

Assistive technology in Norway

- a part of a larger system



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Provision of assistive devices is a complex field and teamwork between the user and helpers across sectors and levels is essential for good results. It is therefore important that we are familiar with the framework within which we work.

This publication presents the provision of assistive devices as part of a larger system. It explains and defines the most important concepts and the conditions under which assistive devices are provided. It gives a definition of the tasks of the assistive technology centres as a county-level service and it describes the other possible stakeholders involved.

We hope that this can serve as an introduction to assistive technology and its importance in a larger context. It is published for anyone who works with people with disabilities. The target group for this information is therefore a large one: professionals at all levels, the user organizations and educational institutions and, of course, the Norwegian Labour and Welfare Service's (NAV's) own employees.

Definitions

Activity is the execution of a task or action by an individual (ref 1).

Assistive device denote any item, piece of equipment, or product system, whether acquired commercially of the shelf, modified, or customized, that is used to increase, maintain, or improve functional capabilities of individuals with disabilities (ref 2).

Assistive technology refers to a broad range of devices, services, strategies, and practices that

are applied to solve the problems faced by individuals who have disabilities (ref 2).

Assistive device intervention, include actions taken by professionals, in cooperation with the users, with regards to services associated with assistive device acquisition and training (ref 3).

Impairments are problems in body function or structure such as significant deviation or loss or abnormality of psychological, physical, or anatomical structure or function (ref 1).

Participation is involvement in a life situation, and can be defined as taking part, being included or engaged in an area of life, being accepted, or having access to needed resources (ref 1).

A professional is a member of a profession or any person who earns their living from a specified activity. The term also describes the standards of education and training that prepare members of the profession with the particular knowledge and skills necessary to perform the role of that profession (ref 4). In the context of assistive technology, the professionals most involved are occupational therapists, physiotherapists, technicians/engineers, speech therapists etc.

Service delivery process is the process of assisting the individual in the selection, acquisition or use of an assistive device (ref 2).

Users refer to people who already use an assistive device or who can benefit from using one because their ability to function in daily life is restricted (ref 1).

Norway – statistics from 2016

- Norway is a mountainous country of 385 171 km², with 19 counties and 428 municipalities. The population per January 1st 2017 was 5 257 000 inhabitants, an increase of 43 400 (0,83%) from the previous year. People aged 0-19 years constitute 24.4% and people older than 67 years constitute 14.0% of the population (ref 5).
- Unemployment rate per January 1st 2017: 4.8% (ref 5).
- 44.0% of people with disabilities have a job, compared to 73.3% of the non-disabled part of the population (ref 5).
- In 2016, NOK 2 657 942 000 (NOK 511 per 1000 inhabitants) were spent on assistive devices, which is 6.1% up from the previous year. The same year, 439 174 assistive devices (included accessories) were distributed to 138 150 users (26.3 users per 1000 inhabitants) from the 18 assistive technology centres. 56.6% of the users were women.
- Persons aged 0-18 years of age constituted 11.4% and those older than 67 years of age constituted 64.1% of the users that year.
- In all, 414 824 users has one or several assistive devices at the end of 2016, which constitute 8.0% of the population.
- On average, 29% of the assistive devices provided to users were refurbished ones.
- In all, 40 033 repairs/services of the assistive devices were done in 2016 (ref 6).

The Norwegian service delivery system of assistive devices – in short

The policies of health and social services are based on values of equal opportunities, social participation and security for all.

Provision of assistive devices is an important part of the Nordic welfare model. Provision of assistive devices is a major action in the rehabilitation process and aims at enabling persons with disabilities to reach and maintain their optimal physical, sensory, intellectual, mental and social functioning.

Based on individual rights, the provision of assistive devices is covered by the Act on Social Security in Norway. Assistive devices are provided to people whose functional capacity is permanently impaired due to illness or injury. In addition the assistive devices must be both necessary and appropriate with regard to improving the user's ability in performing activities and to participate in daily life. The policy aims at providing the most appropriate yet cheapest assistive device free of charge for the user. User participation in the service delivery process is crucial.

The local authorities have the fundamental responsibility for the health care, social and rehabilitation services, including provision of assistive devices. Trained personnel (usually occupational therapists or physiotherapists) are responsible for identifying and assessing the user needs, recommending and providing assistive devices, as well as following up the users' situation in daily life. If appropriate rehabilitation services are not available in the local context, the individual will be referred to an assistive technology centre

in his/her county. There are 18 assistive technology centres or centres of excellence serving as a referral system covering the whole county.

The assistive technology centres have trained personnel like occupational therapists, physiotherapists, technicians/engineers, speech therapists etc. with expert knowledge about assistive device application and adaptability. They give guidance to the local authorities and other stakeholders in the county. The local authorities must ask for help from the assistive technology centre if the local network does not have sufficient expertise. The aim is to ensure that users are given the same help and are met by professionals with the same expertise regardless of where they live.

The assistive technology centres organize annual training courses for the employees of the local authorities and other stakeholders. In 2016, persons participated in various training courses within for example mobility, communication, vision, hearing, cognition, technical and other subjects.

The assistive devices are being purchased, adapted/adjusted and delivered to the local authorities by the assistive technology centres. Procurement framework agreements for the whole country are made with various dealers of assistive devices.

The assistive technology centres are also responsible for the service and repairs of the assistive devices. Norway has also established a system of follow-up preventive services of electro-medical assistive devices.

In Norway, there is a systematic system on refurbishment of used assistive devices. The devices are properly cleaned, and the worn out parts are replaced before they are provided to users again. The refurbished assistive devices represented a new price value of NOK 663 178 073.- (approximately 78 mill. Euros) (ref 6).

Disability

The Government's Action Plan for Persons with Disabilities defines disability as follows:

“A disability is a discrepancy between the capabilities of the individual and the functional demands of his/her environment in areas which are significant for the establishment of independence and a social life” (ref 7 and 8).

A person with a disability:

- encounters practical problems because he/she is unable to cope with the demands made by his/her environment
- is excluded from important facets and roles of social life.

Professor Ivar Lie puts it this way: “Any restriction in desired self-expression can in principle be perceived as a functional disability. However, in terms of social security legislation, only persons who are seriously restricted in their ability to live independently and in the context of school and work can be characterized as disabled” (ref 9).

Definition of disability

Disability can be described as a ‘gap’ between the individual’s capability and the environment’s demand regarding functions.

By impaired functional capacity we mean loss of or damage to a body part or body function. This may mean, for example, impaired mobility, sight or hearing, impaired cognitive function, or other functional impairments due to for example allergy or cardiovascular disease.

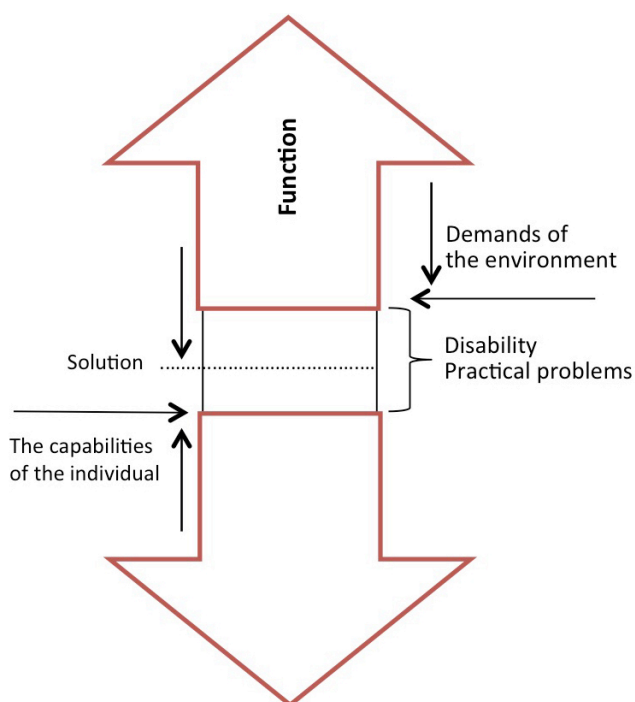


Figure 1. The relationship between the capabilities of the individual and the environment.

People with impaired functional capacity will not necessarily be disabled. A functional impairment need not restrict a person’s social participation in daily life. Disability arises when there is a gap between an individual’s capabilities and the way his/her environment is designed or the functions they require (see figure 1).

A large proportion of the Norwegian population suffers from impaired functional capacity. The risk of impaired functional capacity increases with age. We meet these challenges in a variety of ways. See Report No.40 (2002-2003) to the Storting (ref 10).

A disability can be reduced by improving the person’s capabilities and by doing something about the demands of the environment. The person’s ca-

pabilities can be improved with the help of training, tuition, care and support.

The demands of the environment can be changed by adapting and altering it. The environment means both the physical and social aspects in terms of indoor/outdoor and public/private environments.

Assistive devices or personal assistance can be provided in order to narrow the gap between demands and capabilities.

The person must also be able to carry out and have access to the activity. Physical, social and psychological factors all affect accessibility and thus the demands made by the environment. It is essential that the person concerned is motivated in carrying out the activity.

Help for people with disabilities

When an injury or impairments can have or has consequences, a variety of processes are possible (see figure 2):

- treatment
- tuition/training
- rehabilitation
- vocational rehabilitation
- nursing

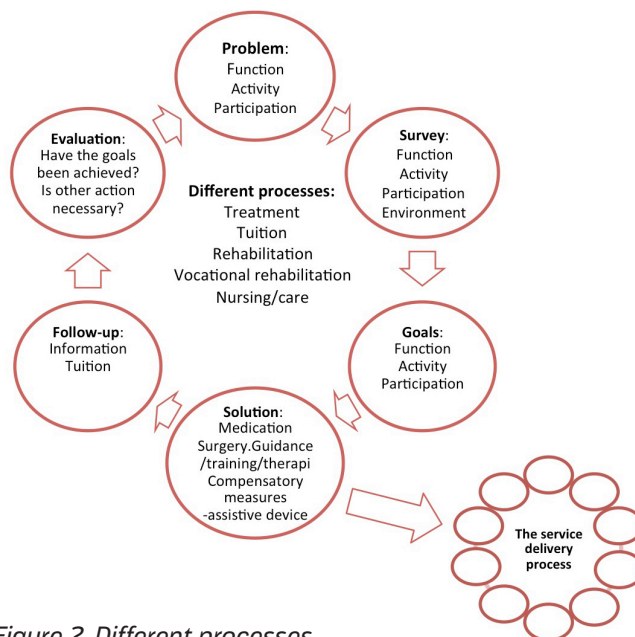


Figure 2. Different processes.

Treatment

One and the same user will often have more than one requirement. An assistive device intervention may be necessary in all of these processes. They may also be relevant to prevent undesirable consequences of injuries or impairments (secondary prevention). Plans should be made showing the course for each of the processes (treatment plan, nursing plan, tuition plan, rehabilitation plan or action plan for vocational rehabilitation).

When an injury or impairments occurs, the first step to take is usually treatment. The aim of treatment is to restore the best possible function. This may be a lifelong process. Assistive devices may be a necessary part of the treatment process (for example a toilet elevator and crutches after a hip operation)

Tuition

Pupils or students with special requirements are entitled to individually adapted tuition (Education Act, Chap. 5, Section 5-1). Assistive devices (such as a computer) may be a necessary part of the tuition process. When tuition depends on assistive devices, a teamwork is required between the educational institution and the assistive technology centre. At the same time, the provision of assistive devices can trigger off the need for follow-up. A user who needs a computer to make his/her work situation easier usually also needs tuition in the use of the computer.

Vocational rehabilitation

The aim of vocational rehabilitation is to assist the user to obtain or to keep suitable employment. Suitable employment is understood to be employment that is commensurate with the user's physical and mental capabilities.

The employer is responsible for in-house rehabilitation. It may be necessary to adapt existing equipment and tools at the workplace. Under the provisions of the Work Environment Act, it is the responsibility of the employer to adapt the workplace for occupationally disabled employees. However, financial support is available under the national insurance scheme provided that the expense incurred by the employer for assistive devices and adaptation of the workplace exceeds

half of the basic amount under the national insurance scheme. The national insurance scheme covers the cost of assistive devices that are required in connection with vocational rehabilitation (ref 11).

To find the right solution will always be a process. The user is the most important person in the different stages of the processes. The user outlines his/her problems and requirements and the professionals provide information about the available options. The user and the professionals decide which goal(s) they want to achieve together and choose between various ways of achieving this goal. Follow-up and evaluation are a natural part of the process. It will often be a matter of moving back and forth within the process or of repeating the process if the goal is not achieved in the first round.

Providing assistive devices is one possible compensatory solution. This means moving on into a new process – the service delivery process (see page 12). This will be an integrated part of the overall process, often running parallel with other solutions and processes.

Assistance can be given by the local authorities, the NAV office, the employer, the assistive technology centre and other resource centres at county and national levels.

Rehabilitation

Rehabilitation is a process in which the user's own goals, motivation and efforts play a central role. Rehabilitation is a process which aims at enabling persons with disabilities to reach and maintain their optimal physical, sensory, intellectual, mental and social functioning.

Rehabilitation means regaining dignity. The goal is to achieve the best possible quality of life, coping and participation in daily life. The rehabilitation process starts when it becomes clear that the injury or impairments is going to have long-term consequences. The process is time-limited and can include solutions which give or restore functions, or compensate for a lost or defect function or reduced functional capacity.

Rehabilitation is very different from ordinary nursing and care in that it has different goals and ways of achieving these goals. Rehabilitation focuses on the user's control and personal effort. Rehabilitation is always a multi-disciplinary process in which a number of stakeholders collaborate.

In the White Paper on Welfare (Report No. 35 to the Storting, 1994–1995), rehabilitation is defined as: The work of assisting persons whose functions are temporarily or permanently impaired due to impairments, injury or congenital defect to regain, maintain or develop the ability to function/cope and/or of adapting the person's environment in order to achieve the greatest possible degree of independence and quality of life on the person's own terms (ref 12).

In the White Paper on Rehabilitation (Report No. 21 to the Storting, 1998–1999) we find this definition: Time-limited, planned processes with well-defined goals and means, in which several players work together to give the necessary assistance to the user's own efforts to achieve the best possible ability to function and cope, independence and participation socially and in society (ref 13).

In the United Nations standard rules for the disabled (rule 23), the term rehabilitation refers to a

“process aimed at enabling persons with disabilities to reach and maintain their optimal physical, sensory, intellectual, psychiatric and/or social functional levels thus providing them with the tools to change their lives towards a higher level of independence” (ref 14).

Neither the Storting nor specialists in Norway agree on which definition is the most apt.

Habilitation and rehabilitation

The UN Convention on the Rights of Persons with Disabilities states that ratifying countries should engage themselves to develop and carry out policies, laws and administrative measures for securing the rights recognized in the Convention and abolish laws, regulations, customs and practices that constitute discrimination (Article 4).

To enable persons with disabilities to attain maximum independence and ability, countries are to provide comprehensive habilitation and rehabilitation services in the areas of health, employment and education (Article 26). Personal mobility and independence are to be fostered by facilitating affordable personal mobility, training in mobility skills and access to mobility aids, devices, assistive technologies and live assistance (Article 20) (ref 16).

A variety of devices may be relevant in a rehabilitation process, such as wheelchairs, devices to facilitate dressing and household devices. Treatment, tuition or vocational rehabilitation is often part of the process.

It is customary to distinguish between habilitation and rehabilitation. Habilitation is linked with congenital and rehabilitation with acquired func-

tional disabilities. Here, we will use the term ‘rehabilitation’ to denote both.

Individual rehabilitation plans

The work of rehabilitation must start with an individual, goal-specific rehabilitation plan for the person concerned.

A rehabilitation plan can be illustrated in the following way (see figure 3):

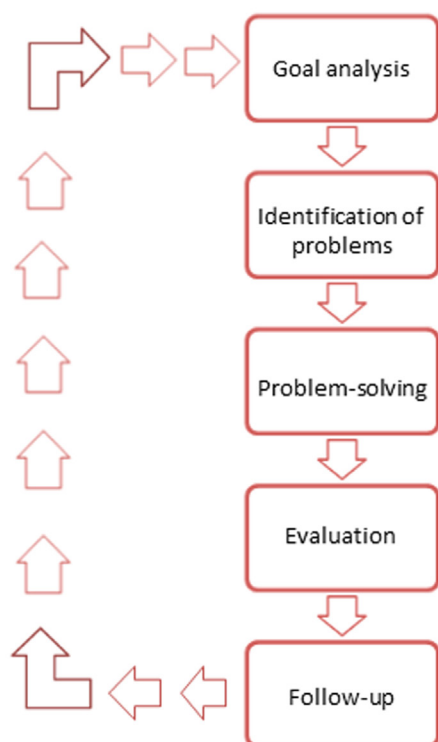


Figure 3. The steps of a rehabilitation process.

The first step in any rehabilitation process is a thorough goal analysis based on the user’s own requirements and wishes. The work can then be initiated by determining which problems have

to be solved and how they are to be solved. The solutions must be evaluated and if necessary followed up with new solutions or adjustments in the goals.

The purpose of assistive devices is to solve the user’s practical problems and they should be part of a plan – a treatment plan, a nursing plan, an education/tuition plan, a rehabilitation plan or an action plan for vocational rehabilitation.

Individual rehabilitation plans make for a more efficient provision of assistive devices. This type of plan shows what the various services and professional groups have to do to achieve the goals. It is not a detailed treatment plan.

Assistive technology – one of several solutions

An assistive device is not a goal in itself and it is not the only means of solving practical problems. The best solution is often a combination of several measures. Simple alterations to the environment or reorganization of work methods are often better than assistive devices (see figure 4).

The purpose of assistive devices is to help to solve practical problems and compensate for loss of function, and they must be seen in conjunction with other forms of help to the user. Assistive devices have a function as long as they solve problems that need to be solved. The user must be motivated to use the assistive device. The problem has not been solved until the user is satisfied with the assistive device and how it works.

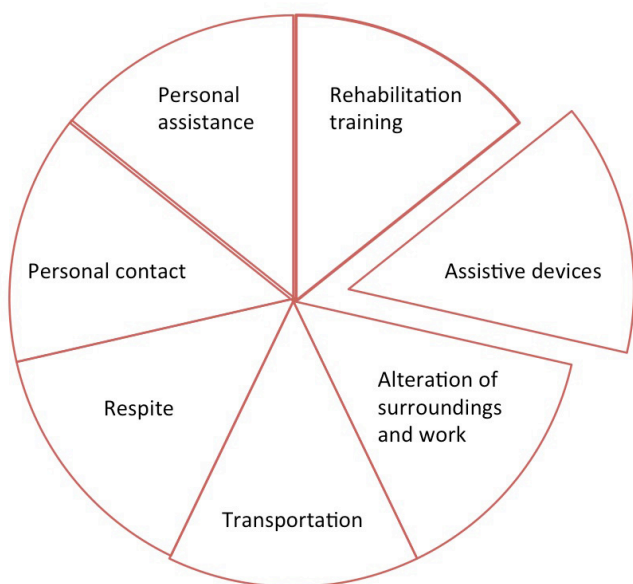


Figure 4. Assistive technology - one of several solutions.

Assistive technology

An assistive device is a device or solution that helps to reduce the practical problems of a disabled person. Assistive devices must be part of a comprehensive plan and they must help to:

- improve functional capacity
- increase independence in daily life
- facilitate the care of the disabled person.

Who is entitled to assistive devices?

Persons whose functional capacity is permanently (more than two years) and significantly impaired due to impairments, injury or bodily defect are entitled to receive financial support for assistive devices under the national insurance scheme. Persons who have a temporary need for assistive devices must apply for financial support elsewhere, usually through the local authorities.

Assistive devices for solving practical problems in daily life

The assistive devices must be necessary and appropriate with regard to improving the person's ability to solve day-to-day practical problems or to be nursed at home. Under the national insurance scheme, the policy aims at providing financial support for the most appropriate yet cheapest assistive device that solves the user's practical problems in daily life.

In the case of major categories of assistive devices, such as manual and electric wheelchairs, hoists, environment controls etc., the Norwegian Labour and Welfare Service enters into procurement framework agreements for the whole country with individual dealers. Assistive devices covered by framework agreements constitute the

national assortment. The purpose of framework agreements is to receive reasonable priced services and assistive devices of good quality at an acceptable price.

The assistive technology centres make their own agreements for some of the smaller categories of assistive devices with the dealers.

If an assistive technology centre does not have the assistive device applied for, it can either obtain an equivalent device from another centre or purchase it. If the national assortment does not include any assistive devices that meet the user's needs, an application can be made for dispensation to purchase other devices. There must be very good reasons for making this application.

Financial support is not given for assistive devices which are usually also used by non-disabled persons. This rule refers usually to household appliances such as washing machines, television sets and ordinary kitchen equipment. However, financial support is available for extra equipment to adapt these appliances.

Assistive technology at the workplace

Financial support is available under the national insurance scheme for assistive devices, conversion of machinery and adaptation of physical environment at the workplace when appropriate and necessary for the purpose of enabling the disabled person to obtain or keep suitable work. Suitable work is understood to be work the user can cope with based on his/her physical and mental capabilities.

Under Section 13 of the Work Environment Act it is the responsibility of the employer to adapt

the workplace for occupationally disabled employees. However, grants are available under the national insurance scheme to ensure that occupationally disabled employees are able to keep suitable work. As a general rule, grants are available if the expense incurred by the employer for assistive devices and adaptation exceeds half of the national insurance scheme's basic amount, see Section 10-15 of the National Insurance Act.

In cases where grants are given to ensure that the disabled person is able to obtain suitable work, usually being a part of vocational rehabilitation. If so, an action plan for vocational rehabilitation must exist. This plan should be drawn up by the applicant for rehabilitation and the employment services (NAV). Grants are available for assistive devices which a disabled person needs during education, even if the education is not part of vocational rehabilitation. Grants are available to self-employed persons when required to enable them to continue their business (ref 11).

Assistive technology for training, stimulation and activation

Under the national insurance scheme, assistive devices are available for training, stimulation and activation of children and young people under the age of 26. However, assistive devices for activation are also available for persons older than 26 years of age, but a fee of up to 10% of the cost of the assistive device must be paid by the user in these cases. Special or extra equipment is also available for games and sports, but this equipment must be designed especially for the disabled and be necessary for him/her to carry out the activities. Examples are a switch needed to operate a toy, assistive ski equipment, etc. Assistive devices for use in competitive sports or ordi-

nary toys or sports equipment are not available under the scheme.

Assistance in other areas

The national insurance scheme provides assistive devices and grants for other solutions in a number of areas. For example:

- Guide dogs and reading and secretarial assistance for people with impaired vision.
- Some computer software for training, stimulation and activation of children and young people.
- Some computer software as a means of communication.
- Basic sewing patterns for making clothes.
- Interpreter and escort assistance for deaf and deaf-blind people.
- Assistive devices for educational purposes. However, there are certain limitations, such as limits for grants: hearing devices and interpreter assistance for the hard of hearing, and motorized vehicles and other means of transport.

Provision of assistive devices

Teamwork

Different services and sectors must cooperate to achieve a holistic assistive device solution. The user has to cooperate with many different people. Good solutions depend on teamwork between these stakeholders and the user, and between the different stakeholders themselves towards a common goal (see figure 5).



Figure 5. Teamwork towards a holistic assistive device solution.

The users' public network

Together these stakeholders make up a public 'network' with the user in the centre.

Providing assistive devices requires expertise from different sectors and different levels. It is important to involve all the relevant sectors. Both simple and more complicated problems can be

solved by the local authorities if they have experience of similar problems. Rare and complicated problems often require specialist knowledge at a higher level. The local authorities must ask for guidance from the assistive technology centre or other specialist centres if the local network does not have sufficient expertise (see figure 6).

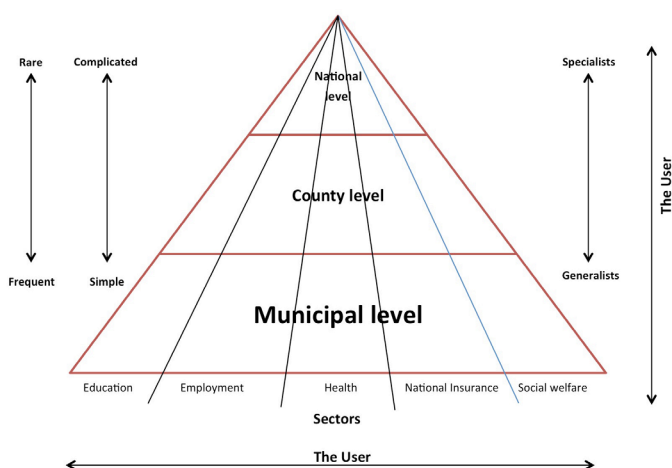


Figure 6. The user's public network.

Responsibility

Municipal

The local authorities are responsible for the health and rehabilitation of their inhabitants. Providing assistive devices is part of this responsibility. When the local authorities do not have sufficient expertise, they have to ask for guidance from specialist services at higher levels.

Regional

The assistive technology centres are resource centres serving the whole county in the field of assistive technology. They know how assistive devices, sign language interpreters and ergonomic

assistance can compensate for or alleviate loss of functions. The assistive technology centres give advice and guidance to the local authorities and to other stakeholders in the county.

Norway has established five regional vehicle resource centres which have expert knowledge about cars and adaptation of cars for persons with disabilities. The aim of these centres is to assist people with disabilities to choose a suitable vehicle and necessary accessories for the vehicle, which will enable them to live independent lives and to participate in society. The centres cooperate in order to achieve a uniform legal practice. The centres are located in Oslo, Bergen, Sandnes, Trondheim and Tromsø.

National

NAV has established a national advisory unit within Assistive Technology. There are also five regional resource centres within NAV with specialist knowledge of vehicle application and adaptability. Outside NAV, there are a number of national and regional resource centres, such as the centres for rare disorders at Rikshospitalet and Frambu.

The service delivery process

Assistive devices are provided to help to solve the user's practical problems and they are part of a comprehensive rehabilitation plan, tuition plan or action plan for vocational rehabilitation. Assistive devices can also help to prevent loss of function, to maintain and retain functions and to facilitate the nursing situation. During the service delivery process the user and the specialists work together to arrive at the right solution.

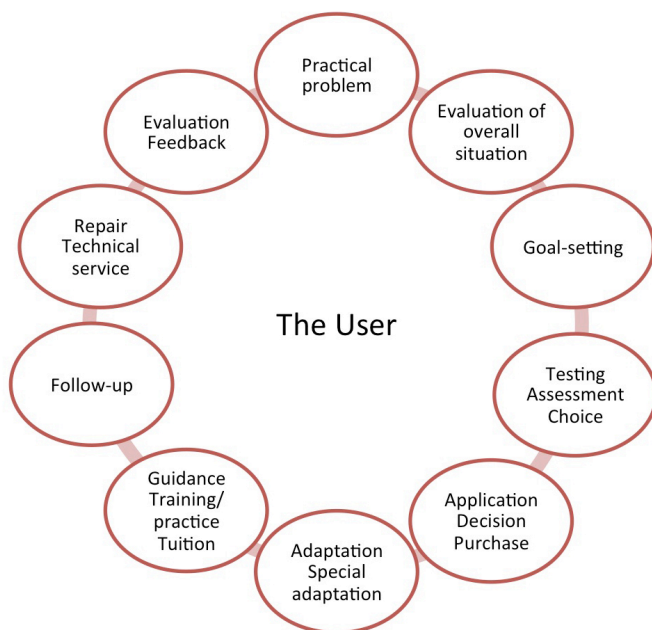


Figure 7. The service delivery process.

The starting point of the service delivery process is a practical problem resulting from reduced functional capacity, either physically or mentally (see figure 7). This requires an assessment of the user's overall situation and goal-setting for the process. This should be incorporated in plans for treatment, nursing, tuition, rehabilitation or vocational rehabilitation.

After the assessment and trying various options, one or more assistive devices are selected. Assistive devices can be borrowed from the assistive technology centre for a trial period.

The next step is to formulate an application (claims form) and send it to the assistive technology centre for a decision. The application must be backed up by good reasoning and relevant infor-

mation. The 8 questions on the check-list on page 13 should be answered in the application.

If the application is accepted, the applicant will receive the assistive device. Assistive devices often need to be adjusted and adapted. Moreover, sometimes major adjustments are required.

Adequate guidance, instruction and training in using the assistive device are just as important as the assistive device itself. The trained personnel who has recommended the assistive device for the user is responsible for the follow-up services to ascertain whether it actually solves the user's problems and whether further instruction and/or adjustment are required.

The user must be given both verbal and written information about whom to contact, and how to contact the right person, if service or repairs are required.

The process must be evaluated to make sure that the user has received adequate help, i.e. the suitable assistive device has been provided within the anticipated time frame (see figure 7).

Check-list for required information when an application is made for assistive devices

In order to ensure that the user is given adequate help, the assistive technology centre must have sufficient information in order to appraise the user's need for an assistive device.

Answers to the following questions should help to decide whether an assistive device is necessary and appropriate for the user:

1. Which factors in the user's life situation as regards housing, employment, school and family relations can have significance for the use of the assistive device? What improvement in level of function/nursing situation is expected to be achieved by providing the assistive device?
2. Describe which and the scope of the practical problems that the assistive device is intended to solve.
3. Which other means have been used to solve the user's practical problems at home, school, work or in the nursing situation?
4. How does the applicant master the use of the assistive device and what consequences does the assistive device have for his/her participation in work, education and daily life?
5. Have other more reasonably priced alternative assistive devices been tried?
6. What tuition/instruction/training is required before the applicant can start using the assistive device?
7. Who is to be responsible for the tuition/instruction/training?
8. Which plans exist for local follow-up of the use of the assistive device?

Roles and responsibility

The user

The user is the person that has been provided the assistive devices. The user should play an active role in the service delivery process, and the assistive devices must be provided on the user's terms. It is the user who will benefit from the assistive device. It is therefore the user him/herself who has to apply for the assistive device. However, in most cases this is done in cooperation with the professionals. It is also the user's responsibility to handle the assistive device correctly and to inform the professionals if it is no longer being used. The user is entitled to professional help at all stages of the service delivery process.

The local authorities

The Health Services Act gives the local authorities a fundamental responsibility for habilitation and rehabilitation. The local authorities thus have a general duty to solve the disabled person's problems. This responsibility also includes the provision of assistive devices and ergonomic measures.

It is the responsibility of the local authorities to ensure that all stages in the service delivery process can be carried out satisfactory. This means that the local authorities are responsible for discovering and analyzing local requirements and for giving tuition and instruction in the use of the assistive device. It is also the responsibility of the local authorities to follow up the users over time, adjust the assistive device if necessary and to report if the assistive devices no longer meet the requirements. This also applies to all types of assistive devices.

The local authorities must ask for help from the assistive technology centre or other resource centres if the local network does not have sufficient expertise. The assistive technology centres have made agreements with the local authorities to collaborate within the field of assistive technology in the respective counties. It is a prerequisite that the local authorities should always be involved in the service delivery process of assistive devices.

Assistive technology centres at county level

The assistive technology centres have an overarching, coordinating responsibility for assistive technology in their county. They must contribute to equal and comprehensive solutions for people with disabilities – at home, at school, at work and in their leisure time – by providing assistive devices, ergonomic measures and an interpreting service.

The assistive technology centres are county-level resource centres for public bodies and people who are responsible for solving disabled persons' problems. In addition to helping, for example, the local authorities to provide assistive devices, the assistive technology centres have an administrative responsibility. This includes refurbishment of used assistive devices, which means properly cleaning of the assistive devices in addition to replacing worn out parts before the devices are provided to users again.

The assistive technology centres are also responsible for the service and repairs of the assistive devices. Norway has also established a system of follow-up preventive services of electro-medical assistive devices. The assistive technology centres are responsible for this (ref 15).

Assistive devices in the organization of the national insurance service

There is one assistive technology centre in every county. The assistive technology department (NAV Hjelpemidler og tilrettelegging) of the Norwegian Labour and Welfare Service has the overall professional, financial and administrative responsibility for the assistive technology centres.

The Norwegian Labour and Welfare Service

The Norwegian Labour and Welfare Service manages one of the cornerstones of the Norwegian welfare model: the national insurance scheme and other social security schemes. The intention of the national insurance scheme is to secure income for individuals, compensate for expenses and help people to help themselves, so that they can manage challenges of daily living. The Norwegian Labour and Welfare Service has the overall responsibility for the administration, initiation, follow-up and development of the national insurance scheme, which includes assistive technology.

Their responsibility is to:

- Ensure that the national insurance scheme fulfils the intentions of the law.
- To guarantee the population legal protection, so that they are treated equally no matter where they live in Norway.
- Be a national 'motor' in developing the services, and ensure that they are always adapted to the needs of the users, and to consider

comprehensive solutions for the users in cases where other welfare schemes are involved.

- Cooperate with and establish relations with other relevant stakeholders in the society.

Development of human resources

The Norwegian Labour and Welfare Service has the overall responsibility for ensuring that the assistive technology centres all have the same goals and priorities – as part of the work of developing a uniform, national system for the provision of assistive devices. This will ensure that the users are given the same help and are met by professionals with the same expertise regardless of where they live. The development of human resources is therefore a key area and an essential tool in achieving this goal. The introduction of national standards for some of the assistive technology centres' aspects of work has been another step towards achieving this goal.

Information

It is the responsibility of the Norwegian Labour and Welfare Service to follow up and coordinate feedback from the assistive technology centres regarding the need for further development of the services and to initiate pilot projects. It is also the responsibility of the Norwegian Labour and Welfare Service to coordinate and facilitate team - work between the assistive technology centres and the relevant specialists and researchers – and to enter into agreements with them.

The Norwegian Labour and Welfare Service shall also:

- Make procurement framework agreements for the whole country with the various dealers within the main categories of assistive devices.
- Evaluate the provision of assistive devices

and cost trends at national level.

- Coordinate the assistive technology centre system by, among other things, making use of the possibilities that lie in purchasing and refurbish assistive and distribute assistive devices across county borders, joint ICT logistics systems, specialist networks, etc.

The Norwegian Labour and Welfare Service is the owner of the assistive devices which are lent to the users.

User participation

There are regular meetings with the user organizations both at national and county level. The aims of these meetings are to exchange information and to discuss important issues in the field of assistive devices – to assure the quality of the services.

Assistive technology centres

The policies of health and social services are based on values of equal opportunities, social participation and security for all. Provision of assistive devices is a major action in the rehabilitation process and aims at enabling persons with disabilities to reach and maintain their optimal physical, sensory, intellectual, mental, and social functioning. The vision of the assistive technology centres is to give everyone the possibility of coping and participating in daily life and this is the guiding principle for their activities and plans. The goal is to develop equal and uniform system of assistive technology throughout the country. The assistive technology centres are resource centres at county level.

The assistive technology centres have expert knowledge about how assistive devices, inter-

preter services and ergonomic measures can compensate for or alleviate loss of function. This means:

- Knowledge about functional disabilities and their consequences.
- Knowledge about possible solutions.
The assistive technology centres have the expert knowledge needed to find solutions for an overall situation including home, school, work and leisure time. This means:
- Being fully informed about the products that are available on the market.
- Having expert knowledge about the products' area of application, adaptability and possibility of repair, maintenance, refurbishment and reuse.
- Having expert knowledge about adapting the physical environment.
- Having expert knowledge about the service delivery process.

The assistive technology centres have expert knowledge about how the system works. This means:

- Knowledge about disabled people's rights to assistive devices, interpreter services and ergonomic measures according to the National Insurance Act.
- Knowledge about the division of responsibility and interaction between and across levels and services in local, regional and central administration (such as the local authorities, county and national services, educational authorities, resource centres, rehabilitation and habilitation facilities).
- Being fully informed about the expertise and responsibilities of other people in the field of assistive technology and associated areas.

- Knowledge about the user organizations and the way they are organized.

In practice the assistive technology centres:

- Give advice and guidance to the local authorities and other partners in their own counties.
- Organize and carry out courses for relevant employees of the municipalities and other stakeholders.
- Distribute information about the centres' activities and area of work.
- Provide information about national assortments of assistive devices.
- Document and systemize experience and develop methodology within the field of assistive technology.
- Take a proactive approach to innovative work.

NAV Central Unit of Purchases (CUP)

NAV has established a central unit within Assistive Technology which is responsible for ordering of all the assistive devices, spare parts, accessories and services (except technical services) from the dealers on behalf of the assistive technology centres - in accordance to procurement framework agreements made with the dealers. CUP follow-up invoices, credit notes, errors etc. within the field.

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