Uloba
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# Equality status assessment 2025

Status ten years into the
Norwegian personal assistance reform

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Thank you, Uloba members and other disabled people who shared your experiences when you responded to the six surveys in the period 2020–2025.

At uloba.no (link), you will find the annual equality status assessment reports in Norwegian with detailed descriptions of citizen-controlled personal assistance (BPA), the method we have used, and analyses of the gap between political intentions and the condition for disabled people with assistance needs.

**If you have questions or want a presentation of the findings from the reports, please contact project manager Egil G. Skogseth:**

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# Ambiguous policy contributes to exclusion, poor living conditions, and social isolation.

**In six reports in the Equality Status Assessment series, we have analysed how Norwegian municipalities effectuate the Parliament's policy for citizen-controlled personal assistance (BPA). The reports address the positive and negative effects that local municipals' administrative practice and the assistance scheme have on disabled people, their relatives, and society.**

In this summary, we assess the status ten years after BPA became a statuary right for 14,500 Norwegians on January 1, 2015. Our conclusions are based on analyses of data on how BPA is administrated, municipal governance documents on BPA, and the responses of several hundred disabled people in our six annual surveys from 2020 to 2025.

The report "Equality Status Assessment 2025. Status for BPA" is fully available in Norwegian on Uloba.no (link)

## Controlled and rationed freedom

In 2014, the entire Parliament agreed that BPA should ensure that disabled people have control over their own assistance scheme, and thus the ability to make decisions about their own lives. Our elected representatives made BPA a statuary right for disabled citizens under 67 years who need at least 25 hours of assistance per week. Local municipalities should also ensure that disabled people with low to moderate assistance needs have control over their own assistance scheme when BPA is appropriate to meet their needs.

The justification for the reform was that BPA "is an important contribution to equality, equal opportunities, and social participation for people with disabilities and a great need for assistance. For people in this situation, BPA means a lot for the opportunity to participate in work, education, and an active and independent life."

The BPA reform was to be "part of the government's work to follow up on the intentions of the UN Convention on the Rights of Persons with Disabilities."

The intention of the convention is that policies and legislation should approach disabled people as citizens who should be able to enjoy their human rights.

Despite this, the Parliament facilitated that municipalities should continue to approach disabled people with assistance needs as users who need care. The legislator decided that BPA should still be included in the Health and Care Services Act. It defines BPA as an alternative organization of health and care services. The law requires municipalities to ensure that personal assistants perform tasks in a medically responsible manner.

Parliament passed a so-called cost-neutral BPA reform: Granting BPA instead of traditional services should not increase municipal expenses. The task of the health and care agencies was to grant disabled residents the same few hours of assistance regardless of whether they applied for BPA for equal participation or traditional health and care services. The Ministry of Health and Care Services wrote, “The bill shall take into account very different and partly conflicting considerations” in the parliamentary proposition.

It is therefore possible to interpret the Parliament’s BPA reform from 2014 as a marching order to grant BPA to far more people to ensure equality and human rights for disabled people. But it is also possible to interpret the Parliament’s policy as an order to local municipalities to ensure that BPA is a strictly rationed and controlled version of traditional health and care services.

## Municipalities do not invest in BPA

From the time BPA became a statuary right on January 1, 2015, until the end of 2024, the number of disabled people with BPA increased by 1,470. This is a small fraction of the growth the government expected municipalities to deliver.

- Only 4,451 disabled people had BPA at the end of 2024.
  This constitutes 1.6 percent of all home-dwelling Norwegians who had health and care services.

- In 62 local municipalities, no residents had BPA. In 129 municipalities, 1–4 residents had BPA. In total, more than half of Norwegian municipalities had between 0 and 4 residents with BPA at the end of 2024.

## Those who are at the bottom

Local municipalities are required to ensure that everyone who applies for BPA are offered services which are of the same quality and adapted to the individual's needs. Findings in Equality Status Assessment 2025 show that three groups of BPA applicants are particularly deprioritized by municipalities:

1. Disabled people the local municipalities asses need less than 25 hours of assistance per week. 25 hours is the threshold for the individual right to BPA.

2. Middle-aged disabled people.

3. Women with assistance needs.

Municipal data and communication about BPA indicate that many local municipalities systematically discriminate against BPA applicants with low to moderate assistance needs. The number of people in both group 1 and group 2 with BPA has hardly grown in the period 2014–2024.

Findings from Uloba's surveys and municipal data indicate that caseworkers only to a limited extent acknowledge that female BPA applicants are residents who need BPA to enjoy their human rights. On average, women with BPA have nine fewer hours of assistance per week than men with BPA.

## Many who need BPA face numerous barriers

Disabled people's responses to Uloba's six surveys indicate that many municipalities interpret the Parliament's decision to implicate that BPA should be a strictly rationed version of health and care services. Leaders in municipal health and care agencies confirm this in several interview surveys.

Findings in Uloba's surveys indicate that:

- Municipalities almost never contact disabled citizens to inform about BPA.

- Municipalities often do not understand that disabled people have the same need for life fulfilment as everyone else.

- Municipalities often respond to interest in BPA from residents with a proposal to grant traditional health and care services instead.

Almost half of those who responded to the equality status assessments in 2024 and 2025 have had one or more BPA applications rejected. Complaint statistics indicate that municipalities reject a much lower proportion of applications for traditional health and care services.

Findings on rejections indicate that municipal rejections of BPA applications prevent many disabled people from participating on an equal footing with others. The consequence of such human rights violations is that disabled people must live without the services they need, become welfare refugees, or endure long complaint processes.

## Strictly rationed assistance does not provide equality

A good number of disabled people have their applications to increase the number of BPA hours rejected. This appears to be a direct consequence of the Parliament asking municipalities to allocate the same number of assistance hours regardless of whether the resident applies for BPA or traditional health and care services. The result seems to be that some case-workers base the allocation of BPA hours on the minimum requirement in health legislation, to cover basic needs.

In the equality status assessments from 2020–2025, between 30 and 42 percent of those with BPA responded that they disagreed that the assistance hours in the BPA decision covered their assistance needs.

Among those who feel that the BPA decision does not cover their entire needs, many say it prevents them from participating in social activities. Quite a few say that their BPA decision does not cover the assistance they need to take care of their own health, and basic needs such as preparing food. Assistance rationing which deprives disabled citizens the opportunity to cover basic needs is a violation of the law.

## Removing citizen control from BPA

These findings indicate that municipal health and care agencies quite often approach disabled people as users who need health and care. It seems common for local municipalities to strive to avoid having to grant BPA. Of those who are granted BPA, quite a few experience that the municipality implements measures to ensure that the scheme is medically responsible.

In the surveys from 2021–2025, between 26 percent and 37 percent of respondents stated that the municipality had restricted work leaders in BPA-scheme’s opportunity to lead.

Some local municipalities limit the work leader's ability to decide where the assistance should be provided. Norwegian municipalities are not responsible for residents receiving health- and care services outside its borders. They are furthermore required to supervise all services in the Health- and Care Services Act, including BPA. Quite a few local municipals have proposed travel restrictions for citizens with BPA. Several municipalities require assistants and/or their employers to report on the private lives of residents with BPA. Thus, the requirement for medically responsible BPA services leads to the loss of citizen control.

## Complaint storm highlights the system error

Findings in the equality status assessments indicate that municipalities have made many BPA decisions where cost control and medical responsibility have been prioritized in recent years. In the surveys, around six out of ten respondents said they had complained about one or more BPA decisions.

The proportion of respondents who said the local municipality agreed to their complaint the last time they complained about a BPA decision, has increased from under 50 percent in 2023 to almost 60 percent in 2025. However, during the same period, the proportion of respondents who said the municipality agreed to their complaint but made no or only minor changes to the BPA decision, also increased.

In the surveys from 2020, 2024, and 2025, between 40 and 42 percent said they had complained to the state complaint body. The county governors reported that they completed 151 complaint cases in 2014. The number has increased in subsequent years and ended at 491 in 2024. A full 26 percent of the complaints about decisions on health and care services and emergency assistance from the local municipalities that the county governors completed in 2024, was about the mini-scheme BPA. This clearly indicates that there are systemic errors in the legislation and regulations governing BPA.

In the ten-year period 2015–2024, the county governors' decisions were in favour of the complainant in 1,310 BPA cases. This constitutes 43 percent of all BPA complaint cases. Findings in the survey indicate that a high proportion of the cases were complaints about the rejection of an application to be granted BPA, or complaints about decisions to revoke BPA from the resident. Without the 1,310 reversal decisions from the county governors, we can assume that the increase in the number of disabled people with BPA would have been minimal during the reform period. This is not in line with the Parliament's intention with BPA policy.

From a legal perspective, the response of several respondents in the surveys from 2023, 2024, and 2025 is very worrying. They said that The County Governor agreed that their BPA decision must be changed, but the local municipality made minor changes or no changes.

## Corrections from the state do not help

When The County Governor decides that a BPA decision must be reversed, the local municipality is supposed to use the input to improve case processing practice. Such improvement work should ensure that an increasingly lower proportion of BPA decisions are in violation of the law or the law's intention. Public statistics show that the opposite has happened. The county governors agreed to complaints in 50 BPA cases in 2014. In 2024, the number was 212, an increase of 324 percent in ten years. This shows that municipalities are increasingly making BPA decisions that are in violation of the law or the law's intention.

## When paternalism replaces freedom, trust vanish

Many respondents report that municipal employees have told them that the municipality is better suited to make decisions about their health than they are themselves. The proportion who said this increased from 46 percent in 2022 to 52 percent in 2025. The consequences of such attitudes become even greater when they are communicated to a resident who wants BPA, a tool for equality and self-determination.

In the surveys, between 37 percent and 48 percent of respondents said that overall, they had a negative experience of the dialogue with the municipality about BPA.

The equality status assessments Uloba has published in the period 2020–2025 document that the ambiguity in the Parliament's BPA policy has consequences for both disabled people, their families, and municipalities. Municipalities often interpret the law and regulations to mean that BPA should be a strictly rationed and controlled version of traditional health and care services.

## BPA provides opportunities

Uloba's surveys show that BPA has positive effects for disabled people with assistance needs and their relatives.

In the years 2023–2025, around eight out of ten said that BPA is important for self-determination and independence. Nearly seven out of ten said that BPA makes it possible to participate socially and in leisure activities.

In several of the equality status assessments, relatively many said they participate in cultural and social life. For most of the minority who are participating in education or work, BPA is crucial.

## BPA policy contributes to exclusion

One of the most disheartening findings from the equality status assessments from 2025 and 2024 is that around half of the 18–66-year-olds who participated are neither in education, training, paid work, nor receiving an old-age pension (NEET). This is described as outsiderness by the Norwegian Government. By comparison, 20 percent of the entire Norwegian population between 20 and 66 years old are in the NEET-group. Those who are excluded have neither work income nor prospects of being able to obtain work income.

Among those of working age who responded to the surveys from 2020–2025, between 27 percent and 32 percent are in regular work.
In 2025, almost one in four of the 18–66-year-olds said they want to qualify for work by taking education, participating in the regular labour market, and/or work more hours per week. In the 2025 survey, about one in ten of the 18–66-year-olds who do not have a sufficient number of BPA hours, said this fact hinders them from working or having the percentage of employment they want. Overall, these findings suggest that local municipalities' frequent rejections of BPA applications prevent many disabled citizens getting the assistance they need in their free time to gain enough energy to work.

A positive finding is that the education level is high among those who responded to all six equality status assessments. At the same time, it points to that a much higher proportion could have been participating in the regular labour market. In the 2025 survey, we see that:

- 46 percent of the adults who responded have a degree from university or university college.

- 44 percent have completed upper secondary school or vocational school as their highest level of education.

## Exclusion entails poor standard of living

Some disabled people with assistance needs are unable to work. At the same time, it seems that the barriers many job seekers with assistance needs face are significant. The result for many of them are disability benefit and permanently poor living conditions.

An important barrier to labour market participation appears to be local municipalities' rationing of BPA hours. Among participants in Equality Status Assessment 2025 with BPA decisions, the proportion participating in the regular labour market was higher in the group with a sufficient number of BPA hours compared to the group with insufficient assistance. The Parliament has asked municipalities to grant a disabled worker the same few hours of assistance regardless of whether she applies for BPA or health and care services. Findings in the equality status assessments suggest that this has hindered Norway from achieving the goal of including far more disabled people with assistance needs in the labour marked. This also contributes to worsening the living conditions of disabled people with assistance needs.

In both 2024 and 2025, half of the adult respondents said that disability benefits is the only or the most important source of income. 43 percent of those who responded to the 2025 survey said their income was below 346,000 kroner in 2023 (below 30,900 Euro). Calculations from Consumption Research Norway (SIFO) show that many disabled people in this low-income group have cut both food consumption and electricity consumption in recent years. Low disability benefits entails that many disabled people with assistance needs are so financially constrained that they cannot participate socially and in other activities which cost money.

A good number of those who responded to the surveys from 2020–2025 seem to enjoy human rights related to participation in society and social communities, but many want to participate more and contribute more. Many participants in Equality Status Assessment 2025, 91 altogether, report that municipal BPA rationing contributes to their increased social isolation.

## Social isolation is a huge problem

Half of those who responded to the surveys from 2023, 2024, and 2025 say they are socially isolated. This is an indication that the overall goal of the Parliament's ambiguous BPA policy, "To follow up on the intention of the UN Convention on the Rights of Persons with Disabilities", to a limited degree has been met.

## Freedom reform with the handbrake on

Municipal administrate practice in the period 2015–2024 has contributed little to achieving the goals of the Parliament's BPA policy:

- The increase in the number of disabled people with BPA has been low.
- The majority of citizens with BPA, experience positive effects in the areas of equality, independence, and self-determination. But a large minority do not.
- Relatively many persons with BPA, have experienced that the municipality has taken away their control over their own assistance scheme. Control measures affect private life negatively.
- For some, BPA contributes to social and community participation.
- BPA helps many pursue education that qualifies them for work life.
- BPA rationing seems to hinder the achievement of employment goals.
- Rationing and exclusion contribute to half of participants in Uloba's survey is socially isolated.

The experiences conveyed by participants in the six equality status assessments from the period 2020–2025, show that BPA administrators need a legal text that clarifies how BPA applications should be processed in a way that safeguards the applicant's legal and human rights.

In 2022, organizations for disabled people, KS (the Norwegian Association of Local and Regional Authorities) and several municipalities were unanimous at one point in their consultation responses to the public investigation on BPA (NOU 2021:11). They agreed that BPA will not become a full-fledged equality tool as long as Parliament legally defines the scheme as an alternative organization of health and care services.

**Article 19 in The Convention on the Rights of Persons with Disabilities:**
"States Parties [...] shall take effective and appropriate measures to facilitate [...] persons with disabilities have access to [...] personal assistance necessary to support living and inclusion in the community, and to prevent isolation or segregation from the community."

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Uloba is Norway's largest facilitator of BPA. It was Uloba that developed BPA, Citizen-Controlled Personal Assistance, in Norway.

Uloba is an organization of, with, and for disabled people.
Uloba is part of the Independent Living movement, which says, “Nothing about us without us.”

This also entails that we disabled people ourselves know best what kind of assistance we need in order to live the way we want to. Uloba consists of disabled people who want to live independently. We fight together for this freedom.

Uloba is organized as a non-profit cooperative, which means that we are owned by the same people we are here for: the members.

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