was the basic principle of education policy and a goal of all schools, whether public or private. The education system sought to provide high quality education for all, with expectations being adapted to the circumstances of each child. In schools, pupils were not normally separated by such criteria as ability or gender. A white paper on early intervention and inclusive communities in kindergartens and schools would shortly be presented. In 2018, the Government had launched a nationwide inclusion initiative to get more people, including those with disabilities, into work. It was expected that many public and private stakeholders would contribute to that effort. The public sector would be at the forefront of the initiative, under which 5 per cent of new government employees should be either persons with a disability or persons with gaps in their employment record.
6. The Government now made sure that the interests of persons with disabilities were integral to all its international development programmes. It had signed the Charter for Change of the Global Disability Summit, had successfully promoted a new marker on disability funding in the Organization for Economic Cooperation and Development (OECD) Development Assistance Committee and had joined the Global Action on Disability (GLAD) Network. In 2019, it would significantly increase development funds for programmes that benefited persons with disabilities. Lastly, combating hate speech, including on the basis of disability, was a priority for the Government, which was implementing a strategy to that end.
7. **Ms. Nystuen** (National Human Rights Institution, Norway) said that she would address some key challenges in respect of the rights of persons with disabilities. The Government had recently initiated a process to amend the Guardianship Act, which

provided a good opportunity to make a critical assessment of the use of substitute decision-making in Norway. Given that recognition of legal capacity lay at the core of the Convention and was essential for the enjoyment of other rights, the State party should be requested to provide information on how it would strengthen the legal safeguards to prevent abuse related to the exercise of legal capacity and ensure that the amended Act reflected the shift that was taking place towards supported decision-making. According to a PhD study, which had evaluated guardianship practices in respect of persons with intellectual impairments in one Norwegian county, although such persons were almost always found to have legal capacity, in almost half of all cases they were nonetheless declared not competent to make decisions solely because of their disability. Other studies had found that, often, the mandates of guardians were broad and generic and not tailored to the needs of the person under guardianship and there was no record of whether the person had been given an opportunity to express his or her views. The National Human Rights Institution recommended that the State party should issue national guidelines on the assessment of competence to consent, individual adaptation of guardianship arrangements and supervision of guardians.

8. Norway had made an interpretative declaration in respect of articles 14 and 25 of the Convention stating its understanding that the Convention allowed for compulsory care or treatment as a last resort. The Government should explain what measures had been taken to decrease the use of coercive force, prevent its unjustified use, improve staff training, prioritize less intrusive methods and strengthen procedural guarantees and oversight. Another issue of concern was the use of coercion against older persons with dementia in institutions. According to the Patients' Rights Act, involuntary treatment could be administered only to patients who lacked decision-making competence and resisted treatment when that treatment was considered necessary to avoid serious harm to the patient. However, an audit by the Board of Health had revealed extensive use of coercion, contrary to the provisions of the Act, and insufficient knowledge of relevant guidelines among health-care professionals. A recent study by Statistics Norway had shown a lack of documentation of the use of coercive measures in health care.

9. **Ms. Bjurström** (Equality and Anti-Discrimination Ombud, Norway) said that the Ombud had a legal mandate to monitor fulfilment by the authorities of their obligations under the Convention. Her office recommended that the Government should enhance the legal status of the Convention by incorporating it into national law and that it should consider withdrawing its interpretative declarations to articles 12, 14 and 25.

10. Another issue was the use of coercion in the health and care services, a practice that was permitted by the legislation currently in force, although new legislation was being drafted. The Government should clarify how it would ensure that persons with psychosocial disabilities had access to voluntary health care, as an alternative to involuntary treatment, and that such persons were not subjected to illegal forced medication, including medication that did not meet the statutory requirement of great likelihood of a positive effect.

11. In addition, the Government should replace the guardianship system with supported decision-making. That would not be possible under the current Guardianship Act. While the Government had taken some positive steps with proposals to amend certain provisions of the Act, a new law would be required that did not use the outdated and stigmatizing term "guardianship" and had the stated purpose of supporting the individual's right to self-determination.

12. Lastly, the Government's action plan on universal design was not sufficiently binding, did not restate the earlier commitment to achieve universal design by 2025 and lacked specific measures with earmarked funds, among other issues. Her office therefore recommended the introduction of regulations with deadlines for the universal design of existing buildings, with priority given to schools, and the allocation of sufficient funds to ensure that the plans were implemented on time.

13. **Mr. Buntan** (Country Rapporteur) said that Norway had one of the best models of welfare services for persons with disabilities, but that it was necessary to go beyond welfare and ensure that persons with disabilities could enjoy human rights and freedoms on an equal basis with others. National laws and policies were not yet fully in line with the

Convention and the human rights model of disability, and that concept had not been incorporated into the Human Rights Act. Norway had not ratified the Optional Protocol to the Convention. The country still had a guardianship system, which led to persons with disabilities, especially those with intellectual or psychosocial disabilities, having their right to exercise legal capacity restricted or removed, being deprived of liberty and being subjected to forced medical treatment. The Committee was also concerned about the thinking behind the State party's interpretative declarations on articles 12, 14 and 25, which was the root cause of the substitute decision-making regime.

14. The country's inclusive education policy was not being implemented in practice because mainstream schools lacked quality support services, qualified staff and accessible learning materials and because there was no accessible complaint mechanism in case of non-compliance. Further concerns included a lack of research and statistics on the living conditions of persons with disabilities belonging to Sami and other ethnic minority communities, and reports of discrimination against women and children with disabilities from those communities. International cooperation programmes and initiatives were not yet fully disability-inclusive, while the amount of development assistance delivered through organizations of persons with disabilities had diminished considerably. Although all of those issues required further attention, he remained confident that Norway, with its strong human rights record, would be able to fulfil its commitments under the Convention.

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15. **Mr. Martin** said that he would like to know what was being done to support and strengthen organizations of persons with disabilities so that they included persons with intellectual disabilities and so that those persons could establish an organization of their own. He asked whether organizations of persons with disabilities had been involved in efforts to raise awareness of the Convention, such as through training and the dissemination of information in Easy Read for persons with intellectual disabilities.

16. **Ms. Gamio Ríos** said that she would like to know whether the Government planned to reform the Abortion Act, which allowed a guardian to request an abortion for a woman with "a serious mental illness or intellectual impairment". She asked what steps the State party was taking to prevent women with psychosocial disabilities from being subjected to forced institutionalization and treatment, including sterilization, and how it planned to address the situation of the large number of women currently under guardianship. She would appreciate disaggregated data on cases of forced institutionalization and treatment and on the number of children with disabilities who were confined to institutions. She wondered if those institutions were subject to strict supervision with a view to preventing discrimination, abuse, violence and ill-treatment.

17. Newborn babies with life-threatening or life-limiting conditions (trisomy 13 and 18) were reportedly denied medical care without an individual assessment being conducted, which contravened the right to life of persons with disabilities; she wished to know whether the State party recognized and planned to rectify that situation. She asked whether organizations of persons with disabilities participated in surveys of public attitudes towards minorities and in the meetings that the Government held with representatives of minorities. The State party might also describe any steps taken to prevent the media from portraying persons with disabilities on the basis of stereotypes and prejudices, and the community services that were made available to persons with disabilities so that they could live independently.

18. **Mr. Ruskus** said that he wished to know whether Norway planned to ratify the Optional Protocol to the Convention so that persons with disabilities might address the Committee directly. Given that, according to the State party's report, disabilities were "normally regarded as the gap between the individual's capabilities and society's demands" and that the law allowed persons with intellectual or psychosocial disabilities to be deprived of legal capacity, he would appreciate clarification of the disability concepts and definitions that underpinned assessment mechanisms and decision-making with regard to persons with disabilities in Norway. Were such mechanisms aligned with the human rights model of disability?

19. He asked whether the State party intended to incorporate the Convention into national law, whether Convention rights were taken into consideration in anti-discrimination and equality policies and programmes, and to what extent the Equality and Anti-Discrimination Act protected against multiple and intersecting forms of discrimination. He would also be interested to know whether the rights of women and children with disabilities were mainstreamed into policies related to women and children in general, and what training was provided to raise awareness of the Convention among judges, law enforcement officials, health-care personnel, teachers and personnel working with persons with disabilities.

20. **Ms. Kayess** said that she would be grateful if the State party could clarify the nature of its interpretative declarations on articles 12, 14 and 25 of the Convention and describe their impact on the realization of the rights of persons with disabilities. In her view, the declarations enabled practices that were not in conformity with international human rights jurisprudence, including forced sterilization and abortion, forced treatment, denial of legal capacity, substitute decision-making and involuntary detention on the grounds of disability. Moreover, several treaty bodies and mechanisms of the Human Rights Council had suggested that the interpretative declarations were inconsistent with international law. She wondered whether the State party intended to withdraw them.

21. **Ms. Gabrilli** said that she was interested to know whether all citizens could submit complaints to the Parliamentary Ombudsman and to the Equality and Anti-Discrimination Tribunal, and whether measures had been taken to ensure universal access to those mechanisms. She asked what steps the State party had taken to raise awareness of the Equality and Anti-Discrimination Act. While the Committee recognized that women were strongly represented in the Storting (parliament), she wished to know whether women with disabilities had equal opportunities to be elected to political office. Did Norway have a programme to support women's political engagement and candidacies? Lastly, she wondered how the State party ensured that pavements were accessible to everyone and were maintained in accordance with the principle of universal design.

22. **Mr. Chaker** said that he wished to thank the Government of Norway for the financial and material assistance that the country had provided to the African Union of the Blind when he had presided over that organization. He was interested to know whether the State party had any mechanisms to protect the rights of migrants or refugees with disabilities who were living in reception centres, and whether it had adopted and implemented legislation regarding such persons and the education of their children.

23. **Mr. Babu**, noting that the application of universal design concepts required that all new products, facilities, technologies and services should ensure equal and unrestricted access for all potential consumers, said that he was curious to know what steps had been taken to monitor and improve the implementation of universal design, especially with regard to the accessibility of information and communications. He wondered whether the State party had developed plans to monitor and evaluate public- and private-sector actors to ensure that they adhered to universal design standards, with a view to achieving a barrier-free environment and the social inclusion and participation of persons with disabilities. He also wished to know whether denial of access, whether by commission or omission, was considered an act of discrimination under Norwegian law. In that regard, he would appreciate information on the number of accessibility-related complaints referred to the judiciary, on judgments handed down against companies, individuals or the authorities, and on any sanctions imposed. Were organizations of persons with disabilities involved in developing and monitoring the rules on accessibility?

24. **Mr. Schefer** said he understood that the Storting was due to hold a vote the following day on whether to incorporate the Convention into national law, but that the proposal was unlikely to pass. He wished to know how Norway would ensure the effective implementation of the Convention if the vote went as expected. He too would like to hear more about the legal status of the interpretative declarations and whether the Government considered them to be reservations. Lastly, he asked what legal mechanisms were available for the Government to ensure that municipalities effectively implemented the Convention, and whether it planned to use them.

25. **Mr. Rebrov** said that he wished to know whether Norway had a higher-education training programme for sign language interpreters, how many sign language interpreters were currently working in Norway, and how many teachers of sign language were working in educational institutions of all levels.

26. **Mr. Lovász** asked how the opinions of children with disabilities were taken into account in cases where their parents were unable to safeguard their interests and the authorities decided to appoint a guardian. What safeguards and procedures were available to ensure the rights of those children? Concerning accessibility, he noted that sanctions could not be imposed for breaches of the universal design criteria that applied to new buildings, although cases of discrimination might be brought before the Equality and Anti-Discrimination Tribunal. He requested the delegation to explain the rationale for that system and to provide relevant statistics and information on progress achieved. Lastly, he asked how the State party planned to ensure the increased implementation of universal design.

27. **Mr. Buntan** said that he would be grateful for data on cases in which persons with disabilities had been the victims of discrimination, including data on complaints referred to the Equality and Anti-Discrimination Tribunal, any redress or compensation provided, and judgments handed down to ensure non-repetition.

The meeting was suspended at 4.10 p.m. and resumed at 4.30 p.m.

28. **Ms. Sund Morken** (Norway) said that having ratified the Convention, Norway was obliged to comply with all requirements set forth therein, including articles 12, 14 and 25. The Government stood by the interpretative declarations Norway had made in respect of those articles, as it considered the interpretation they set out to be correct. That interpretation was supported by the practice of other States parties that had made similar declarations and, like Norway, had systems that provided for guardianship and compulsory care and treatment. The Government recognized that persons with disabilities enjoyed legal capacity, the right to liberty and security of person and the right to respect for physical and mental integrity on an equal basis with others. At the same time, it understood that the Convention allowed for the withdrawal of the right to exercise legal capacity and for the administration of compulsory care and treatment if such measures, based on the circumstances of the case, were necessary as a last resort and were subject to safeguards. The interpretative declarations were not reservations, since their aim was to enhance understanding, rather than to exclude or modify the effect of certain provisions.

29. The State party had ratified the Convention in 2013. The Government, considering that it was already fully implemented in Norway, did not plan to incorporate it into Norwegian law and did not expect that the Storting would approve the proposal to do so. Nevertheless, the Government continuously strove to ensure that legislation and public policies were aligned with the Convention, while the courts applied a “presumption principle” whereby Norwegian law was interpreted and applied in accordance with international law, where possible.

30. **Mr. Svane** (Norway) said that in 2016, having carried out an independent review and public consultations, the Government had decided not to propose that Norway should become a party to the Optional Protocol. The main reason for that decision was that several questions of interpretation remained unresolved. The decision had commanded the support of the majority in the Storting and the Government did not plan to reassess the matter. However, persons with disabilities in Norway were able to submit individual complaints to the Human Rights Committee and applications to the European Court of Human Rights.

31. **Ms. Kjørheim Fredwall** (Norway) said that although the term “guardianship” was an old-fashioned one, in Norway it had a modern meaning that encompassed supported decision-making and the principles set forth in the Convention. There were two types of guardianship. In the first type, the guardian’s role was to offer support to the person under guardianship when that person made decisions and the relationship was voluntary. The person in question was free to choose whether to accept support, from whom and for which sorts of task. When the person declined support, that decision was respected. If the person was considered to be incapable of giving consent, support was still provided on the basis of the person’s will and preferences, or the best possible interpretation thereof. There were

currently about 42,000 guardianship cases, and that form of guardianship was applied in nearly all of them.

32. In an extremely restricted number of cases, currently just 224, another form of guardianship was applied, namely, substitute decision-making. In the view of the Government, the limited use of substitute decision-making, as a last resort and subject to safeguards consistent with article 12, was in line with the obligations of Norway under the Convention. That type of guardianship was applied in keeping with the obligation under article 4 to secure the individual's fundamental human rights, including the rights to health, housing and food. A substitute decision-making regime could be approved only by a court decision, and only in exceptional cases, when necessary for the protection of the person's own interests and rights, and with a narrow and very specific scope. For example, the Supreme Court had in 2017 issued a ruling on a case involving substitute decision-making in which a guardian had intervened to ensure that rent was paid for a person who had previously refused to pay it. The Court had decided that the guardian was authorized to act on behalf of the person, but only to the extent that the individual's legal capacity was limited. The will and preferences of the person in question must still serve as a basis for any decision.

33. **Ms. Din** (Norway) said that, under Norwegian legislation, coercion was defined as the taking of any measure without valid consent. Even if a severely disoriented or confused person accepted some form of treatment, health and care personnel still had to follow the rules relating to coercion; they thus must ascertain whether the consent was legally valid. For it to be valid, the individual must understand the impact and meaning of consenting. If the person's ability to understand was impaired owing to disability or any kind of health condition, the measure was considered to be coercive, even if the person in question showed no resistance. Non-consensual measures in health and care services were subject to strict and detailed regulation through various laws that emphasized voluntariness, minimization of non-consensual measures and the provision of services in line with respect for the patient's physical and psychological integrity.

34. Patients had the right of self-determination and must be consulted to the greatest extent possible. In most cases, close relatives too had the right to be consulted. Health and care providers had to keep patients informed about their situation in language that was understandable to them and conducive to their meaningful participation, and must aim to gain their confidence and build trust, adjusting their services to patients' and users' needs and abilities. In the case of persons who were no longer competent to exercise their right of self-determination, any wishes expressed prior to their loss of competence must be taken into account. Measures could be taken without valid consent only if considered absolutely necessary to avoid serious danger or harm to the person concerned, and the decision to take such measures must be based on the principle of proportionality.

35. Coercion was always a last resort and was used only when deemed absolutely necessary. Each time a coercive action was carried out, a set of procedural rules was applicable. They called for an evaluation after each coercive measure and supervision by independent bodies; patients or users and their relatives had the right to lodge complaints with such bodies. The rules and principles were highlighted in training materials for health-care professionals.

36. **Ms. Brustad** (Norway) said that the education system was inclusive. Children with disabilities were given priority for admission to kindergarten, primary and secondary school and had the right to attend the schools closest to their homes or within their educational catchment areas. Under the Education Act, special needs education was provided in the students' ordinary classes to the extent possible. The Government had appointed an expert group on inclusion and the quality of education for children and youths in need of additional support, which had issued a report calling for systemic and regulatory changes to the education system. The Government was currently working on follow-up to the group's recommendations. The situation of children requiring special support in schools was improving. Over 40 per cent of such students currently received all their schooling in ordinary classes, while just 0.7 per cent were educated in special units within mainstream schools.

37. **Mr. Hilmar Antonsen** (Norway) said that policy measures were generally reviewed at public hearings at the State, county and municipal levels, with the participation of all stakeholders, the aim being to ensure that government decisions were both supported and well considered. The Government's instructions on such consultation had changed in 2016 to ensure more involvement by ministries and stakeholders early in the policy investigation process; it had been found that early involvement ensured more useful input and increased the quality of decision-making. The authorities at all levels must be involved in the process, as well as any groups or individuals who would be affected by the measures under consideration, including organizations of persons with disabilities.

38. Substantial subsidies were provided for organizations of persons with disabilities, for example to improve their ability to promote their interests and to provide services to members, including local welfare schemes, peer support activities, telephone helplines, courses, seminars and employment schemes. In 2018, such support had amounted to some €20 million. Regular meetings were held between ministries and umbrella organizations of persons with disabilities, and there were extensive contacts at the directorate level as well. Such organizations were thus able to help shape the Government's annual budgets. In addition, government bodies worked closely with them, for example on drawing up guidelines and collecting statistics.

39. The Ministry of Labour and Social Affairs was planning a high-level meeting on the inclusion of persons with disabilities in the labour market, with participation by organizations of persons with disabilities, employers and government representatives. The Health and Care Services Act stipulated that municipal health-care services must be designed with input from patients' and users' representatives. The Labour and Welfare Administration was required to offer services adapted to the capabilities and needs of individual users. The right of users to be involved in their own cases was established by law. At the individual level, such involvement enabled users to shape the services they received while, at the system level, user involvement meant having the power to influence the organization and quality of services. User representatives took part in user councils at both the local and national levels.

40. Norway was recognized as one of the countries with the greatest gender equality in the world. The Government's gender equality policies were drawn up with an intersectional perspective.

41. **Ms. Din** (Norway) said that the Government shared the Committee's view on the right of persons with disabilities to reproductive freedom. Pregnancy termination and sterilization were medical interventions and, as a general rule, all medical interventions required the free and informed consent of the person undergoing them. Such consent was only possible if the person had the ability to understand the nature and consequences of the decision. A woman suffering from a serious mental disorder or intellectual disability could in some cases be unable to understand the nature and consequences of a pregnancy. In such cases, an abortion or sterilization might be the best solution, and in the woman's best interests.

42. Under Norwegian law, a legal guardian was entitled to assist a pregnant woman or to apply for termination of pregnancy or sterilization on her behalf if she had a serious mental disorder or intellectual disability. However, guardians did not have decision-making authority. The final decision must be made by health professionals and was normally taken by a board, on the basis of an assessment by the county governor, who was responsible for ensuring that the legal requirements were met. Even once an application for termination of pregnancy or sterilization was granted, if the woman resisted, health personnel were not allowed to carry out the intervention by force and, even when valid consent was not a necessary condition for the granting of an application, the views of the woman must be heard and were the starting point for the process. Sterilization was approved only if that was the best way to prevent a future pregnancy. In cases where the regulations were breached, the person who had undergone the procedure could apply for compensation under the legislation on patient injury compensation or other relevant laws. The Government considered the provisions of the Sterilization Act and the Abortion Act to be consistent with article 12 of the Convention.

43. **Mr. Øverbø Andersen** (Norway) said that decisions regarding forced treatment in mental health care could be made only if certain material conditions were met, including a high probability of significant effect from the treatment. The decisions themselves must be taken by psychiatrists, in accordance with strict procedural rules and requirements, and were subject to appeal to the county governor. The Parliamentary Ombudsman had recently issued statements regarding two decisions handed down by county governors concerning the forced medication of patients with first-episode psychosis. The Ombudsman had not taken a position as to whether existing knowledge was sufficient to consider there to be a high probability that treatment would produce a significant effect in the cases. However, the Directorate of Health had subsequently obtained updated knowledge about the effect of antipsychotics and would clarify the regulations regarding forced medication to all county governors, pointing out that the Mental Health Care Act allowed forced medication when there was a high probability of significant effect and that the updated knowledge substantiated such effect on first-episode psychosis.

44. According to some studies, more men than women were admitted to mental health care involuntarily, but other studies had concluded that women admitted involuntarily were more often exposed to coercive means of treatment. In 2016 and 2017, there had been 1.9 involuntary admissions to mental health care per 1,000 inhabitants, and the admission rate had remained stable in recent years.

45. **Mr. Vinje** (Norway) said that, while the Ministry of Culture actively encouraged open and enlightened public discourse, it also sought to safeguard editorial independence and integrity and was thus reluctant to promote policies that could be interpreted as interference in editorial decisions. However, the members of the Norwegian Press Association worked according to a principle of due editorial diligence and the Association had a code of ethics. The code was applicable to all types of press and media. It promoted balanced journalism and stated that the media should always respect people's character, identity, privacy, race, nationality and beliefs. Violations of such principles could be reported to the Norwegian Press Complaints Commission, which consisted of members from the press and the general public.

46. **Ms. Bull Skarstein** (Norway) said that the lack of a clear definition of disability in Norwegian legislation was the result of a desire to keep the concept of disability-based discrimination as broad as possible. During the preparatory work for the adoption of the Equality and Anti-Discrimination Act, some examples had been set out of factors that would be included in the concept of disability, including reduced mobility, reduced sight, hearing or cognitive function, and impairments resulting from allergies or heart or lung diseases. In general, however, strict requirements relating to medical diagnosis and duration or severity were to be avoided, as they could lead to a legal practice focusing on the individual instead of the discriminatory situation under consideration. The question should be whether disability-based discrimination had taken place.

47. The prohibition on disability-based discrimination included discrimination on the grounds of actual, assumed, future or former disability and also applied to discrimination against a person on the basis of his or her connection or relationship with another person with a disability. The Act prohibited multiple discrimination, specifically stating that discrimination on the basis of a number of factors, or a combination of such factors, was prohibited. An explicit prohibition on multiple discrimination had thus entered into force in January 2018, with the entry into force of the Act. The intention behind the explicit prohibition was to raise public awareness of the problem of multiple discrimination and to make protection against it more effective. In July 2018, the Ministry of Children and Equality had circulated a proposal to strengthen the reporting duties of employers and to oblige them to promote equality and prevent discrimination, including multiple discrimination. It had further proposed that the public authorities should be required to take action to raise awareness of multiple discrimination.

48. With the adoption of the Equality and Anti-Discrimination Act in 2018, the handling of complaints regarding discrimination had been transferred from the Equality and Anti-Discrimination Ombud to the new Equality and Anti-Discrimination Tribunal, while the advocacy functions of the Ombud had been strengthened. The office of the Ombud offered a low-threshold service providing guidance, for example to the public, to persons who

suffered discrimination and to employers. Complaints filed about lack of accessibility were regarded as discrimination cases and could be handled by the Equality and Anti-Discrimination Tribunal or by the ordinary courts.

49. **Ms. Vierli** (Norway) said that the Directorate for Children, Youth and Family Affairs had drawn up a proposal to improve implementation of the Convention at the municipal level. The proposal recommended collaboration with civil society and other important stakeholders, the provision of training and the development of guidelines for the municipalities. If approved, the initiative would start with a pilot project in municipalities of different sizes. For 2019, the main goal was to raise awareness of the Convention and promote equality for persons with disabilities through a national campaign. An awareness-raising and training project was also under consideration as part of the development of the new action plan for persons with disabilities.

50. **Ms. Norderhaug Ferguson** (Norway) said that all new judges followed an introductory programme that focused on practical judicial skills, ethical challenges and interaction in court. The National Court Administration organized seminars to develop the competence of staff on the rights of persons with disabilities. The county governors ran courses and lectures for personnel who worked with and for persons with disabilities. Although there was no specialized education on the Convention for prison staff, several measures had been taken to promote awareness in that regard. The rights of persons with disabilities were included in the curriculum for the bachelor's degree in correctional studies. The three-year basic training programme at the Norwegian Police University College dealt extensively with techniques for communicating with people with different functional abilities in a courteous and respectful manner. Police investigators who interviewed children, persons with intellectual disabilities and vulnerable adults had normally taken advanced training to learn more about those groups. The police had a duty to actively promote equality and prevent discrimination and to treat the public and colleagues without prejudice, whether on the basis of gender, ethnicity, nationality, age, disability, sexual orientation or any other factor.

51. **Ms. Din** (Norway) said that, under the 2017 regulations on a common curriculum for health and social care education, one of the learning outcomes was that graduates should have knowledge of diversity, inclusion, equal opportunities and non-discrimination, including on the basis of disability.

52. **Ms. Brustad** (Norway) said that national regulations on teacher training emphasized adapted education and inclusiveness and therefore covered both special needs education and inclusion. Graduates of teacher training programmes were to acquire the necessary skills, knowledge and competence to create a safe learning environment, prevent discrimination, adapt their teaching to pupils' individual abilities and needs, and contribute to a diverse and inclusive school. In 2003, the Government had established a body called Universal to support higher education institutions in creating an inclusive learning environment for students with disabilities and encourage the inclusion of universal design as a discipline in relevant study programmes.

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53. **Ms. Gamio Ríos** said the fact that other States had maintained their interpretative declarations in respect of the Convention was not a reason for Norway to do so; the Committee encouraged all States to withdraw their declarations as soon as possible. The Committee did not share the State party's assessment that the system of voluntary guardianship was akin to supported decision-making and it was most certainly not in compliance with the Convention. She would like to know what measures had been taken to ensure that persons with disabilities, especially those with psychosocial or intellectual disabilities, could apply for redress and a replacement if their guardian exceeded his or her authority. She also wished to know whether there were any plans to amend the Mental Health Care Act, which violated the right of persons with psychosocial or intellectual disabilities to live in the community and allowed for coercive measures and forced treatment, including electroconvulsive therapy. She wondered whether the Government had established a deinstitutionalization programme in partnership with organizations of persons

with disabilities. Lastly, she would welcome information on the group homes introduced in 2000.

54. **Ms. Fefoame** said that, despite the administrative, legislative and judicial measures put in place, rates of forced treatment remained high. She would therefore be interested to know what other measures were envisaged to prohibit the practice and what kind of monitoring mechanism could be introduced to curtail the exploitation and abuse of persons with disabilities. She would appreciate information on support services and remedies available to victims and on procedures for bringing perpetrators to justice.

55. **Mr. Ruskus** said that the delegation should avoid the use of derogatory terms such as “mental disorder”. He would be interested to know whether there were any plans to replace the discriminatory substitute decision-making regime with supported decision-making mechanisms that respected the individual’s autonomy, will and preferences, regardless of the severity of his or her disability, in line with the human rights model of disability. He asked whether the State party intended to revise or repeal all legislative provisions allowing for forced treatment and coercive measures, including those of the Mental Health Care Act, the Patients’ Rights Act and the Health and Care Services Act. He also wished to know whether the State party intended to eradicate the use of means of restraint on the basis of disability, which was discriminatory, and ensure that free and informed consent was given for all procedures used in the mental health system. Lastly, he would be interested to hear whether Norway intended to oppose the adoption of the draft Additional Protocol to the Council of Europe Convention on Human Rights and Biomedicine, concerning the protection of human rights and dignity of persons with mental disorder with regard to involuntary placement and involuntary treatment, which was contrary to the human rights model of disability.

56. **Ms. Utami** said that she would welcome information on how the principle of the best interests of the child was applied in medical matters and how children with disabilities could express their opinions on all issues that affected them. She would be interested to hear about measures taken in relation to the provision of assistive aids, the implementation of the law on assistive technologies and services, and the review of the policy on assistive aids, mentioned in paragraph 172 of the State party’s report.

57. **Mr. Alsaif** said that he would appreciate details of measures taken to provide procedural accommodations and ensure full accessibility with a view to facilitating the active participation of persons with disabilities nationwide in various capacities at different stages of legal proceedings. The delegation might also report on efforts to establish legal obligations in respect of accessibility, reasonable accommodation and rehabilitation in places of detention and allocate funding for such measures and on mandatory training for staff in places of detention on the prohibition of degrading treatment of persons with disabilities. In addition, he would be grateful for disaggregated data on persons with disabilities held in places of detention and an update on the number of complaints submitted by such persons for violations of their rights and the outcome of those cases.

58. **Mr. Kabue** said that he would welcome clarification of the changes that would be introduced through the amendment of the Guardianship Act and the extent to which the views of persons affected by the legislation had been taken into account. He would be interested to know whether persons with disabilities were provided with information on their rights, particularly in relation to access to justice. He would like to hear examples of the kinds of serious cases in which persons with disabilities, as the aggrieved party, had been appointed a legal counsel and how those legal representatives were appointed. The delegation might explain further what legal aid services were available, how the system had been reformed and how persons with disabilities could gain access to such services. Given that there had been a reduction in the provision of social support to persons with disabilities and that institutionalization was actually increasing rather than being replaced by independent living in the community, it might also explain what had caused that retrogression.

59. **Mr. Buntan** said the fact that the State party did not intend to incorporate the Convention into national law suggested that disability rights were perhaps not placed on the same footing as the human rights enshrined in other international human rights treaties

ratified by Norway. He would welcome clarification of the difference between the legally binding administrative decisions and simple statements issued by the Equality and Anti-Discrimination Tribunal. He wished to know how the Government intended to ensure that the rights of persons with disabilities were well protected, given the fragmentation and sometimes discriminatory nature of services at the municipal level. Lastly, he wondered whether the State party had a comprehensive plan to ensure the protection of the rights of persons with disabilities in emergency situations, particularly those in the Sami community and those living in remote areas, and, if so, whether organizations of persons with disabilities had been effectively involved in developing the plan.

60. **Mr. Babu** said that he would be interested to hear whether persons with disabilities could exercise their freedom of movement on an equal basis with others and whether social security benefits and the right to personal assistance could be transferred. He would also like to know about the situation of Sami and Roma persons with disabilities in relation to freedom of movement and nationality.

61. **Ms. Kim Mi Yeon** said that she would appreciate clarification as to whether the guidelines published by the National Police Directorate on how to register hate crimes also covered hate crimes against persons with disabilities, in particular persons with psychosocial or intellectual disabilities. She would welcome information on research and statistics on violence and sexual abuse against women and girls with disabilities and on any emergency relief mechanism for victims of such violence. She also wished to know whether there were professional counsellors who had a full understanding of the intersectional perspective on gender- and disability-based violence. She would be grateful for data on the number of cases involving violations of the rights of persons with disabilities that had led to prosecutions under the Penal Code and the number referred to the Parliamentary Ombudsman under the Equality and Anti-Discrimination Act.

62. **Mr. Rebrov** said that he would like the delegation to comment on reports that in situations of risk and emergencies, information was not provided in accessible formats such as video and audio. In addition, he would like to know what measures were planned to address the solitude and lack of inclusion experienced by deaf persons living in homes for older persons. Was sign language training provided to the staff in such institutions?

63. **Mr. Martin** said that he too took exception to the language used by some members of the delegation; persons with intellectual disabilities should not be described as “suffering” from their disabilities. He would like to hear what was being done to ensure that persons with intellectual or psychosocial disabilities who had had their right to exercise legal capacity removed knew and understood their rights. For example, was information provided in accessible formats like Easy Read and did someone talk directly with the person concerned to explain the situation?

64. **Mr. Ishikawa** said that he wished to know what was being done to remove disparities between municipalities in terms of the scope, quality and quantity of services to support independent daily living for persons with disabilities.

65. **Mr. Lovász** said that he would be interested to hear about the protocols in place to prevent the practice of placing persons with disabilities in institutions indefinitely. He would welcome details on the independent body that supervised the use of coercive measures, including its composition and funding and whether persons subjected to coercive measures could consult the body directly.

66. **Ms. Fefoame** said that, in the light of reports that a large proportion of teachers used illegal corporal punishment against persons with psychosocial or intellectual disabilities, especially in special schools, she would like to know how many cases of physical abuse had been registered, whether allegations of such abuse in mainstream and special schools were regularly investigated and what legal redress mechanisms were in place.

The meeting rose at 6 p.m.