The Norwegian Ministry of Health and Care Services will not make comments to the draft guidelines, though we recommend that the guidelines also take into consideration that there might be emergency situations and other public health crises that may demand that a person’s individual preferences may be restricted for a short period of time. The importance is that in case of restrictions, measures are accountable and based on quality standards.

Norway started a policy reform on deinstitutionalization for persons with disabilities about 30 years ago, and this principle is also guiding for care for persons with mental health disorders and older persons in need of care.

According to the Patient and User Rights Act, every individual has the right to necessary health and care services. Following this right, there is a right to an individual assessment of the persons needs and which services are necessary to meet the person's needs. Living arrangements can be part of a person’s health and care services if the municipality finds it necessary. Based on experiences, many municipalities will offer living arrangements known to meet the individual’s needs. However, because each individual shall be given an individual assessment, the municipality must consider whether the type of living arrangement is suitable for an individual’s particular need. The Patient/User is free to decline an offer regarding living arrangements, and choose to live in a private home.

The pandemic gave many experiences on how to provide services and meet the patients` and user`s needs in emergency situations. At the start of the pandemic, it was not possible to state with any certainty what the impact of each individual measure would be. However, it was well known that a part of the elderly population is vulnerable and must be protected. The main objective at the start was to protect the elderly and other high-risk groups from illness and death. Therefor there were introduced strict infection control measures, like visiting restrictions in long term care facilities. The measures were effective on preventing the spread of the disease.  At the same time, this had negative consequence for a lot of people, such as lack of visits from family members or other social activities. During the whole period the Norwegian Ministry of Health and Care Services had close contact with the Directorate of Health and the Norwegian Institute of Public Health. The development of the pandemic was closely monitored, including the consequences of the measures.

In the beginning of the pandemic, there was a lack of data and knowledge of the handling and burden of the disease. The advice and recommendations from the Directorate of Health and the Norwegian Institute of Public Health were based on best available research at the time. Due to feedback from civil society organizations, the national guideline has paid special attention to protecting vulnerable groups, such as people living in residential care facilities. However, the strict infection control measures did lead to extra burdens for many of the users of health and care services, such as closed or reduced services, loneliness and social isolation. We therefore had ongoing contact with the Norwegian Directorate of Health and the National Institute of Public Health.

The national guidelines were updated several times to ensure social contact and how the municipalities could facilitate this in a responsible manner. Clear recommendations to limit the use of employees across institutions and to have higher job fractions. In addition, special funds were allocated to vulnerable groups in general and residents in nursing homes in particular. This in order to help reducing the negative consequences of infection control measures.

We have no information on the use of torture and violence during the pandemic in care facilities, and the Norwegian government work to combat all use of violence and abuse in care facilities.

We would also like to mention that Norway  works on several major initiatives and measures that will help prevent violence and help and protect victims of abuse, e.g.  In August 2021, the government launched an action plan to prevent and combat domestic violence (2021–2024). Several measures are also taken by the state to strengthen the municipalities and hospitals in their line of work of preventing violence.

*Regarding the work against violence*

A national study from 2017, by the National Knowledge Centre on Violence and Traumatic stress (NKVTS), indicates an overall incidence of violence and abuse against older people living at home after the age of 65 years, between 6.8 and 9.2 percent. After receiving reports on abuse in nursing homes, the government also commissioned the Norwegian Directorate of Health to map examples of municipalities that work well to prevent and follow up violence and abuse in nursing homes, and how these municipalities work. This resulted in a report published in 2021, which provides factors of success from the municipalities and recommendations from the Directorate to the government on how to follow up the issues at hand, which is now under evaluation. The report included negligence, in addition to violence and abuse, and indicates, among other things, that 76% of the staff in the nursing home had on at least one occasion observed a colleague commit such actions against residents and 60% reported having committed at least one such event during the past year.

The government is constantly working on combating the challenges of elderly abuse and want to follow up the field in a holistic way, both in terms of looking at the nuances between negligence, violence and abuse, and include nursing homes and people living at home. The government works for a safe society with high quality services and quality of life for all.  Norway  works on several major initiatives and measures that will help prevent violence and help and protect victims of abuse, e.g. . In August 2021, the government launched an action plan to prevent and combat domestic violence (2021–2024). Several measures are also taken by the state to strengthen the municipalities and hospitals in their line of work of preventing violence.