



Report on the social inclusion and social protection of disabled people in European countries

Country: Norway

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Background:

The [Academic Network of European Disability experts](#) (ANED) was established by the European Commission in 2008 to provide scientific support and advice for its disability policy Unit. In particular, the activities of the Network will support the future development of the EU Disability Action Plan and practical implementation of the United Nations Convention on the Rights of Disabled People.

This country report has been prepared as input for the *Thematic report on the implementation of EU Social Inclusion and Social Protection Strategies in European countries with reference to equality for disabled people*.

The purpose of the report ([Terms of Reference](#)) is to review national implementation of the open method of coordination in Social inclusion and social protection, and in particular the National Strategic Reports of member states from a disability equality perspective, and to provide the Commission with useful evidence in supporting disability policy mainstreaming.



Summary of changes since 2008

This update report from Norway is very brief, due to the fact that there have been very few changes in this area since the earlier full report. One could however mention that the first publications from the 2007 survey of the living conditions of people with impairments have been published (Molden et al 2009; Bjerkan and Veenstra 2008, Tøssebro & Wendelborg 2009). The reports barely touch on social protection, but provide data that is partly relevant for social inclusion. The data does however not lead to any need for updating of the earlier social protection and inclusion report from Norway.

Housing and homelessness:

No new initiatives on housing of disabled people.

New strategies and actions for the inclusion of disabled people:

No new strategies or actions have been implemented.

New changes in incomes, benefits and pensions:

As for 2009 there is no news. However by March 2010 a new benefit will replace three earlier benefits: The rehabilitation benefit (a benefit received if you are on medical rehabilitation), the vocational rehabilitation benefit, and the temporary disability benefit (granted to people where it is uncertain if the impairment will be permanent or not). The benefit will be called something that approximately translates to “work assessment benefit” (arbeidsavklaringspenger). The new benefit will not lead to any changes in income, but the intention is that it will encourage a more active approach with regard to possible employment.

New changes in long-term care and support:

No recent changes to report.

Implications of the economic crisis:

The main implication of the economic crisis seen so far is related to implementation problems concerning the merger of the employment and social security bureaucracies. The problems are due to a heavier work load in the new organisation due to more unemployed people. So far, however, it does not appear to have affected the social protection and social inclusion of disabled people much (or at least there is no recent evidence that suggests this).



PART ONE: SOCIAL INCLUSION PLANS (GENERAL)

1.1 Please describe how and where disabled people are included in your country's published plans for social inclusion and protection?

Since Norway is not a member of the EU, there is no requirement to produce National Reports on Strategies for Inclusion and Social Protection within the Open Method of Coordination, and such reports do not exist. However, there are a number of other policy documents addressing exclusion, poverty, social security and long term care. The extent to which disability is explicitly addressed in such documents varies, as it does in all policy documents of relevance to disability in Norway. This could be illustrated by a few recent examples:

In the Action plan combating poverty (AID 2006)¹ disability is hardly mentioned at all. The situation of people with mental illness is addressed and unemployed disabled people are indirectly a target group for a new labour market measure (wage subsidises). It is also claimed that the proportion with long term low income (of less than 60% of the median for more than three years) among people with disability benefits, is decreasing. The groups specifically addressed include young single people, immigrants, ex-prisoners, people with drug/alcohol problems and children in poor families. Some measures in the action plan will be relevant for disabled people, particularly measures to increase labour market participation.

In the White Paper on "Employment, Welfare and Inclusion" (2006), there is a chapter on groups at risk that among others includes a specific analysis of the labour market situation of disabled people. Most of the measures proposed are general, but due to the increasing number on disability benefits and the low employment rates of disabled people, the issue is specifically addressed. A recent White Paper on long term care also addresses disabled people (2006), but it has been criticised by the disability movement as being severely biased towards being a paper on care for elderly people. It is claimed that it does not adequately address the needs of younger people with care needs. A White Paper on Housing Policy (2004) also addresses disability. This is however not mainly concerned with social exclusion policies, but with the need for more accessible housing. The income of a substantial group of disabled people is indirectly discussed, in a Public Committee Report proposing a new system for disability pensions (2007, no 4).

It should be added at this point that the general idea in Norway is that disability policy should be mainstreamed or included according to the principle of sector responsibility. This means that education of disabled people is included in policy documents on education, accessibility to the built environment is included in the building codes, and employment is discussed as part of employment policies. Thus, it is not necessarily a problem that disability rarely is mentioned in the above policy papers, the question is whether disability issues are adequately analysed and addressed when it comes to policy measures. This relates to what is missing from plans, which is a big question. However, in keeping with the Public Committee Report on disability policy strategies (2001, no 22), the main problem may not be at the level of ideals, plans or policies, but on implementation and translation into reality. The ideal-reality gap is too wide and implementation is too half-hearted (cf. also White paper 40, 2003).

1.2 In reality, what major actions has your country taken and what are the positive or negative effects on disabled people? (Policy or practical examples.)

As a non-member of the EU, there are no steps involved in the EU Social Inclusion Process to report. However, looking more broadly at the issues, one could briefly describe the recent trends in Norwegian disability policy.

¹ http://www.regjeringen.no/upload/kilde/prm/2006/0133/ddd/pdfv/292446-h-plan2006_fattigdom.pdf



The most important changes that have taken place recent years (since 2000) can roughly be described as supplementing welfare/ redistribution policies with regulation policies.

Regulation policies are those intended to regulate the activities of civil society. This could be building codes, transport regulations, public procurement, etc. These types of policies and measures are far from new in Norway, but they have not until recently been used actively in disability policy, and then mainly to combat discrimination and improve accessibility. Examples of legislation are the implementation of EU directive 2000/78/EC, a new act on discrimination and accessibility of disabled people including specific paragraphs on accessibility to ICT (in operation from 2009), revision of the building legislation (enacted and expected to be ready for enforcement from January 2010), the public procurement act, parts of the transport regulations, etc. This recent trend is largely due to influences from EU, EU countries and the US.

There are few new initiatives regarding traditional welfare policies. The system for disability pensions is likely to be revised as a consequence of a total revision of social security, but this is mainly for fiscal reasons and not to combat poverty or exclusion. One could however note that political attention to the lack of employment among disabled people is increasing. A scheme for personal assistants has also become operational (it was introduced in 1994 but made part of the Social Care legislation (and thus fully in operation) from 2000, and extended thereafter).

The effects of the above mentioned changes in the practical everyday lives of disabled people are as yet uncertain. An evaluation in 2006 found that most policy changes after 2000 had had little real life impact (DOK/SHDIR 2006). One should however also note that evaluations of the personal assistance scheme are very favourable (Askheim 1999).

Disabled peoples' organisations are not directly involved in the formation of policies or their implementation. That would also be contrary to the opposition or watch-dog role of the organisations. However, there does exist a kind of corporate system where disabled peoples' organisations meet and discuss policy issues with representatives of the government. There is also a State council on disability, and by law a disability council in all municipalities/ local governments. Disabled peoples' organisations are represented in these councils.

1.3 What is the most recent research about disabled people's equality and social inclusion in your country?

The main body of recent research related to equality and inclusion is based on a large scale survey conducted in 2007/2008. The survey was carried out by Statistics Norway on behalf of a group of researchers, in collaboration with the Directorate on Health and Social Affairs and the National Centre for Documentation on Disability. This is the first survey on the living conditions of disabled people since 1995, and it also allows the possibility to scrutinize the data for the results of different definitions of disability/ impairment. Results are so far have been published in Molden et al (2009), Bjerkan & Veenstra (2008), Tøssebro & Wendelborg (2009) and Statistics Norway (2009/35).

There also exist a number of studies on inclusion in the labour market, reported in the country report on employment. However, the most recent labour force survey (2008) shows no changes in employment figures (Statistics Norway 2009/10). There has also been some recent research on income and poverty (cf. section 2.1 on this paper).



PART TWO: INCOMES, PENSIONS AND BENEFITS

2.1 Research publications (key points)

The recent research on poverty, income and pensions of disabled people are summarised in three reports (DOK/SHDIR 2006; DOK 2007; DOK 2008)². One of the reports is an unofficial 2006 follow-up of a Public Committee Report from 2001 (no. 22), analysing changes in policy and practice during the first part of this decade. The background is as follows: The National Centre for Documentation on Disability and the Directorate on Health and Social Affairs asked eight research groups to address the situation and recent policy/ real life changes in eight life domains: employment, housing, ICT, culture and leisure, education, built environment, transport and personal economic situation. The reports are published in one volume, accompanied by an unofficial analysis of the 2001 Public Committee (DOK/SHDIR 2006). The main conclusion is that even though there have been a number of new political initiatives during the last decade, the ideal-reality gap is as wide as ever. However, many of the new initiatives have not yet been in operation for very long, some are not even implemented yet (the non-discrimination act is to be implemented in 2009). Thus, one should not jump to conclusions about ineffectiveness.

The other report is a “State of the nation” report from the new National Centre for Documentation on Disability (established in 2006 and becoming part of the Equality and Discrimination Commission from 2009). It reports on the same life domains as the above mentioned report, and also on societal participation and health- and social services.

As for data on income and poverty among disabled people, both reports build on a study by Statistics Norway in 2006 (2006/18), and based on living conditions data gathered in 2002. The key findings are the following. (1) The composition of the income of disabled people differs from that of the general population since fewer are employed, fewer earn money from financial investments, and more people receive social security/ benefits. (2) Adding income from employment, investments and benefits suggest that disabled people have a mean income that is about 75% of the mean income of the total population (in the age group 18-66). (3) If taxes are included in the calculations, the mean disposable income of disabled people is about 80% that of the total population. (4) The gender gap in income exists also among disabled people, but is smaller than in the total population (the mean disposable income of disabled women being 80% that of men). The gap in disposable income between disabled women and all women is in consequence small (about 10%). (5) The income gap between disabled and non-disabled people appears to be smaller among young people (under 40) than among people aged 40-66. (6) There are no data on the income of disabled people with ethnic minority background.

The data on income differences and sources of income appear to be fairly relevant and reliable. Data on poverty seems to be of a poorer quality, and relates to people receiving disability benefits rather than disabled people as such (these are overlapping but far from identical groups).

²<http://web3.custompublish.com/getfile.php/347084.951.pvecqsxbuy/Full+deltakelse+for+alle+del+1.pdf?return=www.dok.no>; <http://web3.custompublish.com/getfile.php/347086.951.prqbtbsarb/Full+deltakelse+for+alle+del+2.pdf?return=www.dok.no>;
<http://doksenter.custompublish.com/getfile.php/601863.951.dbdwpvexvb/Statusrapport+07-+Samfunnsutviklingen+for+personer+med+nedsatt+funksjonsevne.html>;
<http://www.ldo.no/no/Aktuelt/publikasjoner/rapporter/Statusrapport-2008/>
 English summary of DOK 2007:
<http://web3.custompublish.com/getfile.php/601350.951.wuqyrpbse/Sammendrag+på+engelsk.pdf?return=www.dok.no>



The Public Committee Report on revised disability pensions (2007, no 4) suggests that about 10% of the people receiving disability pensions experienced long term low income (less than 60% of the median for three subsequent years) in the late 1990s. This was about the same figure as the total population.

Since then the proportion among disabled people with long term low income has gone down (6% in 2004), whereas it is stable among the general population. With the 2008 increase in the minimum level of pensions (13.75%), one can expect that the proportion of pensioners in poverty will decrease.

Other types of poverty measures show a conflicting pattern. On indicators such as domestic repossessions, financial problems and poor housing, there appears to be few differences from the total population. However, on indicators such as the number receiving supplementary benefits for poor people (either for accommodation or daily living), disability pensioners outnumber the total population by a factor of three (about 15% vs. about 5%). This may suggest more poverty, but it may also be because people with social security have easier access to those kinds of supplementary benefits. Disability pensioners are overrepresented among people who claim to have a difficult economic situation, and who cannot afford a week's holiday.

In short, the conclusion appears to be that the income of disabled people falls substantially short of the total population, but also that poverty is uncommon.

2.2 Type and level of benefits (key points and examples)

The main pension for disabled people is disability benefit. Some receive a time limited disability benefit before being granted the disability benefit itself, but this has now been replaced by a general temporary benefit (merged with rehabilitation and the vocational rehabilitation benefits, expected to be in operation from March 2010). The disability benefit can be claimed by people between the ages 18-67 who have a loss of income opportunity of more than 50% due to long term ill-health, injury or impairment. Adequate medical and vocational rehabilitation should have been previously tried without sufficient success.

Many disabled people (with or without disability pension) also receive one or two types of supplementary benefit for people with long term ill-health, injury or impairment. One of them ("basic benefit") is intended to cover extra costs; the other ("attendant benefit") is to compensate for personal service needs (not necessarily expenses). Many disabled people receive the "basic benefit", whereas the "attendant benefit" is more typical for children living with their families. Disabled people can also receive rent support (for accommodation), technical aids, transport, etc.

The calculation of disability benefit is quite complicated, and is based on earlier income levels and years. People becoming disabled before the age of 26 have a guaranteed minimum benefit, which is 180 000 NOK annually from May 2009 (21 600 Euro). The general minimum pension is 143 500 NOK for single person households. In 2005, about a third of the total number (100%) of disability pensioners received 150% of the minimum pension or more. Two thirds had more than 130% of the minimum. About 10 % of all full disability pensioners received the minimum pension, a majority being women (Public Committee report 2007:4, page 76). (The time limited disability benefit is based on the same minimum levels, but a simpler calculation is used (basically 66% of previous income). The calculation is similar to the rehabilitation benefit.

The "basic benefit" is divided into six annual rates based on needs assessment/ likely extra expenses. The lowest rate is 7200 NOK (870 Euro); the highest 36000 NOK. About 50% receive the lowest rate. People who are granted support for a car as a technical aid receive rate 3 to cover running costs (40% of all receive rate 3 or 4, NOK 14-21 thousand). There are four "attendant benefit" rates, from NOK 12 900 to NOK 77 400. People aged 18 or over can only be granted the lowest rate.



The population of Norway is 4 812 200 people. At the end of September 2009, 343 277 people received a disability benefit (disability benefit or temporary disability pension). This is about 7% of the population and 11% of the population aged 18-67.

At the end of 2008 about 130 000 people received the “basic benefit” and 85 000 the “attendant benefit”. For details and trends, see appendix.

An English overview over the pension system can be downloaded from:

http://www.regjeringen.no/upload/AID/publikasjoner/veiledninger_og_brosjyrer/2008/dnts_eng.pdf.

Further information can be read at (in English):

<http://www.nav.no/page?id=805312736> or (in Norwegian): www.nav.no

2.3 Policy and practice (summary)

The whole social security system in Norway is under revision. This is basically due to two partly linked priorities: to create a sustainable financial base, and to encourage people to work. The aging population is a part of the background, the increasing number on disability benefits or early retirement schemes another. A new disability pension (Public Committee Report 2007, no 4) has been proposed. This initiative was not due to a political need to revise the disability pension as such, but in order to avoid some possible unwanted side-effects of changes in the pension system for senior citizens.

A reform of the employment and social security administration is just being implemented. This involves a merger of the two administrations in order to make sure employment is the first and preferred option.

It is an important assumption of the revision of the disability benefits that it should pay to work. People should be encouraged to choose employment as the preferred option if possible. There have also recently been introduced a number of ways (or more ways) to combine benefits and employment. The point is to introduce more flexibility in order to avoid disincentives or barriers to employment among people that cannot work fully.

The idea that it should pay to work does not mean that the level of compensation of the disability benefit is under severe pressure. The point is to make more people work (part time or full time) rather to reduce or increase the level of compensation. Actually the minimum compensation was raised substantially in 2008 (almost 14%), as was the minimum amount for people becoming disabled before the age of 26. There is however disagreement about the consequences of the “it should pay to work” assumption. The Public Committee proposing a new system searched for situations where people might gain from leaving work, in order to rule out possible disincentives to work, whereas disability organisations tend to argue that the “work should pay” assumption in reality is contradictory to the prevailing “equality” ideal in disability policy. If work always pays, it means that not being able to work or being denied the opportunity to work will definitely be punished in financial terms.

Each year disability organisations are involved in formal negotiations with the government on the size of the pensions in Norway, but at the end of the day, the government decides.

The principles of social security for disabled people basically follow the same set of rules and regulations as the general system, but of course there are disability pensions and some benefits solely for people with disability and/or long term ill-health – but this is actually a general principle and it does not distinguish between disability and for instance chronic illness (such as cancer) or other legitimate reasons for not being able to work.



Incapacity would perhaps be a better translation of the principle behind the benefits, and this is actually also the Norwegian term for the benefit (ufør rather than funksjonshemmet).

The question of whether the income of disabled people who cannot work is sustainable is open to debate. The level of compensation rarely leads to poverty, but nevertheless challenges the ideals of equality and full participation.

The question of whether the financial system could cope with the increasing number of people that do not work is also open to debate. The fiscal situation of Norway is sound, but nevertheless, the pension system has been changed in order to make more people at all ages work more because of possible fiscal threats to the sustainability of the system.



SECTION THREE: CARE AND SUPPORT

3.1 Recent research publications (key points)

In Norway local authorities are responsible for long term care outside hospitals or institutions. During the last two decades one has seen a substantial increase in the number of people aged 66 or under who receive such services (local authority long term care) – a 78% increase from 1995 to 2005 (SHdir 2007). This development has been analysed in a recent report by Romøren (2006). He identifies two large and two smaller groups of service users. The two large groups are people with mental illness and people with severe somatic conditions, mainly neurological (such as MS, stroke, brain injuries). The two smaller groups are people with intellectual disabilities and people with drug/alcohol problems.

The main reason for the increasing number appears to be deinstitutionalisation. Institutions for intellectually disabled people were replaced by community care in the early 1990s, local mental health services have expanded and include living arrangements (programme from 1999-2008), and there is also a trend towards shorter stays in all kinds of hospitals, nursing homes and institutions.

Few people under the age of 67 receive long term care in institutions or nursing homes in Norway today. This type of care is considered an unwanted option. However, some young people are in nursing homes. The central government has implemented a number of programmes to combat this, but it appears that as soon as one person is successfully transferred to community care, another person is admitted. The total number aged under 67 in nursing homes is nevertheless low.

Another important report addresses the current services for people with intellectual disabilities (Breivik and Høyland 2007). Key findings are described in section 3.2.

There is in general a need for updated research on the quality of community care, not least with regard to people with intellectual disabilities and people with mental illness.

3.2 Types of care and support (key points and examples)

Norway was the first country to close all institutions for intellectually disabled people (in the early 1990s). This also indicates the general policy regarding institutions as a system of care. Institutions are regarded as unwanted, and even though one does not speak much about normalization anymore, this ideology has a strong position. Thus, community care is clearly preferred. The type of care can be illustrated by services for intellectually disabled people. When institutions closed, most people resettled in group homes with 3-5 residents. Each individual was offered an apartment in a group home, consisting of a bedroom, sitting room, kitchen and bathroom. It was about 50 square meters and deemed adequate according to the National Housing Banks regular standards for one person households. Some people did not resettle in group homes, but independently. The size and standard of the unit was nevertheless about the same as units in group homes. Others (although few) resettled in sheltered housing, where the other residents might be elderly people, people with physical disabilities or mental illness. Even the individual units in sheltered housing were of about the same size and standard as in the group homes.

Services are partly provided “in house” and partly ambulatory (from a remote service centre). Most people rent units/apartments from the local authorities. In principle you can choose were to live yourself, but in practice most will have to accept the option provided by the local authorities.

For other groups of disabled people with substantial service needs, group homes are less common. They tend to live either independently or in sheltered housing. Sheltered housing can be in blocks with quite a lot of people with service needs, sometimes called care containers.



Disabled people with fewer service needs tend to buy housing on the open market, even though the availability of accessible housing may be limited.

Personal assistance schemes have been in operation on a preliminary basis since 1994, and became a regular part of social services in 2000. In early years the service was restricted to people who were able to act as supervisors themselves, but recently it has also been granted people with cognitive/intellectual disabilities (in which case parents or guardians have acted as supervisors). Legislation is proposed to ensure that people who receive more than 20 hours of care services each week have the right to choose to organise services as personal assistance. It is not yet clear when or if this will be enacted. The number of people with a personal assistant has gradually increased. In 2008 it was about 1 900 people, increasing by about 200 the last 2-3 years.

The funding for personal assistants is public (local with some national support), and the disabled person him-/herself can act as employer. However, it is more common that the municipal authorities or a foundation organised by disabled people (ULOBA, <http://www.uloba.no/>) act as employers. The person him-/herself typically directs the work/support.

The quality of care and support does only to a very limited extent depend on the person's or the family's own financial resources.

There are work rehabilitation services and also support for transport, but these services are organised by the national social security system, not the local social and care service system.



PART FOUR: SUMMARY INFORMATION

4.1 Conclusions and recommendations (summary)

Disabled people tend to have low income, but few live in poverty. It is unclear whether an introduction of extra expenses into calculations will change this. The main challenge regarding social exclusion, however, appears to be the low employment rate, which has not changed recently. Long term care services are based on community care provided by local authorities. Normalisation ideology is strong. There is however a need for more research to investigate the quality of care.

The situation for disabled people has not changed very much recent years. Going back to the 1990s there were important deinstitutionalisation reforms. The policy initiatives today focus on accessibility and non-discrimination, but we have yet to see the results of these efforts (which I think are likely to make a difference gradually during the next 4-6 years, but this is of course dependent on implementation and law enforcement).

If I should highlight one issue of policy importance today, it would be exactly what is mentioned in the paragraph above: to make sure that the implementation of the new initiatives (non-discrimination and accessibility regulations) is effective. We have seen too many good intentions disappear through weak implementation.

4.2 One example of best practice (brief details)

In my opinion many countries can learn from the Norwegian reform for people with intellectual disabilities. It is possible to provide people with adequate community care, living in residential streets and in units deemed acceptable for all people. This goes for people with mild intellectual disabilities, but also for people with severe disabilities and challenging behaviour. Evaluations tend to show that the reform was a clear improvement, even though all goals hoped for were not reached (Tøssebro and Lundebj 2002). The costs of the reform are uncertain. Total expenses saw a dramatic increase, but this was due to the increasing number of people served rather than increasing costs for each individual (which was uncertain but most likely marginal, cf. UK findings). The point is that when community care became a realistic option, more people wanted services – and more people were provided services.



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Appendix:**Table 1: Number (in thousands) of people with disability pension or temporary disability pension, 1999-2009, total, men, women, age groups and percentage with "100% disability".***

| Year | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 |
|------------------------|------|------|------|------|------|------|------|------|------|------|------|
| Total | 264 | 275 | 283 | 288 | 297 | 307 | 315 | 324 | 330 | 336 | 343 |
| Women | 151 | 158 | 162 | 166 | 171 | 176 | 181 | 187 | 191 | 194 | 200 |
| Men | 113 | 117 | 120 | 123 | 126 | 130 | 134 | 137 | 140 | 142 | 144 |
| Age 18-29 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 9 | 10 | 10 | 11 |
| Age 30-49 | 71 | 74 | 75 | 75 | 76 | 78 | 80 | 83 | 85 | 86 | 88 |
| Age 51-59 | 92 | 97 | 101 | 105 | 109 | 112 | 113 | 113 | 112 | 110 | 110 |
| Age 60-67 | 93 | 95 | 98 | 100 | 103 | 108 | 113 | 119 | 124 | 129 | 134 |
| 100% disability | 79 | 79 | 79 | 79 | 79 | 79 | 80 | 80 | 80 | 80 | 80 |

* Level of disability is graded from 0-100 dependent on assessed ability to work. 100% disability means that you receive a full disability pension (according to what you are entitled to) because you are not able to work.

Table 2: Number of people (thousands) with basic benefit and attendant benefit, 1999-2008

| Year | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 |
|--------------------------|------|------|------|------|------|------|------|------|------|------|
| Basic benefit | 130 | 130 | 132 | 133 | 133 | 134 | 134 | 132 | 131 | 130 |
| Attendant benefit | 89 | 89 | 90 | 90 | 90 | 89 | 87 | 87 | 86 | 85 |