



Convention on the Rights of Persons with Disabilities

Distr.: General
25 July 2023

Original: English
Arabic, English, French and
Spanish only

Committee on the Rights of Persons with Disabilities

Thirty-first session

12 August–6 September 2024

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

Replies of the Kingdom of the Netherlands to the list of issues in relation to its initial report^{*, **}

[Date received: 30 November 2022]

* The present document is being issued without formal editing.

** The annex to the present report may be accessed from the web page of the Committee.



Purpose & general obligations (arts. 1–4)

Reply to paragraph 1 (a) of the list of issues (CRPD/C/NLD/Q/1)

1. In preparation for the ratification of the UN Convention, all existing laws and regulations were assessed. Among other things, the assessment and parliamentary discussion led to the amendment of the Act on Equal Treatment on the Grounds of Disability or Chronic Illness (*Wet gelijke behandeling op grond van handicap en chronische ziekte*, WGBH/CZ), in which alignment with the social model of disability is reflected in the setting of a standard to gradually ensure general accessibility.
2. In terms of the further implementation of the UN Convention, we are focusing on an appropriate review of legislation in relation to the UN Convention. To this end, the Netherlands Institute for Human Rights (CRM) has created a guide, ‘Legislation and the UN Disabilities Convention’, which is referred to in the Guide to Constitutional Review and the Integrated Assessment Framework for Policy and Regulations (IAK).

Reply to paragraph 1 (b) of the list of issues

3. The responsibility of municipalities for implementation of the UN Convention at a local level is enshrined in the Social Support Act (*Wet maatschappelijke ondersteuning*, WMO) 2015, the Youth Act (*Jeugdwet*) and the Participation Act (*Participatiewet*), among other statutes. Municipalities have discretion that allows them to implement the UN Convention in a way that matches the local desires, needs and capabilities of residents and organisations. At the same time, through collaboration with the Association of Netherlands Municipalities (VNG), there has been an exchange of knowledge between municipalities regarding the implementation of a Local Inclusion Agenda (LIA). This will contribute to the harmonisation of local implementation.
4. In terms of the Caribbean Netherlands, work is being done in conjunction with local government and organisations to improve the position of people with disabilities. The aim is for the territorial scope of the Convention to be extended as soon as possible.

Reply to paragraph 1 (c) of the list of issues

5. The evaluation showed that awareness of the barriers that people with disabilities encounter in practice is increasing. More social initiatives focusing on accessibility and inclusion have been developed. The coordinating approach to the UN Disabilities Convention contributes to the promotion of initiatives, connection of parties and promotion of communication focused on raising awareness, stimulating knowledge development and using experience-based expertise.
6. This movement means the Netherlands is on the right track, but the UN Convention must remain on the agenda of companies, organisations and public authorities over the next few years. The focus of the follow-up plan is on achieving further concrete improvements. Various inclusion ambitions from the Coalition Agreement are now being translated into the policy agendas of a number of government departments. Agreements with VNG and small and medium-sized enterprises (SMEs) concerning commitments from municipalities and the business sector are being renewed. Inclusion pacts are being signed with social initiators on multiple issues arising from the UN Convention, such as the transition from education to the labour market for students with disabilities.

Reply to paragraph 1 (d) of the list of issues

7. VNG monitors the number of municipalities developing or implementing an Inclusion Agenda in accordance with the legal requirement. In the period 2018–2021, the number of municipalities with an LIA has increased. If municipalities do not have an LIA, VNG provides support to help them create one. VNG consistently communicates clearly to municipalities that residents with experience-based expertise must be involved in the development, implementation and evaluation of LIAs. Municipal councils have a supervisory role with regard to this requirement, since the periodic plans relating to the UN Disabilities Convention must be adopted by municipal councils.

Reply to paragraph 1 (e) of the list of issues

8. The use of experience-based expertise in policy-making is strengthened by close collaboration in the national implementation strategy between the Ministry of Health, Welfare and Sport and advocacy organisations that represent people with disabilities. There has been a marked increase in the involvement of people with experience-based expertise in discussions of policy issues within the Ministry. The Ministry's use of people with experience-based expertise has become more professional, due to a uniform approach to remuneration and the facilitation of useful information for all civil servants. For municipalities, a guide is available on how to involve people with experience-based expertise in work around LIAs. The number of municipalities that have involved people with experience-based expertise has increased in recent years.

Reply to paragraph 1 (f) of the list of issues

9. The government believes that an understanding of the financial and legal implications is important when deciding whether to ratify this Optional Protocol. The government has therefore requested the Council of State to provide information about these implications. This information was received on 30 June 2022. At the time of writing, the government is working on a policy response to the information.

Reply to paragraph 1 (g) of the list of issues

10. In the Explanatory Memorandum to the Approval Act for the Convention on the Rights of Persons with Disabilities (*Goedkeuringswet rond het Verdrag over de rechten van personen met een beperking*), the government explained why it needed to make or reiterate interpretative declarations in relation to a number of articles in the Convention. There is no reason to review these declarations at this time.

Reply to paragraph 1 (h) of the list of issues

11. In recent years, steps have been taken towards practical implementation and collaboration with the islands, including the improvement of care. More work must be done before the territorial scope of the Convention can be extended, particularly in the area of laws and regulations. It is necessary to identify the steps required and a realistic timeline for any future extension of territorial scope. Part of this will be the introduction of the WGBH/CZ. This legislative process will begin in 2023. We will also explore how the Act governing supervision of the mentally ill in the BES Islands (*Wet tot regeling van het toezicht op krankzinnigen BES*) should be applied.

Reply to paragraph 2 (a) of the list of issues

12. The Explanatory Memorandum to the Approval Act for the Convention indicated which articles would, in the opinion of the legislature, have direct effect. In the memorandum, the legislature listed the following articles: the right to protection from torture and cruel, etc. treatment and punishment in Article 15, the right to respect for physical and mental integrity in Article 17, Article 18(2) concerning the right to registration and a name, the right to freedom of expression in the preamble and first part of Article 21, and the right to privacy in Article 22(1). The final judgement about whether an article has direct effect will be made by the courts in a specific case.

Reply to paragraph 2 (b) of the list of issues

13. The Netherlands does not have any particular system to determine whether someone has a disability. However, people can receive support under the WMO 2015 to improve their self-sufficiency or participation, on the grounds of a disability or otherwise. Paragraphs 193, 202 and 283 of the 2018 initial report provide insight into how this works in practice. It involves a customised approach: a decision about appropriate support is made for each person, based on their individual circumstances and situation.

Reply to paragraph 2 (c) of the list of issues

14. With personal healthcare budgets (PGBs), people can purchase their own health care. People choose their own appropriate care and/or support, and contract care providers directly. The budgeted funds are held in an account with an implementing agency set up by the government (the Social Insurance Bank). This implementing agency makes payments on behalf of the care recipient to the care facilities or care providers contracted by the care recipient. Depending on the statute under which a person is receiving care and/or support, a PGB may be used for various forms of health care and/or support. This may include care, youth care, domestic help or guidance to improve self-sufficiency.

Reply to paragraph 2 (d) of the list of issues

15. A range of training programmes and forms of knowledge sharing relating to the UN Disabilities Convention are organised in various sectors. The CRM has created a guide (see the answer to Question 1(a)) and organised a number of meetings with policy advisers and people with experience-based expertise about promoting the use of such expertise in policy processes. VNG organises a range of knowledge sessions for municipal officers, while in the higher education sector, ECIO, the centre of expertise for inclusive education, runs knowledge sessions for student counsellors and educators.

Equality and non-discrimination (art. 5)**Reply to paragraph 3 (a) of the list of issues**

16. The WGBH/CZ prohibits discrimination on the grounds of disability or chronic illness in relation to the provision of work, accommodation, education, public transport and goods and services. In many cases, people with disabilities can ask for an appropriate adjustment to be made, unless this would impose a disproportionate burden; this excludes structural and technical adjustments to homes.

Reply to paragraph 3 (b) of the list of issues

17. At the moment, the government is exploring how the WGBH/CZ can be introduced to the Caribbean Netherlands. This is part of the broad implementation of equal-treatment legislation that the Ministry of the Interior and Kingdom Relations is working on. This legislative process will begin in 2023.

Reply to paragraph 3 (c) of the list of issues

18. The WGBH/CZ prohibits discrimination in a number of important areas, including labour, education, housing and public transport. Discrimination by association and intersectional discrimination are not explicitly prohibited. However, the Act does explicitly prohibit harassment.

19. The Criminal Code contains a number of discrimination provisions that protect against discrimination on the grounds of a physical, mental or intellectual disability and incitement to hatred on these grounds.

Reply to paragraph 3 (d) of the list of issues

20. Victim Support Netherlands (SHN) is a non-profit organisation that supports victims of criminal offences. SHN provides support with reporting an incident, submitting a claim for compensation in a criminal case and exercising a victim's right to address the court. In recent years, SHN has developed its own information dossier and tool to help staff provide better support to victims with a potential mild intellectual disability (MID).

21. The CRM handles cases relating to the WGBH/CZ; proceedings are free of charge. Local anti-discrimination services offer victims support in proceedings and mediation.

22. In the Netherlands, offenders face a range of penalties under anti-discrimination legislation. For example, depending on the offence, an offender may face a fine, community service or a custodial sentence. Alternatively, the parties may engage in mediation.

Women with disabilities (art. 6)

Reply to paragraph 4 (a) of the list of issues

23. The Netherlands has ratified the Istanbul Convention. Four departments and municipalities are working on compliance with the obligations arising from this convention, each based on their own responsibilities and capacities.

24. There are no specific policies in the area of gender equality in relation to the rights of women and girls with disabilities. When creating gender equality policy, the Minister for Gender Equality bears in mind the different qualities and identifying characteristics that people may have and encourages other ministers to apply a similar intersectional approach in their own policy areas.

Reply to paragraph 4 (b) of the list of issues

25. Girls and women who are victims of sexual violence can seek advice from Centrum Seksueel Geweld (the Sexual Assault Centre), Veilig Thuis (the domestic violence advice and reporting centre) or a women's shelter. If they need a place in a shelter with appropriate facilities, the organisations that run women's shelters can contact each other via the national network of women's shelters. The client can be given a place in a suitably equipped shelter in the Netherlands. When new shelters are built, the needs of people with disabilities are taken into account in the planning, construction or renovation stages.

Reply to paragraph 4 (c) of the list of issues

26. In cases in which charges are brought, the Public Prosecution Service and the courts do not keep records of whether victims of sexual violence have a disability. Accordingly, no statements can be made about the nature of the offending and the sanctions imposed in the cases concerned. Criminal prosecutions primarily focus on suspects; for each case, the criminal offence or offences to which the charge relates are recorded.

Children with disabilities (art. 7)

Reply to paragraph 5 (a) of the list of issues

27. The main principles of the human rights model are incorporated in the different laws that aim to support children with disabilities and their families. For instance, one of the main goals of the Youth Act is that children with a disability are supported and encouraged to participate in society with as much independence as possible. To achieve this, all levels of government organise and finance care and support that ranges from offering practical solutions for physical barriers to family guidance, counselling and educational support.

Reply to paragraph 5 (b) of the list of issues

28. There are different types of closed care facilities, depending on the kind of treatment that is required. Regardless of the type, the aim is always to prevent placement and offer intensive treatment at home or in open residential facilities. Placement in a closed care facility should be as short as possible, is meant as a last resort and is court ordered. Recently, the Dutch government has announced that their goal is to close all closed youth care facilities by 2030. Numbers for this type of placement have been declining in recent years.

Reply to paragraph 5 (c) of the list of issues

29. The General Data Protection Regulation (GDPR) distinguishes between personal data and special personal data. Special personal data, such as data about race, religion and health – including whether someone has a disability – are sensitive data. The processing of such data can result in a serious breach of a person's privacy. The recording of special personal data is not permitted, except in highly exceptional and urgent situations. As a result, whether a child has a disability is not recorded. The requested data are therefore not available.

Awareness-raising (art. 8)

Reply to paragraph 6 of the list of issues

30. In recent years, the communication strategy around the UN Convention has focused on energising the nationwide movement towards greater accessibility and has been a product of collaboration between the government and various parties. Public awareness and positive portrayals have played a key role. Examples include the *INC.Festival* (Ministry of Health, Welfare and Sport), *Accessibility Week* (Ieder(in)), the *Most Accessible Municipality Contest* (VNG), various social accessibility campaigns (MKB-Nederland (Dutch SME association)/Verbond van Nederlandse Ondernemingen-Nederlands Christelijk Werkgeversverbond (VNO-NCW), a Dutch employers' organisation) and the *Onbeperkt Spelen* (*play without limits*) campaign (SamenSpeelNetwerk). Advocacy organisations for people with disabilities were involved in these campaigns.

Accessibility (art. 9)

Reply to paragraph 7 (a) of the list of issues

31. The Environment and Planning Act (*Omgevingswet*) will take effect on 1 January 2023. Information about the Environment Act can be obtained from the Human Environment Information Centre. The website was tested for accessibility by an independent testing agency and improved on the basis of the test report. The promotion of accessibility of public spaces is explicitly embedded in the Act as a topic on which rules may be established. Decisions about new developments with consequences for the design of outdoor public spaces must take into account the importance of promoting the accessibility of those outdoor public spaces for people with disabilities. The current accessibility requirements for buildings have been incorporated in the Residential Construction Decree (*Besluit bouwwerken leefomgeving*) under the Environment and Planning Act. There is no direct monitoring of the implementation of this decree, but municipalities can monitor compliance.

Reply to paragraph 7 (b) of the list of issues

32. The Netherlands Standardisation Institute is currently working on a voluntary standard for accessible construction, together with a broad group of people representing the building industry, housing cooperatives, project developers, architects, public authorities and consumers. This standard may be regarded as a guide to more accessible construction and will be in addition to the general accessibility requirements already included in the Building Decree (*Bouwbesluit*). The standard will provide parties with a clear way to build more accessible buildings. Thought will also be given to ways to ensure that the standard is used as much as possible. The standard will be available from the end of 2023 for immediate use.

Reply to paragraph 7 (c) of the list of issues

33. The government is currently implementing the European Accessibility Act. Under this act, from 2025, certain products and services must be more accessible for people with disabilities. The government is working with a representative organisation of SMEs to support businesses to improve the accessibility of their products and services before that date.

34. In addition, the Administrative Agreement on the Accessibility of Public Transport (*Bestuursakkoord toegankelijkheid openbaar vervoer*) has been finalised. The Administrative Agreement sets out new, supplementary agreements to be implemented on top of existing obligations, to make public transport even more accessible.

35. There are currently no funds or programmes at the national level for public spaces.

Situations of risk and humanitarian emergencies (art. 11)

Reply to paragraph 8 (a) of the list of issues

36. Where relevant, in terms of both preparation and the implementation of measures, the crisis plans and scenarios formulated by the government, safety regions and municipal authorities take the needs of vulnerable groups into account as much as possible, including in refugee and migration contexts, and including persons with disabilities from Ukraine.

37. In terms of crisis communication, authorities act in accordance with EU directives with regard to accessibility, within the constraints of the technical possibilities and time pressure, and everything is focused on reaching all target groups.

38. In recent years, additional attention has been given to people who are dependent on Dutch sign language. This has led to the creation of an on-call function. Accessibility is an important principle in the development and refining of alert and crisis channels.

Reply to paragraph 8 (b) of the list of issues

39. From the start of the COVID-19 crisis, the relevant authorities worked closely with client and sector organisations and professional associations. Moreover, through various rounds of discussions with people with experience-based expertise and with experts, examples of lessons learned about the recent COVID-19 period were compiled, such as specific knowledge about target groups and strengthening home-based care and support. This will help with preparation for future crises. A focus on the health and position of people with disabilities continues to be necessary, potentially in the form of additional actions or measures.

Reply to paragraph 8 (c) of the list of issues

40. Crisis plans formulated by the government, safety regions and municipal authorities take the needs of vulnerable groups into account wherever possible, through the active involvement of various organisations of and for people with disabilities (including the Red Cross). One example is the government policy for tackling the COVID-19 pandemic, in which specific attention was given to making government communications about the crisis accessible, for example through the use of a sign language interpreter in press conferences. The government is also developing a new NL Alert, which aims to provide accessible information in emergency situations, for example by reading messages aloud and/or displaying a map of the crisis zone.

Equal recognition before the law (art. 12)

Reply to paragraph 9 of the list of issues

41. The system of protective administration, mentorship and tutelage is largely unchanged since the initial report of the Netherlands to the Committee in 2018. Reference is made to the declaration by the Netherlands under Article 12 of the Convention. According to the Netherlands' interpretation of the Convention, substitute decision-making is permissible in cases in which such measures are necessary, where they are used as a last resort, and provided sufficient safeguards are in place. Furthermore, people can go to a notary themselves and nominate a person to handle their affairs, if at any time they are unable to do so on their own.

Reply to paragraph 10 of the list of issues

42. No information about gender or disability is recorded in the courts' data collection systems. Based on the data collected, it is not possible to provide sufficiently reliable figures regarding age.

Access to justice (art. 13)

Reply to paragraph 11 (a) of the list of issues

43. Access to justice is equal for all. People with disabilities and those deprived of legal capacity are entitled to claim subsidised legal aid, subject to certain conditions.

44. An adult may be placed under guardianship (tutelage) if they are unable to properly look after their own interests. The guardian represents the person under guardianship in judicial and other matters. Furthermore, a court may appoint a protective administrator if an adult is unable, due to their physical or mental condition, to properly look after their own interests relating to property rights. The protective administrator represents the protected person in judicial and other matters. People who are involuntarily committed pursuant to a crisis measure under the Compulsory Mental Healthcare Act (*Wet verplichte geestelijke gezondheidszorg*, WVGZ) or are subject to detention under the Care and Compulsion Act (*Wet zorg en dwang*, WZD) automatically have a lawyer assigned to them by the court, free of charge.

Reply to paragraph 11 (b) of the list of issues

45. In the Netherlands, all court buildings comply with the Accessibility Handbook.

46. The courts began digitalising their systems some years ago. As a result, citizens can access digital information about an increasing number of aspects of the court system, including judicial proceedings. This information is available at www.rechtspraak.nl. This website has ‘*Drempelvrij*’ (barrier-free) certification and can thus be used by anyone, including people with disabilities.

47. The courts aim to make their communications as clear and simple as possible. The basic principle is that all information material should be at language level B1.

48. Courts also have sign language interpreters available.

Liberty and security of the person (art. 14)

Reply to paragraph 12 (a) of the list of issues

49. On 1 January 2020, the Compulsory Admission to Psychiatric Hospitals Act (*Wet Bijzondere opnemingen in psychiatrische ziekenhuizen*, BOPZ) was replaced with the WVGZ and the WZD. The WVGZ regulates the procedure for the provision of customized compulsory care and sets out the rights of people with a psychological disorder. The WZD regulates the same for people with intellectual disabilities or psychogeriatric disorders who are receiving involuntary care or are involuntarily committed to a care facility. The purpose of these acts is to strengthen and safeguard the legal position of the client in cases of compulsory care. Compulsory care may be used only as a last resort, when there is a risk of serious harm and all consensual care options have been exhausted.

50. If no consensual alternative is available, under the WZD, the care organisation must follow a step-by-step plan in which the situation is properly analysed, alternatives are assessed by a multidisciplinary team, and experts (preferably independent experts) are consulted for advice. Under the WVGZ, any form of compulsory care must be set out in a care authorisation, which must be issued by a court.

Reply to paragraph 12 (b) of the list of issues

51. Every client is entitled to a confidential adviser who can support them and provide information in response to questions that arise around compulsory care or upon committal or admission to a care facility that performs compulsory care, as well as during any complaints procedure. In addition, both the WVGZ and the WZD provide for a complaints committee. Decisions made by this committee may be appealed to the courts.

52. As a result of the WVGZ and the WZD coming into force, the payments for subsidised legal aid in these types of cases have been differentiated and increased.

Reply to paragraph 12 (c) of the list of issues

53. The WVGGZ provides for the legal protection of people who require compulsory care to eliminate a risk of serious harm. Compulsory care is a remedy of last resort, and the WVGGZ contains rigorous safeguards, such as an assessment by the court before an order for compulsory care (including committal) is issued. The WVGGZ requires all compulsory care imposed under the WVGGZ to be reported to the Health and Youth Care Inspectorate (IGJ) every six months, and there is a legal obligation to analyse these figures.

Reply to paragraph 12 (d) of the list of issues

54. The WVGGZ does not provide for any specific risk assessment system, other than that safety and the risk of serious harm to others are among the factors to be considered in relation to compulsory care. In line with the current understanding of community-based and recovery-oriented measures, the starting point for the Act is for care, including compulsory care, to be provided on an outpatient basis wherever possible, so that people can remain in their own environment if possible. The principle of reciprocity has a place in the Act, including in relation to contact between mental health care and municipal authorities with regard to the preconditions for social participation.

Reply to paragraph 12 (e) of the list of issues

55. Within the prison system, there are a number of cells for prisoners with disabilities, spread across a number of penal institutions (prisons). For care relating to ADLs (activities of daily living) for prisoners with disabilities, home care providers can be brought in.

56. There is also the standard medical care that is available in all prisons. If the care burden for a prisoner with a disability is too great for a prison, there will be a discussion with the Judicial Centre for Somatic Care (in Scheveningen Prison) about whether a transfer to the Centre is indicated. For example, there is greater capacity for ADL care at the Centre.

57. The Correctional Institution for the Caribbean Netherlands (JICN) provides customised care for people with disabilities.

Reply to paragraph 12 (f) of the list of issues

58. The Custodial Institutions Agency (DJI) does not hold such data about people with disabilities. Information about medical treatments is contained in prisoners' medical files. Access to these files is restricted to doctors.

Reply to paragraph 12 (g) of the list of issues

59. With regard to the additional protocol, 'The protection of human rights and dignity of persons with mental disorder with regard to involuntary placement and involuntary treatment', it was decided in the Council of Europe to first work on a recommendation to promote the use of voluntary measures in mental health care before voting on the adoption of the additional protocol. Moreover, the Netherlands will not become a party to the optional protocol, since the Netherlands has not ratified the Oviedo Convention, and the government has no intention of ratifying it.

Freedom from torture or cruel, inhuman or degrading treatment or punishment (art. 15)**Reply to paragraph 13 (a) of the list of issues**

60. Forced treatment may be necessary in extreme cases. The WVGGZ and WZD provide for a careful procedure in relation to the use of forced treatment. Under the WZD, all care that cannot be provided on a consensual basis must be assessed by multiple experts. All forms of compulsory care under the WVGGZ, including the administration of medication or treatment (such as electroconvulsive therapy), are assessed in advance by a court, with the patient being assisted by a lawyer in these proceedings. The actual application is subject to a

separate decision (which may be appealed) and must meet the criteria of proportionality, subsidiarity and effectiveness.

61. In the Caribbean Netherlands, the procedure is less extensive. Under Section 10 of the Act governing the supervision of the mentally ill in the BES Islands, any use of a coercive measure in relation to an in-patient in a mental institution must be recorded daily in a register. This register must be designed on the basis of a model to be established by or pursuant to a general order in council. It must also be presented on request, not only to the inspector, but to the Procurator General and the Governor of the public body (island) concerned. Decisions made by the Governor, who issues orders of committal, must obviously also comply with the general principles of good governance.

Reply to paragraph 13 (b) of the list of issues

62. The WVGGZ and WZD provide for independent monitoring and complaint mechanisms, including an extensive complaints procedure with the possibility of compensation, support from a confidential adviser and supervision by the IGJ.

Reply to paragraph 13 (c) of the list of issues

63. In the measures taken to improve closed youth care facilities, no distinction is made with regard to the children's issues. This severe form of youth care is aimed at all children with serious issues stemming from their upbringing. Through a bill on the legal position of children in closed youth care facilities, the government is aiming to strengthen the legal position of children in such facilities, including through the statutory introduction of the 'no, unless' principle. The bill will also include an exhaustive list of the freedom-restricting measures that are permitted. Under the bill, an institution may apply a freedom-restricting measure only if it is necessary, if no less-burdensome alternative exists and if the measure is proportionate.

64. From 1 July 2023, all closed youth care facilities must comply with field standards for the reduction of freedom-restricting measures. A study of young people in all forms of residential youth care facilities showed that the majority (around 80%) feel safe in the facility. At the same time, a minority (25–33%) have witnessed violence, either against themselves or against others. This study also included guidance for organisations and professionals on how to improve the atmosphere in institutions. The study will be repeated in 1–2 years, to monitor whether the young people's perception of safety has improved and whether they are witnessing fewer violent incidents.

Freedom from exploitation, violence, and abuse (art. 16)

Reply to paragraph 14 (a) of the list of issues

65. To prevent sexual abuse, schemes have been set up to encourage schools (including those in the special education sector) to systematically give attention to the subject of relationships and sexuality and to teach students, among other things, how to express wishes and set boundaries. Schools with vulnerable students are given priority with regard to the allocation of money under these schemes.

66. There are tools available to help health care professionals talk about sexuality with people with disabilities, as well as tools on how to recognise sexual abuse and what to do if they learn about or suspect sexual abuse.

67. In the autumn of 2022, a policy vision will be released on the promotion and protection of sexual health. It will cover improving the sexual health of a range of vulnerable groups.

Reply to paragraph 14 (b) of the list of issues

68. Examples of tools used include the individual assessment, which is used by police, and the reporting code on domestic violence and child abuse for professionals.

69. The individual assessment is a procedure in which the vulnerability of victims is systematically and structurally assessed. Once a victim has been established as being vulnerable, protective measures can be put in place, such as a restraining order.

70. The reporting code on domestic violence and child abuse helps professionals report and deal with cases or suspicions of domestic violence or child abuse. The reporting code is designed for cases or suspicions of physical violence, psychological or sexual violence and neglect.

Reply to paragraph 14 (c) of the list of issues

71. The Healthcare Quality, Complaints and Disputes Act (*Wet kwaliteit, klachten en geschillen zorg*, WKKGZ) requires health care providers in disabled care facilities to report violence in the care relationship to the IGJ. This includes inappropriate sexual behaviour. A similar reporting obligation applies under the Youth Act to youth care facilities, certified institutions and Veilig Thuis organisations.

72. In the context of prevention, the IGJ actively works to increase awareness of the Safe Care Relationship Guidelines among health care and youth care providers. These guidelines give providers a tool for preventing inappropriate behaviour and abuse towards a client by professionals and volunteers. Finally, the WKKGZ requires health care providers to set up a complaints mechanism for the effective and accessible receiving and handling of complaints (Section 13.1).

Reply to paragraph 14 (d) of the list of issues

73. The Participation (Clients of Care Institutions) Act (*Wet Medezeggenschap Cliënten Zorginstellingen*, WMCZ 2018) came into force in 2020. This Act ensures that clients are involved in the policies of the care facility. Facilities where people reside over the long term must organise consultation opportunities for their clients with regard to issues that directly affect clients' daily lives. Facilities where more than ten care providers work are required to have a client council, to represent the common interests of clients. Client councils monitor whether the position and rights of people with disabilities are being properly safeguarded.

Reply to paragraph 14 (e) of the list of issues

74. People with a MID are particularly vulnerable to becoming the victims of human trafficking. To prevent the exploitation of this group, work is being done to increase awareness among professionals. A MID expertise centre has developed reporting guidelines and a webinar series for professionals and is encouraging cooperation between care and security partners. In addition, the NGO Koraal (which works with people with a MID) has created a video series as well as e-learning and reporting tools for professionals. In 2022, broad-based regional meetings were held to allow sector partners to exchange knowledge for the purpose of identifying issues and solutions.

Reply to paragraph 14 (f) of the list of issues

75. In youth care facilities, freedom-restricting measures such as isolation and restraint are never used as disciplinary measures. Freedom-restricting measures are used exclusively when a court has issued authorisation to that effect. Detention is permitted exclusively in the event of danger or when required to achieve necessary goals for the young person. A bill currently before Parliament provides for detention to be permitted only in emergency situations, for children aged 12 years or over and in child-friendly rooms. The intention is for this bill to come into force on 1 January 2024.

Protecting the integrity of the person (art. 17)

Reply to paragraph 15 of the list of issues

76. Under the Medical Treatment Contracts Act (*Wet op de geneeskundige behandelingsovereenkomst*, WGBO), care providers have an obligation to inform patients

about proposed treatment in a comprehensible way and as fully as possible and to obtain patients' permission. We refer to this as 'informed consent'.

Liberty of movement and nationality (art. 18)

Reply to paragraph 16 (a) of the list of issues

77. Reception facilities take account of the specific circumstances of people with disabilities. Residents (of a reception facility) who have a disability can receive medical aid or home care or be placed in a specialist facility. People can contact the Central Agency for the Reception of Asylum Seekers (COA) for information, and the website myCOA has been translated into ten languages. Residents can find health care information by searching for and printing out information sheets. Health care guidance informs residents about medical care in the Netherlands and where they can go to seek help with medical issues. If necessary, an interpreter can be called to assist in these conversations.

78. Information sheets are available on the organisation of health care in the reception facility and in the Netherlands in general, and on COVID-19, pregnancy, dentistry and hazards in nature areas and the environment. There are also other information sheets that cover how the health care system is organised for residents.

79. The information in these information sheets can be generated by selecting the 'information sheets' option, then using search words and search questions.

Reply to paragraph 16 (b) of the list of issues

80. The COA is responsible for the reception of asylum seekers and refugees. Municipal authorities and private individuals are responsible for the reception of displaced persons from Ukraine. People in municipal or private reception facilities are eligible for financial support.

81. The Netherlands is known for the strong commitment of civil society organisations in many areas, including the reception of refugees. Some of these organisations receive grants from the central government or local authorities.

Reply to paragraph 16 (c) of the list of issues

82. Data about disabilities, whether visible or not, is recorded in the personal files of the asylum seekers or refugees concerned. The GDPR sets rules around the collection and sharing of personal data. Without a clear reason or purpose, there is no legal basis for collecting and sharing this information. The government does not see sufficient reason to create such a legal basis.

Living independently and being included in the community (art. 19)

Reply to paragraph 17 (a) of the list of issues

83. The WMO 2015 and the Long-Term Care Act (*Wet langdurige zorg*, WLZ) are framework legislation and are generally accessible. Under the WMO, if you are not self-sufficient, your municipal authority can provide you with general or customised services if the social network cannot meet your needs. For the WLZ, the criterion applies that there must be an ongoing need for permanent supervision or 24/7 care.

Reply to paragraph 17 (b) of the list of issues

84. In consultation with people with disabilities and their relatives, the care facility concerned considers which place would be the most suitable. The decision depends on the availability of housing and financial resources. The housing shortage is being addressed, and there will be a wider selection of suitable homes for people with disabilities. Through the 'A home for everyone' programme, the government is committed to improving housing for people in vulnerable situations, including people with disabilities.

Reply to paragraph 17 (c) of the list of issues

85. Under the Youth Act, WMO 2015, WLZ and ZVW, a client may choose between contracted care in kind or a PGB. With PGBs, budget holders decide for themselves, within the frameworks that apply to their PGB under the various care acts, what level and type of care and support they wish to receive in their daily lives. PGBs may be combined with a rent subsidy and a benefit under the Disablement Assistance Act for Handicapped Young Persons (*Wet arbeidsongeschiktheidsvoorziening jonggehandicapten*, Wajong); together, these payments help people with disabilities to live independently.

86. The Youth Act and WMO 2015 set out the frameworks for the provision of a PGB, which gives municipal authorities latitude to shape their own PGB policies. This allows them to be responsive to local circumstances and provide customised solutions to their residents.

Reply to paragraph 17 (d) of the list of issues

87. Data are only available on the numbers of clients with disabilities living in residential institutions. These data do not cover closed youth care facilities. An overview of the figures can be found in Annex A.

Personal mobility (art. 20)**Reply to paragraph 18 of the list of issues**

88. Municipal authorities and the Ministry of Health, Welfare and Sport promote the use of technology, including by people with disabilities, which potentially includes asylum seekers/refugees. If they are lawfully resident in the Netherlands, under the WMO 2015, they are entitled to receive mobility aids. They can then use a PGB to purchase the aids and assistive devices themselves. They are also automatically insured for the same level of health care to which native-born Dutch citizens with health insurance are entitled. Those specific entitlements are set out in the Medical Care Scheme for Asylum Seekers (*Regeling Medische zorg Asielzoekers*, RMA).

Freedom of expression and opinion, and access to information (art. 21)**Reply to paragraph 19 (a) of the list of issues**

89. On 1 July 2021, Dutch Sign Language was recognised in the Dutch Sign Language Recognition Act (*Wet erkenning Nederlandse Gebarentaal*). The Dutch Sign Language Advisory Board was set up on 1 January 2022. It is tasked with advising the government on the promotion of the use of Dutch Sign Language in society. At present, an initial request for advice from the Ministry of the Interior and Kingdom Relations is being prepared, in which the Advisory Board will be asked to provide advice about the drafting of policy rules to promote the use of sign language in public speeches by cabinet members, government communications and legal transactions. The Advisory Board is also preparing an initial advisory report on its own initiative.

Reply to paragraph 19 (b) of the list of issues

90. Through interpreting services, hearing-impaired people are entitled to a set number of interpreter hours per year for the use of a sign language interpreter or speech-to-text-interpreter in three areas: work, education and private situations such as a hospital visit or family party. On 1 July 2019, all interpreting services were combined in a central service desk to promote the accessibility of the services. The departments concerned, the interpreters themselves and disability advocates are in constant dialogue to remove perceived hurdles for users of interpreters where possible.

91. The Ministry of Education, Culture and Science has no substantive influence over the curriculum of training courses for sign language interpreters. Institutions can spread the funding they receive across the statutory objectives they are required to meet. This allows scope for customisation to strengthen sign language interpreting courses.

Reply to paragraph 19 (c) of the list of issues

92. Government agencies are legally required to make all government websites and mobile applications more accessible and explain how they have done so in a standardised accessibility statement. This requirement has been widely communicated to government agencies, including through the website <http://www.digitoegankelijk.nl/>.

93. Audio description is legally required for all pre-recorded video content in synchronised media on government agency websites and mobile applications.

94. From 2025, businesses will have to meet the requirements of the European Accessibility Act. This means that information about products and services must be pitched at a level that is easy to understand and conveyed in at least two different ways.

Reply to paragraph 19 (d) of the list of issues

95. The Netherlands has implemented the requirements of the Web Accessibility Directive (WAD, EU Directive 2016/2102), to ensure the accessibility of websites and mobile applications (apps) of public sector bodies (PSBs). The referenced norm covers all 50 level A and AA success criteria of the Web content Accessibility Guidelines (WCAG) version 2.1 of the World Wide Web Consortium (W3C). Detailed insight into the level of compliance of PSB websites and apps is provided through a public register available at <https://www.toegankelijk-heidsverklaring.nl/register> and progress is actively monitored.

Right to privacy (art. 22)**Reply to paragraph 20 of the list of issues**

96. The WZD and WVGZ stipulate that, if clients do not consent to video monitoring, it may not be used, unless there is a risk of serious harm. In that situation, care providers must comply with all requirements in the WZD and WVGZ. Under these acts, care professionals may exchange medical file data without a client's permission if it is strictly necessary to prevent or limit a risk of serious harm and it is required for the performance of their task. The Ministry of Health, Welfare and Sport regularly consults with representatives of client organisations about these regulations. They are consulted in advance about changes in policy or regulations.

Respect for home and the family (art. 23)**Reply to paragraph 21 (a) of the list of issues**

97. The Participation Act (*Participatiewet*) is a safety-net scheme intended to cover essential living costs, for people who cannot cover these costs in other ways. Where there are multiple people aged 21 years or older in a household, living costs can be shared. Accordingly, in 2015, the co-resident rule was introduced, which resulted in benefit payments being reduced. A 2020 study revealed that this caused problems. The co-resident rule has now been changed so that young people up to the age of 27 are no longer counted as cost-sharing co-residents for other members of their household. The co-resident rule does not apply to disability benefits paid by the Netherlands Employee Insurance Agency (UWV).

Reply to paragraph 21 (b) of the list of issues

98. Under the WMO, a subscription fee applies to both customised and general services with a sustainable care relationship. This contribution is a fixed amount (€19) that is the same for everyone, regardless of income or living arrangements.

99. Under the WLZ, personal contributions are calculated on the basis of income and assets, with a partner's income and assets also being taken into account in the calculation. A distinction is made between high and low personal contributions. Broadly speaking, the low personal contribution is paid if a client is responsible for their own living expenses or those of a child, stepchild or foster child. If a client receives the full in-home package, the modular

in-home package or a personal health care budget, the low personal contribution will always be imposed.

Reply to paragraph 21 (c) of the list of issues

100. With a PGB, parents can procure care and support at home for their child and could potentially pay themselves as informal care providers. Under the WLZ, in-home care can also be provided via the full in-home package (one care facility provides all in-home care) or modular at-home package (multiple care facilities provide in-home care). If desired, independent client support providers can help families to find good care and support. This enables children to keep living at home.

101. Respite care is available to relieve the burden on parents/caregivers of care tasks, which can sometimes be intensive. There is also funding for school transport, and resources and medical aids can be provided at home.

Reply to paragraph 21 (d) of the list of issues

102. Families are supported so that their child with a disability can continue to live at home, through the provision of care and support, practical resources such as home adaptations and respite care. Under the WLZ, more funding can be provided to enable children to be cared for at home, so that they do not have to live in an institution. At the same time, there are families who choose residential care for their child, when, in spite of all the support, they deem it necessary, in the best interests of their child and other family members, for their child to live elsewhere. Residential organisations involve parents and families in all of the care and support that they provide. Spending weekends with the family is possible, as is part-time residential care.

Education (art. 24)

Reply to paragraph 22 (a) of the list of issues

103. The government is committed to inclusive education, with the objective that children with and without disabilities or illnesses to go to school together. In collaboration with the education sector, this spring the development of a future scenario for inclusive education in 2035 started and an associated road map with actions to help that future scenario become reality. The road map will shortly be submitted to Parliament and then actively distributed further afield.

Reply to paragraph 22 (b) of the list of issues

104. In the Netherlands, all children, with or without a disability, have access to the publicly funded education system. Access to this system cannot be denied on the grounds of a student's disability.

Reply to paragraph 22 (c) of the list of issues

105. The aim of the 'education that fits!' Policy education is to enable more children to attend school in their own or a neighbouring community (close to home). The 25 measures in the improvement plan for 'education that fits!', presented in 2020, ensure that more and more children are able to participate in mainstream education. Parents and pupils are involved in discussions about individual support, and extra resources are provided for gifted pupils. Monitoring of cooperation between schools in the region has improved, as has monitoring of the obligation to find a suitable place in the region for every student. The quality framework for school buildings contains specifications for making schools accessible for people with disabilities and has a separate annex for special education. In addition, work is being done to refine the strategy for dealing with absenteeism, to reduce the number of children out of school without a good reason to zero. In this regard, the improvement of education that fits! is essential, as is cooperation in the area of education and care and the possibility of digital distance education.

Reply to paragraph 22 (d) of the list of issues

106. Work is being done on four improvement tasks for secondary vocational education (MBO): acceptance of aspiring students and the involvement of their parents; the quality of support from teaching teams; collaboration between MBO, the youth care system and the adult care system; and supervision on work placements and with initial steps into the labour market.

107. In higher education, institutions offer customised programmes for students who need support. Institutions share practical examples within the National Student Wellbeing Network. At a policy level, obstacles for students with disabilities are discussed with, among others, student unions and educational umbrella organisations in the National Student Wellbeing Working Group. The Centre of Expertise for Inclusive Education supports the facilitation of students with disabilities through training courses and a knowledge database.

Reply to paragraph 22 (e) of the list of issues

108. The professionalisation of teachers occurs at the local level, being the responsibility of school boards. In the professionalisation and training of teachers, schools and teacher-training programmes must comply with national frameworks (competence requirements). A teacher is pedagogically proficient if they can apply differentiated teaching methods and take account of differences between students. Since the introduction of suitable education in 2014, more attention has been given to ensuring all children can get a place in a school that is suited to their qualities and abilities. This is increasingly reflected in teacher-training programmes and professional development for teachers.

Reply to paragraph 22 (f) of the list of issues

109. Figures on students with disabilities in special education and educational pathways can be found in Annex B.

110. Data about the age and gender of students in special education are sensitive for privacy reasons. No reliable data on students with disabilities in the general education system are available, because, since 2014, students in the Dutch system no longer require a diagnosis to receive additional support.

Health (art. 25)**Reply to paragraph 23 of the list of issues**

111. Midwives ask all pregnant women in the first trimester of pregnancy whether they would like to be given information about prenatal screening. If a pregnant woman does not wish to receive such information, it is not given to her ('right not to know'). However, if she does wish to receive this information, a counselling conversation is arranged, in which no value judgements are expressed, on the basis of which the pregnant woman decides whether to undergo prenatal screening. Not undergoing the screening is always an option.

Reply to paragraph 24 (a) of the list of issues

112. In the legislation relating to quality of care (specifically the Healthcare Quality, Complaints and Disputes Act (WKKGZ)), the general rule is that the care provided must manifestly be 'good care'. Accessibility is an integral part of 'good care'. The IGJ monitors the quality of care and has enforcement powers in situations where it deems it necessary.

113. In oral health care, Special Dental Care Centres (CBTs) are available for patients who cannot go to an ordinary dentist. These centres focus on providing 'special' dental care (consultation, diagnosis and treatment) to patients with severe dental, intellectual, physical or medical disabilities (known as 'special care groups'). A legal exemption has been created for these special care groups, so that they can claim reimbursement of oral health care costs under a basic health insurance policy. For other adults, there is no reimbursement of oral health care costs.

Reply to paragraph 24 (b) of the list of issues

114. In relation to places in disabled care facilities, the trend in waiting lists is as follows. Information is based on national agreements about the definitions to be used and the records that must be kept (iWLZ).

115. Annex C contains an overview of recent figures.

116. More detailed information can be found on the following website, on a monthly basis: <https://www.zorgcijfersdatabank.nl/toelichting/wachttijstinformatie/wachttijsten-landelijk-niveau>.

Reply to paragraph 24 (c) of the list of issues

117. On this point, paragraphs 277 and 278 in the 2018 report remain fully relevant. The CanMEDS model provides an excellent basis for ‘good professional behaviour’ in health care, taking account of each person’s limitations and giving due attention to ethical aspects. The Medical training framework plan published in 2020 (20.1577_Raamplan_Artsenopleiding_-_maart_2020.pdf (nfu.nl)) is based on the CanMEDS model. It emphasises that doctor and patient must decide together on the most appropriate care and highlights the importance of optimising functioning and quality of life in spite of disease and disability.

Work and employment (art. 27)**Reply to paragraph 25 (a) of the list of issues****Benefits and employment support from municipal authorities**

118. For people in the Netherlands who do not have enough money to support themselves, there is a safety-net benefit (welfare support) under the Participation Act that supplements any income they may already receive to bring it up to the social minimum income. The Participation Act also offers these people, as well as those who are not entitled to a benefit, support towards work. This applies to people both with and without an occupational disability.

Benefits paid by the UWV

119. People with disabilities may receive a Wajong or WIA benefit from the public employment service (UWV) if they are regarded as having a full or partial incapacity for work. The UWV is responsible for supporting people who receive a benefit from the UWV and have a partial capacity for work towards work.

Labour force participation figures can be found in Annex D.

Reply to paragraph 25 (b) of the list of issues

120. The Netherlands is committed to increasing labour force participation opportunities for people with occupational disabilities by working on preventing labour market discrimination and removing obstacles to entering the workforce. Measures have also been taken to improve laws and support options. In addition, sheltered employment opportunities are provided as required, and an agreement has been reached with social partners to create 125,000 extra jobs by 2026 for people in the Jobs Agreement target group. Furthermore, the Netherlands works on innovation and encouraging business to become ‘inclusive employers’.

Reply to paragraph 25 (c) of the list of issues

121. By ‘people with occupational disabilities’, we mean people with disabilities who cannot work, or cannot work full time, or whose work output per hour is less than that of a person with no disability.

Reply to paragraph 25 (d) of the list of issues

122. The government has put in place measures to promote the labour force participation of people with occupational disabilities and is aiming to secure more hours of work and better

pay, for example with a new waiver of 15% of the income from employment of employees receiving a wage subsidy in addition to a social assistance benefit. The government has also increased the statutory minimum wage and reduced the tax burden on labour. Increasing the reimbursement rate in the childcare subsidy to 96% is crucial to reducing the gender pay gap. This makes childcare financially more accessible and makes it easier to combine care and work.

Reply to paragraph 26 (a) of the list of issues

123. On behalf of the CRM, Statistics Netherlands (CBS) has researched the social participation of people with disabilities. The indicators provide insight into the participation of people with disabilities (chronic conditions and/or long-term mental illnesses) in education and employment.

124. In 2021, the Netherlands Institute for Social Research published a report about the accessibility of public spaces, sport, public meetings, social activities and the financial resources required to engage in such activities.

Reply to paragraph 26 (b) of the list of issues

125. Alongside the tools of loss-of-income benefits in the event of illness, incapacity for work and unemployment, welfare support is a general safety net. Income equality is promoted through income redistribution via taxation (tax credits) and allowances for specific expenses (rent, health insurance and children/childcare). For Wajong benefit recipients specifically, the young disabled persons tax credit is available. People who are unable to work are eligible, subject to certain conditions, for the annual Incapacity for work allowance.

Special support with specific costs is available through municipal authorities. In addition, specific care expenses are tax deductible.

Reply to paragraph 26 (c) of the list of issues

126. In late 2022, a national plan will be launched to reduce homelessness in the Netherlands. The key pillars of this plan will be preventing homelessness and ensuring that, if someone does become homeless, they are given a suitable place to live, with supervision, as quickly as possible (the 'housing first' principle). The plan will focus on all homeless people, including people with psychosocial disabilities. With this plan, the government is building on other actions that have been taken in recent years.

Participation in political and public life (art. 29)

Reply to paragraph 27 (a) of the list of issues

127. The Electoral Act (*Kieswet*) permits assistance to be given in the voting booth only to voters who need help due to their physical impairment. Legislation is being prepared that would enable trials to be carried out in which anyone who indicates that they need help can ask for assistance in the voting booth.

128. In the run-up to the 2021 and 2022 elections, the Ministry of the Interior and Kingdom Relations worked in close collaboration with advocacy organisations to ensure the elections were accessible, including providing accessible, easy-to-understand information.

129. An increasing number of municipal authorities provide templates with audio support, allowing voters with a visual impairment to vote independently.

Reply to paragraph 27 (b) of the list of issues

130. Political office holders with disabilities have specific amenities related to their legal status. They can be reimbursed for special amenities and suitable transport services in connection with a long-term disability, in the same way as employees.

131. An Action Plan aims to get more people with disabilities into political and management roles by putting them in the same starting position as people with no disability. The Taskforce, which comprises people with experience-based expertise, is already operating.

A website will be launched shortly to answer questions from and for this target group. The Action Plan also contains suggestions for political parties and advocacy organisations.

Participation in cultural life, recreation, leisure and sport (art. 30)

Reply to paragraph 28 of the list of issues

132. In the areas of sport, recreation and culture, various activities take place that aim to increase accessibility and inclusion. For example, a sub-agreement about inclusion was agreed as part of the National Sports Agreement, and inclusion is a theme of local sports agreements. In addition, the SamenSpeelNetwerk has been set up. This is a national network for knowledge sharing and knowledge development regarding inclusive play. To promote access to cultural life for people with disabilities, the cultural sector has adopted the *Diversity, inclusion and accessibility code*. As well as a code of conduct, it provides a scan and master classes, as well as a range of guidelines. The national Cultural Participation programme focuses on removing physical, social and psychological barriers to active participation in cultural life. The Public Libraries Act (*Wet stelsel openbare bibliotheekvoorzieningen*, WSOB) states that libraries must be digitally and physically accessible for all. In the performing arts, accessibility is promoted through the Inclusive Performing Arts Agenda 2020–2024, as well as in other ways. One of the results of this agenda is a collection of initiatives, organisations and activities involved in inclusion, which can be found on the online *National Map of Inclusive Performing Arts*. In the festival sector, the Accessible Festivals Road Map has been developed to support and provide information to organisers.

Statistics and data collection (art. 31)

Reply to paragraph 29 (a) of the list of issues

133. In 2019, to monitor the progress of efforts around the UN Convention, the National Institute for Public Health and the Environment (RIVM) developed an overview of statistics in collaboration with various knowledge institutions and source data owners. Since then, this overview has been supplemented each year with the latest figures. The overview of statistics provides insight into the movement towards greater accessibility, participation and inclusion on a range of themes from the UN Convention. The overview contains quantitative data on these themes, but it has been supplemented in recent years with qualitative information about good practices. This autumn, the monitor will be refreshed under the guidance of the RIVM, to become a widely supported approach that is better aligned with the current situation.

134. There is currently no clear overview of statistics for the Caribbean Netherlands. There is also less of a need for quantitative data, given the small scale of the islands. The progress of policy efforts is discussed in direct consultation with the organisations involved, primarily on the basis of experiences and data from these organisations.

Reply to paragraph 29 (b) of the list of issues

135. The figures in the Participation Monitor represent an important part of the overview of statistics (mentioned above). The Netherlands Institute for Health Services Research (NIVEL) uses these figures to monitor the extent to which people with disabilities participate and what their needs are in terms of participation in society. The data are collected from various panels in which people with disabilities are surveyed. Ieder(in), the organisation that represents people with disabilities, has a seat on the programme committee established around the Participation Monitor.

International cooperation (art. 32)

Reply to paragraph 30 of the list of issues

136. Inclusion and improving the position of people in a disadvantaged position are key focus areas of Dutch international cooperation policies. Diversity and inclusion are embedded in policies aimed at strengthening civil society, humanitarian aid, young people,

employment and education. Under the policy framework ‘Strengthening Civil Society’, launched in 2021, the importance of inclusion and support of the most vulnerable groups is a central focus. As an example, the We Are Able! programme improves the food security situation of people with disabilities in six African countries.

National implementation and monitoring (art. 33)

Reply to paragraph 31 (a) of the list of issues

137. The Ministry of Health, Welfare and Sport, in its coordinating role, is allocated a certain amount of funds each year. Among other things, this budget is spent on the projects of administrative partners relating to the strategy for implementing the UN Convention (the Alliance for the Implementation of the CRPD, VNG and the VNO-NCW). This provides a boost to the use of experience-based expertise and the involvement of municipal authorities and business sectors. The budget is also spent on knowledge sharing, monitoring and a commitment to communication and awareness-raising.

138. In its coordinating role, the Ministry of Health, Welfare and Sport is committed to collaborating with municipal authorities, the business community, social organisations and other government departments. Every government department working on the strategy for implementing the UN Convention funds its work from its own allocated budget. Financial information about specific measures, activities and projects is accounted for in departmental budgets.

139. Unlike in the European Netherlands, services relating to the UN Convention in the Caribbean Netherlands are directly funded by the Ministry of Health, Welfare and Sport, since the Ministry also performs the role of health insurer on the islands. The Ministry also makes special payments to the public bodies to fund projects.

Reply to paragraph 31 (b) of the list of issues

140. In the response to Question 1(e), we indicated that we collaborate in various ways with people with experience-based expertise and representative organisations. In the response to Question 29(b), we explained how people with experience-based expertise and representative organisations are involved in data collection and analysis.

141. In the response to Question 31(a), we mentioned that the Alliance for the Implementation of the CRPD is a key partner in the implementation strategy. Together with our other partners, the VNO-NCW, SMEs and VNG, we conduct regular consultation, in which the involvement of these organisations in the strategy is given shape and substance.
