



Convention on the Rights of Persons with Disabilities

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Summary record of the 456th meeting

Held at the Palais des Nations, Geneva, on Tuesday, 26 March 2019, at 10 a.m.

Chair: Mr. Basharu

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The meeting was called to order at 10 a.m.

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

Initial report of Norway (continued) (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.*

Articles 11–20

2. **Mr. Kolstø** (Norway) said that his delegation would begin by providing some additional information under articles 1 to 10 before responding to the questions put at the previous meeting under articles 11 to 20 of the Convention.

3. **Ms. Sund Morken** (Norway) said that, while the Convention had not been incorporated into Norwegian law, it was enforceable under the country's legal system. National law had been reviewed and amended to align it with the Convention on ratification, and legislation and policies were kept under constant review to ensure compliance. The interpretative declarations made by Norway had no bearing on the legal status of the Convention in national law, nor on the manner in which the authorities implemented it. The Convention was more frequently cited in court than the Convention on the Elimination of All Forms of Discrimination against Women, even though the latter had been incorporated into the Human Rights Act.

4. **Mr. Bringa** (Norway) said that universal design, as defined by the Convention, had formed a fundamental part of Norwegian disability strategy for decades. Universal design requirements had been established in many laws and regulations covering areas including transport, public buildings and infrastructure, places of work and information technology systems. The Government was required by law to take account of universal design when considering bids for public contracts. As part of public infrastructure, pavements were also subject to universal design regulations and standards, and were the responsibility of the authority that owned the land. The current action plan to coordinate and support the development of universal design focused in particular on information technology. The projects launched under the previous action plans were under evaluation and the results would be available in autumn 2019. A new universal design plan would be devised in 2020.

5. **Mr. Helseth** (Norway) said that methods to collect data on adherence to universal design standards included surveys of the experiences of persons with disabilities and collation of information from public records on the universal design and accessibility measures in place. The findings were available through an online platform. Given the additional difficulties that persons with disabilities faced when using public transport, the Government planned to ensure that nearly half of all railway stations were universally designed by 2029. While all stations had an information system that complied with universal design standards, 28 railway stations had complied fully with those standards in 2017.

6. **Mr. Svane** (Norway) said that the proportion of international aid benefiting persons with disabilities had fallen slightly owing to a larger overall budget; the amount of such aid had not been reduced in absolute terms. In fact, during the current fiscal year, the budget of overseas development programmes would be increased by 100 million Norwegian kroner (Nkr). Part of the additional funding would be targeted at persons with disabilities specifically and the remainder would be earmarked for programmes covering broader areas such as education, global health and civil society.

7. **Mr. Evensmo** (Norway) said that Norway spent over Nkr 120 million every year on projects to assist persons with disabilities in developing countries. More than half of that amount was directly channelled to organizations of persons with disabilities. In 2018, the Government had begun using the marker system of the Organization for Economic Cooperation and Development (OECD) Development Assistance Committee in order to measure spending with greater accuracy. Under the marker system, figures from 2018 had

revealed spending of Nkr 371 million on activities where supporting persons with disabilities was either a principal or a significant objective.

8. **Ms. Din** (Norway) said that amendments had been made to the Mental Health Care Act to ensure that the patient's wishes were the main consideration when administering medical treatment. No one could be subjected to involuntary medical intervention on the basis of their disability. Nevertheless, patients with certain types of disability were more likely to be exposed to such intervention. The rationale behind the introduction of detailed regulations covering persons with disabilities specifically was to enhance the legal safeguards in cases where involuntary intervention was unavoidable. The Government had appointed a committee on coercion to further assess legislation and its report would be submitted in June 2019.

9. Electroconvulsive therapy was only used to treat persons with illnesses such as catatonia and severe depression when other measures had proved ineffective and when patients were in urgent need of treatment. Under the country's medical guidelines, treatment could not be administered without the patient's informed consent and the patient had to have been informed beforehand of the potential risks and side effects. When patients were unable to grant consent, electroconvulsive therapy could be used only when the person's life was in immediate danger, alternatives had been ineffective and the treatment was deemed proportionate. The committee on coercion was assessing the question as to whether electroconvulsive therapy should be completely prohibited in cases where patients were unable to give consent. No information was currently available regarding the extent to which electroconvulsive therapy was used, but all hospitals had been requested to report all such treatment to the Norwegian Patient Registry from 2019.

10. Municipal authorities provided residential care to children with severe disabilities who needed comprehensive care. Since 2017, all health and social care professionals had been required to undergo police record checks as a measure to protect children from abuse. Municipal health-care services would be obliged to report any serious incidents to the Board of Health Supervision under a new law due to enter into force in the near future. Patients and their families would also have the right to alert the Board to any such incidents. Infants with trisomy 13 and 18 received individual assessments and neonatal staff were required to agree on a personalized care plan with the parents. In 2016, the Directorate of Health had issued national professional guidelines for paediatric palliative care, and the Government had allocated Nkr 1 million to help implement the guidelines in the relevant parts of the health-care system.

11. **Mr. Dølvik** (Norway) said that, to facilitate independent living, the Government aimed to ensure that persons with disabilities were able to receive care services in their own homes wherever possible. The State Housing Bank managed the government funds used by municipalities to provide appropriate housing to persons with disabilities. Various technical aids were made available to those persons free of charge to assist them in their day-to-day lives.

12. **Ms. Din** (Norway) said that municipal authorities offered user-controlled personal assistance. The new government platform placed greater emphasis on such assistance, which was aimed at helping persons with disabilities to live as actively and independently as possible. An unofficial report on the issue would be published.

13. **Ms. Thommesen Austad** (Norway) said that, in 2015, the Directorate for Children, Youth and Family Affairs had launched an online system that provided statistics on persons with disabilities in key areas of life. A similar system was being developed for persons from ethnic minorities and indigenous peoples; however, the public records contained scant information regarding such groups, as there was no regulation governing their status and data collection was based on self-identification. The low number of persons with disabilities who belonged to an ethnic minority made obtaining quantitative data difficult. Between 2015 and 2017, the Government had contributed funding to a pioneering research project on the living conditions of Sami persons with disabilities. Sami people had been involved in carrying out the research and two reports had been produced, one of which covered Sami persons with intellectual disabilities specifically.

14. **Ms. Sund Morken** (Norway) said that the Parliamentary Ombudsman, as the national mechanism for the prevention of torture, was responsible for ensuring compliance with the Optional Protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment. The Ombudsman regularly inspected places of deprivation of liberty, including prisons, mental health-care facilities and child welfare institutions, but did not receive individual complaints, which were handled by other ombudsman's offices. All persons were entitled to lodge complaints with the relevant offices.

15. Reception centres for asylum seekers were required to have procedures in place for identifying vulnerable children, including those with disabilities. The services available at those centres were adapted to meet the needs of such children and the reception centre staff worked in close cooperation with local health-care authorities to ensure that the necessary treatment and care were provided.

16. **Ms. Brustad** (Norway) said that the resettlement of refugees was the joint responsibility of national and local government. Municipal authorities played a key role in the integration process and were allocated a fixed-sum grant, covering a five-year period, to that end. Additional grants were available for the resettlement of refugees with disabilities to cover costs such as transportation, personal assistance and educational materials. According to figures from the Directorate of Integration and Diversity, municipal authorities received those additional grants for 5 per cent of refugees. The introduction programme and education on Norwegian language and society, which were regulated by the Introduction Act, were the most important tools to encourage the integration of immigrants. In the 2019 national budget, the Government had allocated Nkr 16 million for providing training to teachers of immigrants. Municipal authorities could apply for grants to teach Norwegian oral and sign languages to minority-language children in kindergarten.

17. Deaf students in higher education were entitled to sign language interpreters. The higher education budget did not make any specific provision for sign language interpretation and so no statistics were kept on the number of students who used such services. Three higher education institutions in the country offered degree-level courses in Norwegian sign language and interpretation, on which 105 students had enrolled in 2018.

18. **Ms. Kjørheim Fredwall** (Norway) said that there were currently no plans to abolish substitute decision-making. However, the Ministry of Justice and Public Security had put forward draft amendments to the Guardianship Act, the purpose of which was to clarify that, under any guardianship arrangement, the guardian must respect the will and preferences of the person concerned and that no action must be taken contrary to the will and preferences of a person under a supported decision-making regime, even where the person was considered unable to give consent. Various stakeholders, including non-governmental organizations (NGOs), had been consulted regarding the draft amendments.

19. There were four basic means of ensuring respect for those principles. First, guardians were trained to detect, interpret and support the will and preferences of persons under guardianship. To that end, the Central Guardianship Authority had developed methods of communication with the target groups in cooperation with scientists, experts and NGOs. The authorities had also developed various types of Easy Read information on the subject. Secondly, the guardian's mandate was limited to what was strictly required and tailored to meet the person's needs on the basis of the principle of minimum interference. The Authority had developed new strategies to address certain shortcomings in that regard. Thirdly, the Authority had introduced procedures for systematic monitoring of guardians' compliance with the applicable rules and the provisions of the Convention. A new tool enabled county governors to identify areas of risk and areas where greater competence was required. Fourthly, the guardianship budget had been increased by 28 per cent in 2018 to support planned improvements.

20. Remedies for unsound practices included the right to file complaints and to receive compensation. The draft amendments to the Guardianship Act entitled close relatives to demand that a guardian should be replaced. Most NGOs and other stakeholders had welcomed the draft amendments as a step in the right direction. In cases where neither parent could care for a child, another person, normally a close relative, could be appointed

to serve as guardian. The draft amendments proposed that children aged 7 years or over should be heard, along with younger children if they were capable of forming their own views, and that the governors should take their views into account.

21. **Ms. Din** (Norway) said that the Patients' Rights Act had been amended on 1 January 2018 to enhance children's right to express their views when receiving health-care services. Children who had reached the age of 7 years, but also younger children who were capable of forming their own views, must be provided with information and the opportunity to express their view before consent was given. The weight given to those views depended on the child's age and maturity.

22. The Government's multidisciplinary committee on coercion would review legislation and practices relating to non-consensual health-care services. The aim was to introduce legislation that strengthened the coordination of services and reduced unlawful coercion. The committee was required to take the Convention into account. Its members included persons with experience of involuntary measures and services, as well as experts in psychiatry, legislation concerning minors, dementia and clinical work.

23. Monitoring mechanisms in the area of mental health care comprised local control commissions, county governors, the Parliamentary Ombudsman, the Directorate of Health and the Institute of Public Health. The Ministry of Health and Care Services received regular reports from all the monitoring bodies, including statistics that played a key role in improving the services provided to persons with mental-health disabilities.

24. Appeals concerning coercive measures could be submitted to 55 supervisory commissions, each of which comprised four members, including a doctor, a representative of psychiatric patients and a lawyer. In the event of admission for treatment on a non-voluntary basis or refusal of a request for discharge, the person concerned, a close relative or a guardian could appeal to the relevant supervisory commission. The commission was authorized to discharge patients if it considered that that was in their best interests. Although the supervisory commissions were independent bodies, they required a certain amount of guidance. The Government had allocated substantial funds for the purpose, organized seminars and placed more emphasis on the patients' perspective in all the commissions' activities.

25. **Mr. Øverbø Anderson** (Norway) said that high priority had been given for several years to enhancing the quality of mental health-care services. There had been a gradual increase in the number of patients receiving treatment, and the average waiting time for referral of children and young people for treatment had been reduced to 47 days in 2018, which was 6 days fewer than in 2013. Measures to improve the predictability and reliability of mental health-care services and treatment for substance abuse included new clinical pathways based on the model used for treating cancer. It was also essential to arrange for effective follow-up.

26. The Ministry of Health and Care Services required regional health authorities to ensure that the use of coercion was in line with legislation and professional guidelines and that unnecessary coercive practices were abolished. The requirements were explicitly stated each year in an assignment letter to the authorities. In 2018, they had been mandated to hold dialogue meetings with patients' organizations concerning coercion experiences in mental health units. The Directorate of Health was developing professional advice on how to prevent coercion, and its recommendations would be linked to the clinical pathways launched in January 2019.

27. In 2017, all regions had been required by the Ministry of Health and Care Services to establish medication-free treatment services. Such services were now available in 14 hospital wards with a total of 56 earmarked beds. The regional health authorities had been raising awareness of such treatment alternatives.

28. **Ms. Din** (Norway) said that the State Housing Bank had provided guidelines for co-located housing units and community housing for persons with disabilities in order to prevent such dwellings from having an institutional character. Acquisition of housing did not necessarily require participation by the municipality, and persons with intellectual disabilities could buy or rent housing in the same way as others. Parents could contribute

financially and the right to services was determined on the basis of an assessment of a person's needs, regardless of whether the home was acquired with the assistance of the municipality.

29. Both the Ministry of Health and Care Services and the Directorate of Health had established patient and health-care user councils. At the local level, municipalities were required to ensure that representatives of patients and health-care users were heard when local health and care services, including housing policies, were elaborated.

30. **Mr. Disch** (Norway) said that the municipalities should acquire the necessary expertise to meet service users' needs, including the need for interpretation in local communities and nursing homes to facilitate inclusion and participation. The State awarded grants to two centres for deaf and deafblind persons, who also benefited from diagnoses and treatment at the Signo deaf-blind centre in Oslo. In addition, training courses and guidance were provided to the municipalities.

31. **Mr. Dølvik** (Norway) said that persons with disabilities borrowed or acquired devices at the technical aid centres run by the Labour and Welfare Administration. The centres were located at the county level, and the municipalities were responsible for monitoring the use of technical aids in order to assess the need for training and other adjustments. The technical aid centres provided the municipalities with support and guidance, as necessary, and organized regular training courses.

32. **Ms. Norderhaug Ferguson** (Norway) said that a clear distinction was made between legal aid in civil and criminal cases. Free legal aid in civil cases was restricted, in principle, to the cases referred to in the Legal Aid Act, which did not contain specific provisions regarding free legal aid for persons with disabilities. However, such aid could be provided pursuant to the existing regulations. Disability was also taken into account in assessing whether legal aid should be granted in non-priority cases. In October 2018, the Government had appointed a committee to review the legal aid scheme. It would conclude its deliberations in May 2020. The Ministry of Justice and Public Security gave financial support to organizations that provided free legal aid to persons in vulnerable situations, such as the Norwegian Association for Persons with Intellectual Disabilities.

33. State-administered Children's Houses played a pivotal role in ensuring legal safeguards for children and other vulnerable persons, including persons with disabilities. Persons with disabilities, in the same way as other aggrieved parties, were entitled to have a legal representative appointed in serious cases involving, for instance, sexual violence or bodily harm. Under the witness support scheme, prosecutors permitted victims to be accompanied by a person they trusted during interviews. The rules governing the appointment of defence counsel were described in paragraph 70 of the replies to the list of issues (CRPD/C/NOR/Q/1/Add.1). Most, but not all, court buildings and police stations were accessible for persons with disabilities. New buildings were being constructed in accordance with universal design requirements. Such requirements were emphasized when rental contracts were renegotiated. The law required interpretation services to be provided in courts for hard-of-hearing persons. The public authorities covered the costs of such services.

34. In 2018, the National Police Directorate had issued guidelines for the registration of hate crimes, which contained clear information on relevant criminal provisions. Effective registration enhanced the quality of investigation and prosecution procedures. As noted in the reply to question 13 (a) of the list of issues, the Government took its responsibility to prevent and combat hate crimes very seriously. Section 185 of the Penal Code was applicable to anyone who publicly made a discriminatory or hateful statement based on a person's disability. Special protection for persons with disabilities was also provided through other provisions of the Penal Code.

35. A wide range of public services were provided for women or girl who were victims of domestic or gender-based violence. The Shelter Act required municipalities to provide shelter services for all residents. The Government funded 22 shelters for victims of sexual abuse and there was at least one shelter in each county. There was also a family counselling office in every county.

36. Support centres for victims of crime had been established in each police district in 2017 to assist them during the prosecution of the perpetrators. In addition, the Children's Houses provided assistance to children under 16 years of age who required psychosocial support. The staff included social workers, therapists and clinical psychologists. Compensation could be awarded not only to victims of crime, but also to dependants of persons who died as a result of violent crime and children who witnessed the perpetration of violent acts against close relatives. Information regarding compensation rights was provided to victims of violence, including persons with disabilities, by the police and the staff of support centres and Children's Houses.

37. **Ms. Bull Skarstein** (Norway) said that, during the period from 2007 to 2017, the Equality and Anti-Discrimination Ombud had handled 2,254 complaints, including 824 concerning persons with disabilities. During the same period, there had been 16,951 guidance cases, including 3,730 concerning persons with disabilities. The new Equality and Anti-Discrimination Tribunal had received 157 cases since January 2018, including 40 concerning persons with disabilities. It was authorized to award redress in cases of employment discrimination and compensation in simple cases. It had addressed a number of complaints concerning lack of individual accommodation in the workplace, but it had made no award to date in any case concerning persons with disabilities. The Tribunal could not hand down legally binding decisions concerning violations of the Equality and Anti-Discrimination Act by other administrative bodies. It was solely entitled to deliver non-binding statements.

38. **Ms. Sund Morken** (Norway) said that the responsibility principle was accorded high priority in activities relating to public security and civil protection. The public authority in each area was responsible for preparing for emergencies and any information provided to the public by municipalities in such circumstances must be adjusted to meet recipients' needs. Many municipalities used text messaging systems to issue alerts, and the public broadcaster was required to ensure that information on emergencies was disseminated by radio and television.

39. **Ms. Vierli** (Norway) said that an Easy Read version of the Convention had been produced. In addition, Easy Read leaflets and guidelines concerning protection from abuse and procedures for seeking assistance were available on the Internet. Organizations of persons with disabilities had been involved in developing the guidelines. There was also a handbook on how to communicate with persons with intellectual disabilities and a website aimed at raising awareness of their rights in the municipalities.

40. **Ms. Thommesen Austad** (Norway) said recent data showed that persons with disabilities were more exposed to violence and abuse than the population in general and that women were more vulnerable than men. Nine per cent of women with disabilities had stated in 2015 that they had been subjected to theft, damage to property, violence or threats. The corresponding figure for men with disabilities was 7 per cent. According to a survey of the working environment in recent years, almost 1 in 4 persons with disabilities employed in female-dominated occupations had been exposed to threats, violence or harassment in the workplace. The corresponding figure for male-dominated occupations was 1 in 20. The Directorate for Children, Youth and Family Affairs had issued a report in 2017 aimed at promoting a gender perspective in disability research.

Articles 21–33

41. **Mr. Alsaif** said that he would appreciate information on the measures taken by the State party to move to an inclusive education system. Data on the resources allocated to the provision of reasonable accommodation for students with disabilities in mainstream schools would be particularly welcome. Similarly, he wondered what steps had been taken to raise awareness of the benefits of an inclusive, quality education for all among teachers, other education system personnel and parents of children without disabilities.

42. He would also appreciate information on the development of data-collection systems based on the human rights model of disability and up-to-date statistics relating to persons with disabilities and their exercise of their human rights. Lastly, he wished to know to what extent persons with disabilities participated in international cooperation efforts and what

steps were taken to make the human rights model of disability an integral part of the State party's sustainable development initiatives.

43. **Ms. Kim** Mi Yeon said that she wondered whether full support services were provided for in the Health and Care Services Act to ensure that persons with disabilities had access to family planning education. She also wondered what measures had been taken to prevent the concealment, abandonment, neglect or segregation of children with disabilities. In addition, she wished to know what efforts were made to prevent children from being separated from their parents because of a parent's disability.

44. **Mr. Ishikawa**, speaking in follow-up to information provided earlier by the delegation, said that he would welcome an explanation of how the State party intended to give effect to the Convention without incorporating it into national law. He wondered how the outcome of incorporating the Convention into national law would differ from that of not doing so.

45. The delegation should indicate what measures had been taken to make higher education accessible and inclusive, whether institutions of higher learning were obliged to be accessible and provide reasonable accommodation for persons with disabilities and whether the personal assistance that municipalities were required to make available included helping persons whose mobility was limited attend school or go to work. An indication of the steps taken to promote the participation of indigenous people with disabilities in the State party's efforts to monitor the implementation of the Convention would also be welcome.

46. **Mr. Buntan** (Country Rapporteur) said that he wished to know how many persons with disabilities were deprived of the right to exercise legal capacity under section 33 of the Guardianship Act. He would also appreciate an indication of the number of interventions to which prisoners and persons with dementia in nursing homes were subjected involuntarily.

47. In view of its numerous shortcomings, he wondered what measures had been taken to ensure the implementation of the Government's action plan on universal design. He also wondered what had been done to ensure the accessibility of the mainstream learning environment, how the percentage of persons with disabilities employed in sheltered workshops compared with that employed in the open labour market and how those percentages had evolved in the period under review.

48. He asked whether persons with disabilities and their representative organizations participated in the work of the independent mechanism that monitored the State party's efforts to implement the Convention. Similarly, he wished to know whether they had been involved in the process leading to the imminent vote in the Storting (parliament) on whether to incorporate the Convention into national law.

49. **Ms. Gabrielli** said that Norway should set an example for other States parties and reconsider its opposition to incorporating the Convention into national law. With regard to article 25 of the Convention, she would welcome further clarification of the legislation that made it possible to subject persons with intellectual or psychosocial disabilities or persons in nursing homes to coercive measures, including the use of force. It would be interesting to know what steps the State party had taken to amend that legislation.

50. Turning to information on work and employment, she asked whether the State party's laws provided for quotas for the employment of persons with disabilities. In particular, she wondered whether the Government hired persons with disabilities to set an example and whether the State party could provide data on the number of such persons employed in the public sector. Lastly, with regard to article 28, she wished to know whether personal assistance was provided to persons with severe disabilities and what the requirements for eligibility for such assistance were.

51. **Mr. Babu** said that the information provided about the steps taken to raise awareness of the Convention had been insufficient and suggested that little had been done in that regard. In Norway, persons with disabilities and their representative organizations alone appeared to be familiar with the Convention. That lack of familiarity was likely to be one of the reasons for the failure to incorporate the Convention into national law and the lack of coordination of government efforts to implement it.

52. Turning to article 25, he asked what measures had been put in place to protect persons with disabilities from discrimination, including discrimination by omission, in the health services sector. He also wished to know whether efforts had been made to bring the Patients' Rights Act into line with the Convention and to guarantee universal access to health services and programmes for persons with psychosocial disabilities and persons with visual or hearing impairments. In addition, he wondered what plans had been made to ensure that the information provided in health facilities was available in accessible formats – Braille, for example. Lastly, he wished to know whether any plans had been made to commission a study of the barriers faced by persons with disabilities in Norway in gaining access to health care.

53. **Mr. Schefer** said that he wondered how the State party reconciled the assertion that, as a member of the delegation had put it, the State party's interpretative declarations on articles of the Convention had no bearing on how public authorities and the courts applied the Convention and, for example, a Supreme Court ruling of June 2016 in which the Court, drawing on the declaration on article 14, and a legislative opinion, had held that there was no basis for finding that the Convention prohibited involuntary treatment and commitment. In two other cases, the Court, drawing on the interpretative declarations, had found that national law took precedence over the Convention. Such cases seemed to contradict the assertion that it was unnecessary to incorporate the Convention into national law. In follow-up to a reply to a previous question, he said that he would like to know which unresolved questions of interpretation had prompted the State party's decision not to ratify the Optional Protocol.

54. **Mr. Rebrov** asked what measures had been taken to ensure that deaf persons had access to public information, what percentage of television programmes were captioned and, in view of reports of shortages of sign language interpreters and teaching staff familiar with sign language, what plans had been made to ensure that children who were deaf or hard of hearing could exercise their right to an education in sign language. It would be interesting to know what measures had been taken to promote the use of sign language more generally and ensure the availability of sign language interpreters outside normal working hours, not least so that deaf persons could participate fully in public life.

55. **Mr. Chaker** asked whether the State party had achieved the target it had set, namely, to have persons with disabilities account for 5 per cent of its public sector workforce.

56. **Mr. Ruskus** said that it was still not clear whether the State party 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, and to do so with the meaningful involvement of organizations of persons with psychosocial disabilities.

57. **Ms. Kayess** said that the State party should consider withdrawing its interpretative declarations. She asked whether there were any financial benefits or incentives for guardians who managed the affairs of persons with disabilities, including under section 33 of the Guardianship Act. In the same connection, she wondered how a guardian with a large number of persons in his or her care complied with requirements in respect of conflicts of interest, what safeguards were in place to ensure that measures relating to a person's exercise of legal capacity were proportional and how the State party was responding to concerns raised by the Office of the Auditor General about the widespread limitation of legal capacity and the negative consequences of the Guardianship Act.

58. **Mr. Kabue** asked whether the State party would include in the Equality and Anti-Discrimination Act obligations for employers relating to universal design.

59. **Mr. Buntan** said that he would appreciate an explanation of the term "welfare refugee" and of the reason such persons took flight. In addition, he asked what measures had been taken to promote the participation of persons with disabilities in public life and whether consideration had been given to rolling out an accessible electronic voting system.

The meeting was suspended at 11.50 a.m. and resumed at 12.10 p.m.

60. **Mr. Bringa** (Norway) said that universal design was addressed in the Government's recently launched strategy "A Society for All" 2020–2030, the aim of which was to promote equality and human rights in Norway. Organizations of and for persons with disabilities had participated in the development of the strategy. The strategy's four priority areas were education, employment, health and care, and culture and leisure. An action plan for the implementation of the strategy was under development. The plan would be informed by the country's dialogue with the Committee. A print copy of the strategy, in English, would be submitted to the Committee in due course.

61. **Ms. Vierli** (Norway) said that awareness-raising was a component of the action plan for persons with disabilities that was being developed by the Directorate for Children, Youth and Family Affairs and of the Directorate's proposal for a project to improve implementation of the Convention in the country's municipalities. The Directorate had taken the Committee's general comments into account in its proposed project, and organizations of and for persons with disabilities would be involved in both initiatives.

62. **Mr. Dølvik** (Norway) said that persons with disabilities had the same right to work as everyone else. In 2018, 74 per cent of the working-age population had been employed. The employment rate for persons with disabilities of working age had been 44 per cent, 46 per cent for men and 42 per cent for women. That rate, which put Norway above some States members of the Organization for Economic Cooperation and Development but below others, had been stable for the past 10 years.

63. Labour policies in Norway were progressive. Everyone was entitled to an assessment of his or her assistance needs, including such assistance as was required for him or her to gain employment. Measures were taken by the Labour and Welfare Administration to help persons with reduced working capacity, and a current goal of the Government was to keep people from losing the entirety of their disability benefits if they took paid employment. Norway had no employment quotas.

64. **Ms. Røhme Sivertsen** (Norway) said that, in order to increase the number of persons employed in adapted workplaces, the Government intended to allocate additional funding to the Permanent Adapted Work Programme, the aim of which was to increase the quality of life of persons with severe disabilities. Although most of the participants in the programme were employed in sheltered workshops, around 20 per cent were employed in mainstream workplaces. Around 40 per cent of the participants had an intellectual disability, while around 30 per cent had a psychosocial disability. The participants had standard employment contracts but received a disability allowance from the Government rather than a salary from their employer. The number of participants in the programme had increased from around 6,000, in 2005, to around 10,500 at the end of 2018. Plans were in place to further increase that number. Priority would be given to persons with intellectual disabilities and additional use would be made of mainstream workplaces.

65. The guidelines and regulations contained in the personnel policy handbook for the civil service reflected the principles of equality, non-discrimination, inclusion and diversity, and managers were required to comply with them when recruiting new staff. When qualified persons with disabilities applied for a job with any civil service agency, that agency was required to invite at least one such applicant for an interview. Although a quota system had not been implemented, the Government had decided that the civil service would play a leading role in the new National Inclusion Initiative.

66. **Ms. Brustad** (Norway) said that, under the Education Act, all pupils were entitled to an environment that was conducive to their health, well-being and learning. Children with disabilities had the right to special needs assistance when an official decision had been issued to that effect. In accordance with the relevant regulations, early intervention was carried out to assist pupils in the first, second, third and fourth grades, particularly those who were falling behind in literacy and numeracy.

67. The Ministry of Education and Research was required to ensure the provision of textbooks and teaching aids for special education. Transport to and from schools or kindergartens was provided for children who had a disability or a temporary illness or injury, irrespective of the distance involved. Transport to and from day-care facilities was also provided. In recent years, the number of both qualified and unqualified teaching staff

had increased. Primary and secondary school teachers were required to have special qualifications in order to teach certain subjects. For instance, teachers must have a certain level of expertise in sign language in order to use it as a language of instruction.

68. Local support systems were responsible for advising kindergartens and schools on the adaptations required by children with additional needs. The national support system, in collaboration with local systems, provided additional support for the benefit of blind pupils, hard-of-hearing pupils and pupils with acquired brain injuries, among others. The Ministry of Education and Research had instructed county governors to exempt students with dyslexia, or other specific language difficulties, from being assessed in foreign languages. All pupils had the right to receive upper secondary education and training, irrespective of the marks they received in lower secondary school.

69. Almost 8 per cent of pupils in compulsory education received at least one hour of additional support per week, having received an official decision in that regard. An increasing number of pupils were provided with such support in ordinary classroom settings. The Ministry of Education and Research was making efforts to determine why over 8 per cent of children with special needs were educated in special schools or in separate units within mainstream schools.

70. Under legislation on higher education, the premises, access roads, sanitary facilities and technical installations of higher education establishments were, to the extent possible, required to be adapted to the needs of students with disabilities. The relevant laws also provided that academic courses should, to the extent possible and reasonable, be adapted to the needs of students with disabilities without the academic requirements of those courses being lowered. Students could apply for housing through student welfare organizations and minimum universal design standards had been established for student housing.

71. **Mr. Helseth** (Norway) said that the Directorate for Children, Youth and Family Affairs was responsible for monitoring the living conditions of persons with disabilities. The online system launched by the Directorate in 2015 to bring together available statistics and documentation on persons with disabilities in a number of key areas of life gave government bodies and local authorities a better overview of their situation and facilitated the work of civil society organizations, which had helped to develop it.

72. Following the submission of the initial report to the Committee, the Directorate had commissioned research on improving the collection of data relating to the implementation of the Convention in Norway. The report based on that research had highlighted the importance of measuring the actual experiences and situation of persons with disabilities in relation to the rest of the population. On the basis of the report, the Directorate had been working with Statistics Norway, and other stakeholders, to develop more disaggregated data on persons with disabilities. The Directorate had developed a new system for measuring the actions taken by municipalities to establish and improve services for persons with disabilities.

73. **Mr. Svane** (Norway) said that the Convention and the Sustainable Development Goals constituted the main framework for the Government's measures to promote inclusion in development cooperation. The Government recognized that the world would be unlikely to meet the goals of the 2030 Agenda for Sustainable Development if persons with disabilities were not fully included in development efforts. The Government's guidelines stated that human rights, including the rights of persons with disabilities to inclusion, participation and non-discrimination, should be mainstreamed into all development cooperation efforts. For that reason, all development cooperation programmes were developed in close collaboration with persons with disabilities. The Government had committed itself to the full inclusion of persons with disabilities by signing the Humanitarian Charter and Minimum Standards in Humanitarian Response in 2016, as well as the Charter for Change in 2018.

74. **Mr. Evensmo** (Norway) said that, although the Government's development cooperation efforts addressed a wide range of areas, those efforts were particularly focused on health and education. The Government attempted to address the issue of inclusion in its bilateral dialogues with other States. It also channelled funds for development through multilateral bodies and organizations that mainstreamed a disability perspective into their

work, including the Global Partnership for Education, the Global Programme on Evidence for Health Policy, the United Nations Development Programme (UNDP), the United Nations Children's Fund (UNICEF) and the United Nations Educational Scientific and Cultural Organization (UNESCO). It regarded mainstreaming and initiatives targeted specifically at persons with disabilities as complementary. All Norwegian civil society organizations were required to adopt the human rights approach to disability and specify the relevance of their programmes to persons with disabilities in application forms and annual reports. The Norwegian Agency for Development Cooperation played an active role in international networks and platforms that sought to mobilize political will and resources, notably the Global Partnership for Assistive Technology, which aimed to provide almost half a billion people with assistive technologies by 2030.

75. **Ms. Din** (Norway) said that, under Norwegian law, the best interests of the child were taken into account in decisions relating to the health and care of children. In that regard, the services provided to children could include assistance for their parents. In recent decades, the number of persons receiving care services in their homes had risen as a result of the significant increase in the number of young service users. Early provision of home-based care increased the likelihood that recipients would be able to live independently and lead active lives. Enhanced home-care services might also make it possible to slow the progression of disease, prevent further reductions in a patient's functionality and delay the need for institutional care. For those reasons, the Government acknowledged that greater priority should be given to home-care services and early intervention. The support provided to families that included a child with a disability had been enhanced and a national action plan on habilitation and rehabilitation had been implemented to improve the quality of services provided to such families. Coordinated services were provided to support couples who were expecting a child with special needs.

76. **Ms. Kjørheim Fredwall** (Norway) said it was not the case that persons who were deemed unable to give their consent – around 40 per cent of those under guardianship – were deprived of their right to exercise legal capacity. They were able to do so with support and that support was provided on the basis of their will and preferences.

77. **Ms. Norderhaug Ferguson** (Norway) said that prisoners in Norway enjoyed the same right to health-care services as the general population. In correctional facilities, such services were delivered by providers based in the community. The Government had committed itself to strengthening the psychiatric treatment provided to prisoners and limiting the use of isolation in prisons. To that end, funds had been allocated to establish a mechanism enabling prisoners with serious mental illnesses to spend time outside their cells with other inmates.

78. **Ms. Sund Morken** (Norway) said that it was important to distinguish between "incorporation", which referred to the process whereby a convention was transposed into Norwegian law, and "implementation", which, in Norway, involved checking national legislation to determine whether it complied with the instrument in question and, if necessary, amending it to rectify any lack of compliance.

79. **Mr. Kolstø** (Norway) said that he was grateful to the Committee for its thorough review of his country's initial report and looked forward to receiving its concluding observations.

80. **Mr. Wille** (National Human Rights Institution, Norway) said that the concern expressed by the Committee about the use of guardianship in Norway should serve as an incentive to the Government to replace that system with a genuine system of supported decision-making. It was also hoped that the Government would take into account the Committee's comments on the use of coercion in health-care facilities and nursing homes for older persons.

81. **Ms. Bjurstrøm** (Equality and Anti-Discrimination Ombud, Norway) said that she would be grateful if the Committee would use its recommendations to the Government to identify the legislative amendments needed to bring national legislation on coercion in health-care facilities into line with the Convention. She would also be grateful for a recommendation calling on the Government to allocate equal funding to the treatment of men and women inmates with psychosocial disabilities.

82. **Mr. Buntan** said the delegation's frank answers to the Committee's questions had made him more confident that Norway was on the right track to establishing rights-based services for persons with disabilities in all areas of life. However, it was clear that, in some regards, the State party remained strongly attached to a welfare-based approach. He trusted that the Government would revisit its position and take the necessary steps to ensure that persons with disabilities were able to enjoy all their human rights irrespective of the type or severity of their impairment.

The meeting rose at 1 p.m.