

DOTCOM: The Disability Online Tool of the Commission

Netherlands

A. UN Convention status

A1. Ratification or conclusion of the UN Convention

The Netherlands signed the UN CRPD on 30 March 2007. An Approval and an Introductory Act needed for ratification were sent to the Parliament in July 2014. The ratification followed on 16 June 2016. The implementation started as of July 2016. The Act to ratify the UN CRPD acknowledges that the civil and political rights in the UN Convention should be implemented immediately upon ratifying. Other 'obligations of the Convention will be implemented gradually'.

The ratification process lasted nine years. The Dutch Constitution requires that all necessary changes in the legislation are identified in an Approval Act for ratification of any Convention. The Ratification Act declared a change of the Electoral Act and the Act on Equal Treatment on the Grounds of Disability or Chronic Illness (2003) in order to implement all obligations of the CRPD. The change of the Act on Equal Treatment on the Grounds of Disability or Chronic Illness broadened the scope of the Act in relation to delivery of goods and services. The change on the Electoral Act entails the obligation to make 'as much as possible but at least 25%' of polling stations accessible for people with physical disability. The Approval and Introductory Act contained a cost-benefit analysis of the implementation of the UN CRPD, that led to the broadening of the scope of the Equal Treatment Act on delivery of goods and services. It suggested three possible scenarios, from 18,4 to 106,7 million euros, when obligations are met gradually over the period of 30 years.

Links

Approval and Introductory Act on the UNCRPD including Parliamentary debates

<https://zoek.officielebekendmakingen.nl/dossier/33990>

Human Rights Institute Netherlands on the CRPD and its implications

<https://www.mensenrechten.nl/dossier/nederland-en-het-verdrag-inzake-de-rechten-van-personen-met-een-handicap>

A2. Ratification or accession to the Optional Protocol

The Netherlands has not signed the Optional Protocol of the UN CRPD. The formal reason for this is that the UN CRPD grants rights that are also granted in the International Covenant on Economic, Social and Cultural Rights, in which no competence of a Committee to receive and consider communications by or on behalf of individuals or groups is established. Signing the Optional Protocol of the UN CRPD would then lead to inequality between individuals with disabilities and individuals without disabilities. However, on 15 January 2010, the Netherlands signed the Optional Protocol to the International Covenant on Economic, Social and Cultural Rights (ICESCR). In December 2016, a proposal to ratify this Optional Protocol was sent for advice to the State Council. The argument about inequality between individuals with and without disabilities would then suggest signing the Optional Protocol of the UN CRPD. The

Government expressed concerns that ratifying optional protocols on the International Covenant on Economic, Social and Cultural Rights (and likewise the CRPD) could lead to a series of complaints on austerity measures. Furthermore, the Government wanted to explore what implications of the ratification could be for the Netherlands. The Netherlands Institute of Human Rights (SIM) was commissioned to study the consequences of ratifying the Optional Protocol of the ICESCR, and whether three specific austerity measures affecting grants for students and free school manuals could be considered as a breach of the right to education. The study has been published, but without any comment so far on the results and policy implications.

The Dutch section of the International Commission of Jurists NJCM (an Association of jurists working on human rights issues) strives for the ratification of the Optional Protocol of the ICESCR. According to the NJCM, Dutch courts are traditionally very hesitant in acknowledging direct enforcement of social and economic human rights from international treaties such as the ICESCR. Signing and ratifying the Optional Protocol of the ICESCR and other treaties such as the UN CRPD and the ICRC would make it easier according to this group of jurists to enforce individual human rights in the Netherlands. The International Commission of Jurists NJCM included their plea to sign the Optional Protocol in their shadow report of 2017 before the Committee on Economic, Social and Cultural Rights.

The Netherlands Institute for Human Rights urges the government to decide on signing and ratifying the Optional Protocol. The Institute on Human Rights states in its first report on the implementation of the CRPD that the Optional Protocol would offer better protection of people with disabilities.

Links

Letter of the Minister of Foreign Affairs to the Parliament on human rights policy

<https://zoek.officielebekendmakingen.nl/kst-32735-78.html>

Review of the government view on the Optional Protocol by the Dutch section of the International Commission of Jurists NJCM

<https://njcm.nl/actueel/ratificatie-ivescr-klachtrechtprotocol-nabij/>

Study on consequences for the Netherlands of ratifying the Optional Protocol on the International Covenant on Economic, Social and Cultural Rights

<https://dspace.library.uu.nl/handle/1874/308640>

Netherlands Institute for Human Rights

<https://publicaties.mensenrechten.nl/file/9cb28851-98a8-4d4b-bfdd-e67c3f3163fb.pdf>

A3. Declarations, Reservations and Objections

The Dutch Government made 'interpretative declarations' on Articles 10, 14, 15, 23, 25 and 29 of the Convention upon signing and upon ratifying the Convention. Three additional interpretative declarations were made upon ratification (regarding Articles 14, 25 and 29) and there is also an extra interpretative declaration on General Comment No. 1 on Article 12.

Concerning Article 10: The Netherlands acknowledges that unborn human life is worthy of protection but it interprets the scope of Article 10 to the effect that such protection - and thereby the term 'human being' - is a matter for national legislation. An explicit referral is made to the Wet Afbreking Zwangerschap 1981 (Abortion Act), Embryowet 2002 (Embryo

Act) and the need to weigh different interests. There is also an explicit referral to 'situations in which unbearable and incurable suffering requires a weighing of interests between protection of human life, human dignity and good care'. The Netherlands Institute for Human Rights remarks that Article 10 of the CRPD contains the same right as Article 6 of the Convention on the Rights of the Child and Article 6 of the International Covenant on Civil and Political Rights which the Netherlands have accepted without any interpretative declaration. The Institute for Human Rights further remarks that the interpretative declaration on Article 10 states that the scope of the clause is made dependent on national legislation 'which is problematic in legal terms'.

The Government proposes that the phrase in Article 14 'the existence of a disability shall in no case justify a deprivation of liberty' shall be understood such that all national legislation that refers to a 'mental impairment' shall not be considered in breach with Article 14 if this referral is meant to mean 'a danger resulting from the impairment'. This declaration refers to the Forced Care Act (wet Zorg en dwang) and the Forced Mental Health Care Act (wet Verplichte GGZ) in which people with psychosocial disabilities or intellectual disability can be forced to accept care in closed institutions if they are considered to 'damage' themselves or others. The Netherlands Institute for Human Rights considers this interpretative declaration unnecessary because imposing confinement in closed institutions could only be based on the criterion 'danger' and this would not be considered as confinement on the sole basis of disability.

The Netherlands interprets the term 'consent' in Article 15 as such that in the case of persons who are not able to give their consent, it could be given by a representative or an authority or body provided for by law. The Government considers it important that persons who are unable to give their free and informed consent receive protection but also considers 'the importance of the development of medical science for the benefit of persons with a disability'. The Netherlands Institute for Human Rights states that this interpretative declaration on Article 15 contains the risk that regulations might allow for subjecting persons with a disability who are incapable of performing legal acts to medical or scientific experiments without them having been able to grant consent.

With regards to Article 23 paragraph 1(b), the Government declared that the best interests of the child shall be paramount. In the Approval Act the Dutch Government refers to a letter to the Parliament (29200, no. 228, 29 April 2004), in which a policy is announced to discourage people with intellectual disabilities to become parents. The Netherlands Institute for Human Rights is of the opinion that this interpretative declaration is contrary to the spirit and purport of the CRPD because it suggests that an exception to the rights provided by Article 23 is allowed in the interest of the (unconceived) child. In doing so, (ir)responsible parenting is related to having an (intellectual) disability and intervention in the interest of the (unconceived) child is being justified. The Institute is of the position that this is contrary to the CRPD as it discriminates between people with and without a disability.

With regard to Article 25(a), the Government interprets this that there is a right for medical professionals to withhold aid with fertility techniques for people with disability in relation to responsible parenthood if pregnancy is considered not to be in the interest of the desired child. The Netherlands Institute for Human Rights finds that the distinction between

(prospective) parents with and without a handicap made in this connection conflicts with the prohibition of discrimination provided in Article 5 of the CRPD. This interpretative declaration is also contrary to the respect for family life provided in Article 23(1) of the CRPD.

Another interpretative declaration is made regarding Article 25(f). The Government sees autonomy as an important principle laid down in Article 3(a) of the Convention and will interpret Article 25(f) in the light of this autonomy. This provision is interpreted such as that a person's wish to be left without medical treatment, food and fluids as part of the process to die in the last phase of life will be respected. This interpretative declaration is unnecessary according to the Netherlands Institute for Human Rights. Section (f) intends to protect persons with a disability from being denied care due to decisions made by third parties. It follows from the general principle of the CRPD that the wishes and preferences of persons with a disability must be respected. The interpretative declaration does not provide any addition thereto, states the Institute.

The Dutch Government interprets Article 29 (a) such as that 'at least' 25 % of polling stations will be made accessible for people with physical disabilities by providing access for people with motor impairments and allowing assistance inside the voting booth but only for people with physical disabilities. Assistance for people with intellectual disabilities is prohibited in the Netherlands as this is considered to be in breach with the obligation to ensure secret voting and voting without intimidation. The Netherlands Institute for Human Rights considers this prohibition of assistance inside the voting booth for persons with intellectual disabilities in breach with the CRPD. According to the Institute the CRPD requires that assistance must be allowed inside the voting booth by a person of one's own choice. For this reason, The Institute calls for a revocation of the declaration and an amendment of the Elections Act.

After the publication of General Comment No.1 on Article 12, the Dutch Government stated that substituted decision-making is necessary for persons with disabilities placed under executors, mentors or ward ship. The Dutch Government does not want to accept the interpretation as laid down in General Comment No.1 that legal capacity requires supported decision-making instead of substituted decision-making. The publication of General Comment No.1 was the reason for the Dutch Government to make an additional interpretative declaration on Article 12 to make it clear that the Netherlands considers substituted decision-making as it is now regulated in its current law to be in line with Article 12. The Netherlands Institute for Human Rights states in its first report on the implementation of the CRPD that the interpretation provided by the Government allows for substituted decision-making and that it 'seems not to be in agreement with Article 12 and the General Comment on this Article'.

Links

Approval and Introductory Act on the UNCRPD including Parliamentary debates

<https://zoek.officielebekendmakingen.nl/dossier/33990>

UN Enable Declarations and Reservations

http://treaties.un.org/Pages/ViewDetails.aspx?src=TREATY&mtdsg_no=IV-15&chapter=4&lang=en#EndDec

Report on the implementation of the CRPD by the Netherlands Institute for Human Rights

<https://publicaties.mensenrechten.nl/file/9cb28851-98a8-4d4b-bfdd-e67c3f3163fb.pdf>

A4. Comprehensive review

The Dutch Constitution requires that all necessary changes in the legislation should be identified in the Approval Act for the ratification of any convention. A legal analysis of the content of the Convention and a legal analysis of the Dutch legislation was prepared and discussed in a non-public conference with legal experts in 2009. The Centre for Human Rights of the University of Utrecht was commissioned by the Dutch Government to perform a further legal impact analysis of the UNCRPD. The analysis titled 'Ratificatie...En dan? (Ratification...And then?)' was published in January 2012. The Coalition for Inclusion, an umbrella organisation of Dutch NGO's for the rights of people with disabilities, published its own comprehensive review of existing legislation in preparation for the implementation of the UNCRPD, entitled 'Tekenen en dan...? (Signing and then...?)'. A cost-benefit analysis on accessibility of goods and services as a result of implementing the obligations of the CRPD, commissioned by the Ministry of Health, Welfare and Sports was conducted by the research institute SEOR. This study is entitled 'Economische gevolgen van ratificatie van het VN verdrag handicap (Economic consequences of ratification of the UNCRPD)'. The platform In1school (a project by Defence for Children Netherlands) published several studies on the implementations of the CRPD within the Dutch educational system.

Links

Approval and Introductory Act on the UNCRPD (including legal review, cost benefit analysis and draft)

<http://www.internetconsultatie.nl/vnverdraghandicap>

in1school (Defence for Children Netherlands)

<https://www.in1school.nl/kennis-ondersteuning/publicaties>

A5. Focal point

The focal point is the Ministry of Health, Welfare and Sport and the responsible functionary is the Minister of Health Welfare and Sports. In the fourth Disability High Level Group report on the implementation of the UNCRPD, the Dutch Government states that the coordination mechanism consists of all relevant government departments and other government levels (local, provincial and regional). The Ministry of Internal Affairs serves as focal point for implementing general human rights in the Netherlands, and is due to publish an implementation plan for human rights in the Netherlands in 2019.

Links

Disability High Level Group Report on the Implementation of the UN CRPD

<http://ec.europa.eu/social/BlobServlet?docId=6851&langId=en>

Announcement of the National Human Rights Action Plan

<https://www.rijksoverheid.nl/regering/bewindspersonen/kajsa-ollongren/nieuws/2019/01/18/nationaal-actieplan-om-mensenrechten-in-nederland-optimaal-te-houden>

A6. Coordination mechanism

The Implementation plan for the UN CRPD does not contain specific implementation goals or methods but states that the implementation will take form of actions and coordination of

actions by local municipalities, NGOs, DPOs, organisations of employers and trade unions. The Minister of Health, Welfare and Sports coordinates the implementation of the UN CRPD, and the Programme bureau was set up for that purpose at the Ministry. The Minister appointed three partner organisations: an Alliance of organisations of people with disabilities; two cooperating organisations of employers; and the Association of Municipalities. The partner organisations have to organise and to monitor the implementation at least once a year. These meetings will be chaired by the Minister. Once a year a report on the implementation will be submitted to the Parliament.

Links

Government website with the link to the Implementation plan of the UN CRPD

<https://www.rijksoverheid.nl/documenten/convenanten/2017/03/13/implementatieplan-vn-verdrag-inzake-de-rechten-van-personen-met-een-handicap>

A7. Independent mechanism

The Netherlands has nominated The Netherlands Institute for Human Rights (College voor de rechten van de Mens) as an independent mechanism pursuant to Article 33.2 of the UNCRPD. It opened its doors in October 2012. The independent Dutch Equal Treatment Commission established in 1994 with the aim to promote and monitor compliance with Equal Treatment Legislation overtime merged into the Netherlands Institute for Human Rights.

Links

Act on the Netherlands Institute for Human Rights

<https://mensenrechten.nl/publicaties/detail/17477>

The Netherlands Institute for Human Rights

<http://www.mensenrechten.nl/mission-and-ambition>

A8. Official reporting

The Netherlands ratified the UN CRPD in 2016. The Initial state report was published in July 2018.

The Netherlands Institute for Human Rights published an independent report on the implementation of the CRPD in December 2018. The Institute has also developed quantitative outcome indicators on Articles 19, 24 and 27 of the CRPD. In September 2018, a report was published based on these indicators that serve as a measurement of the implementation of the CRPD. The Coalition for Inclusion (an umbrella organisation of DPOs) is commissioned to publish a shadow report in 2019.

Links

State reports to the UN Committee

http://tbinternet.ohchr.org/_layouts/treatybodyexternal/TBSearch.aspx?Lang=en&TreatyID=4&CountryID=123&DocTypeID=29

Link to all UN reporting cycle documentation

http://tbinternet.ohchr.org/_layouts/treatybodyexternal/TBSearch.aspx?Lang=en&TreatyID=4&CountryID=123

Initial report on the implementation by the Netherlands of the UN CRPD

<https://www.rijksoverheid.nl/documenten/rapporten/2018/07/12/initiele-rapportage-over-de-implementatie-door-nederland-van-het-vn-verdrag-inzake-de-rechten-van-personen-met-een-handicap>

The Netherlands Institute for Human Rights report with outcome indicators on the implementation of the CRPD

<https://mensenrechten.nl/nl/inzichtininclusie>

Independent report by the Netherlands Institute for Human Rights

<https://publicaties.mensenrechten.nl/file/9cb28851-98a8-4d4b-bfdd-e67c3f3163fb.pdf>

A9. Shadow reporting

The Netherlands Institute for Human Rights (College voor de rechten van de Mens) prepared a system for data collection and monitoring to be used for shadow reporting and consulted for that purpose with the DPOs. The initiative resulted in monitoring reports with statistical data on the situation of people with disability in education, labour market and independent living. The Institute published a report on personal experiences (based on an online campaign that collected experiences of persons living with a disability). Furthermore, the Institute organised several meetings on specific themes such as education, legal capacity, labour, independent living and general accessibility with the representatives of NGOs, DPOs, research institutes and universities. These meetings resulted in a plan for action, called 'Van Verdrag naar Inclusie' (from convention to inclusion) with 16 actions defined to be taken in order to implement the CRPD. The Coalition for Inclusion, a federation of DPO's, is commissioned to produce a shadow report scheduled for autumn 2019.

Links

The Netherlands Institute for Human Rights on the CRPD

<https://www.mensenrechten.nl/beperking/>

Action plan on the implementation of the CRPD (The Institute for Human Rights)

<https://www.mensenrechten.nl/publicaties/detail/37020>

Report monitoring the situation of people with disability in education, labour market and independent living

<https://www.mensenrechten.nl/nl/node/2281>

Civil society reports to the UN Committee

https://tbinternet.ohchr.org/_layouts/treatybodyexternal/TBSearch.aspx?Lang=en&TreatyID=4&CountryID=123&DocTypeID=14

'Coalition for Inclusion'

<https://coalitievoorinclusie.nl/>

B. General legal framework

B1. Anti-discrimination legislation

The first Article of the Constitution (1983) (Grondwet) is a general clause on equality and anti-discrimination. This article names several grounds on which discrimination is prohibited (such as sex and race). The ground of disability is not one of them. In 1994, the Parliament considered it not necessary to add the criterion 'disability' to the protected non-discrimination grounds in the Constitution nor in the General Act on Equal Treatment (Algemene wet gelijke behandeling). The criterion 'disability' was considered

difficult to define. Prohibiting discrimination on the ground of disability was moreover thought to jeopardize disability-specific facilities in place such as privileged parking places, social benefits and special accommodation, that could, so it was supposed then, be claimed by non-disabled persons.

The Council Directive 2000/78/EC establishing a general framework for equal treatment in employment and occupation led to the adoption of the Dutch Act on Equal Treatment on the Ground of Disability or Chronic illness in 2003 (Wet gelijke behandeling op grond van handicap of chronische ziekte). The Act offers protection against discrimination on any type of disability or chronic illness. Its scope was initially confined to employment, occupation, vocational education and, since 2009, primary and secondary education, and housing. It has been extended to public transport as of October 2012, and since 2017 to delivery of goods and services as a consequence of ratifying the UNCPRD. It is not clear what obligations exactly are required in order not to discriminate in goods and services delivery. In a Code on general accessibility, the legal duty to gradually provide general accessibility is introduced. The Dutch Institute for Human Rights Institute criticised this Code because the terms 'gradually' and 'general accessibility' are not defined, and because neither a clear norm on accessibility nor a time schedule for its implementation are provided. In reaction to this critique, the Government states in the Code on general accessibility that the general comment on Article 9 of the UNCPRD is to be used as 'guideline' and Action plans on accessibility are to be prepared by NGOs and DPOs per sector.

Since 2006, the Criminal Code (wetboek van strafrecht) has a clause (art 429quater) on discrimination on the ground of disability. According to an interpretation by the Dutch Government, this clause can be called upon before a court if someone is legally required to provide accessibility or to provide a reasonable accommodation but deliberately ignores this requirement. So far, no case based on this clause has been presented before the court. Legal requirements to provide accessibility or provisions that enable people with disabilities to participate, are the Building Code 2012 (Bouwbesluit), the Social Support Act 2015 (WMO), the Mediawet 2008 (subtitling), Act on Reintegration of Labour Disabled 2005, the Participation Act 2017 and the act on Appropriate Education 2012 (formal: Wet tot wijziging van enkele onderwijswetten in verband met een herziening van de organisatie en financiering van de ondersteuning van leerlingen in het basisonderwijs, speciaal en voortgezet speciaal onderwijs, voortgezet onderwijs en beroepsonderwijs). Specific rights of women and children with disabilities are not acknowledged.

Links

The Netherlands Institute for Human Rights

<http://www.mensenrechten.nl/wat-zijn-mensenrechten/verdragen-en-wetten#Nederlandse-Grondwet>

Code on General Accessibility

https://www.tweedekamer.nl/kamerstukken/brieven_regering/detail?id=2016Z24482&did=2016D50155

Act on Equal Treatment on the Ground of Disability or Chronic Illness 2003

<http://wetten.overheid.nl/BWBR0014915/2017-01-01>

B2. Recognition of legal capacity

People with mental health problems or intellectual impairments have all rights recognised under the Constitution of the human rights treaties that the Netherlands is a party to. Legal or factual incompetence can impede the full and equal enjoyment of these rights. The Dutch Civil Code 1992 (Burgerlijk Wetboek) contains three general procedures with regard to persons who, as a result of mental health problems or disability, are not able to take care of their own affairs:

1. executor (in Dutch: bewindvoering) aimed at protecting the property and financial interests of the person;
2. mentorship (in Dutch: mentorschap) aimed at protecting the interests of the person regarding care and treatment; and
3. wardship (in Dutch: curatele) in which legal capacity in almost all matters are transferred to the guardian.

All these types of guardianship require a court order. Of these three possibilities, wardship (curatele) limits the most the possibilities of a person involved to make her own decisions. For that reason, it is a common practice to apply executorship and possibly combined with mentorship. Wardship is seen as a legal measure of last resort. All three measures imply substituted decision-making. Legislation recognises that incompetency may be partial or temporary. A representative of the person (whether court ordered or not) is supposed to ensure where a decision is to be made, if the person can decide for herself in the issue at hand. Formal contracting decisions such as marrying or buying or selling goods can only be made by the representative. Before 2008, persons placed under wardship were automatically exempted of the right to vote in general elections. Starting in 2008, these persons are granted the formal right to vote without prior approval of the representative. A representative is legally required to report each year to the person he represents and to the court who appointed the representative. If a person with disability is considered not able to understand the report, the report is delivered to the court directly. There are no formal programmes or policies in place at national level to facilitate supported decision-making instead of substituted decision-making.

After publication of General Comment No.1 on Article 12 of the UNCRPD, the Dutch Government stated that substituted decision-making is necessary for persons with disabilities placed under executors, mentor or wardship. The Dutch Government does not accept the interpretation as laid down in the general comment that legal capacity requires supported decision-making instead of substituted decision-making. The publication of General Comment on Article 12 of the UNCRPD was the reason for the Dutch Government to make an additional interpretative declaration on Article 12 making it clear that the Netherlands considers substituted decision-making as it is now regulated in its current law, to be in line with Article 12. The Netherlands Institute for Human Rights states in its first report on implementation of the CRPD that the interpretation by the Government 'seems not to be in agreement with Article 12 and the General Comment on this Article'.

Links

Government website with the explanation on legal capacity

<http://www.rijksoverheid.nl/onderwerpen/curatele-bewind-en-mentorschap>

Report commissioned by the Institute for Human Rights on conformity of Dutch legislation on legal capacity with the CRPD

<https://www.mensenrechten.nl/publicaties/detail/37181>

B3. Accessibility of voting and elections

People with disabilities in the Netherlands have the full right to vote. Until 2008, Art. 54-2 (Grondwet) of the Dutch Constitution deprived persons placed under wardship (curatele) of the right to vote. In 2003, the Administrative Jurisdiction Department of the Council of State held that this exclusionary provision was in violation of the International Covenant on Civil and Political Rights (Afdeling bestuursrechtspraak van de Raad van State 29 October 2005, LJN AM5435). Following this decision and the advice of the Electoral Council (Kiesraad), the Constitution was amended in 2008. The provision was taken out from the Constitution allowing persons with intellectual disability or mental illness under custodial care to equally enjoy their right to vote. To further ensure accessible voting, The Electoral Act, J4, 2 (2008) requires municipalities to make all polling stations accessible for people with motor impairments as of 1 January 2019. Persons with physical disabilities have the right to be assisted during the entire procedure in polling stations. Persons with intellectual disabilities and persons who are not able to read may not be assisted in order to prevent undue influence. The Chair of the polling station is to assess if a person falls within these categories who are not to be assisted and thus whether the person may be assisted. People with a disability may opt to use proxy voting. According to the Central Bureau of Statistics, in the Netherlands, 12 % of all voters use proxy voting. Persons with intellectual disabilities may use proxy voting as well.

DPO's dispute the rule that persons with intellectual disability are not allowed to have assistance during voting. The OvSE (OSCE) criticised the accessibility of national elections of March 2017 for people with physical and intellectual disabilities, and concluded that the procedures were not compliant with the CRPD. The Netherlands Institute for Human Rights reported problems with accessibility of polling stations during the elections in 2017 and in 2018, especially for people who are blind (no Braille and no digitally accessible voting) and for people with intellectual disabilities (no assistance was provided).

Links

Electoral Act

<https://wetten.overheid.nl/BWBR0004627/2019-01-01>

Central Bureau of Statistics on proxy voting

<http://www.cbs.nl/en-GB/menu/themas/overheid-politiek/publicaties/artikelen/archief/2009/2009-2802-wm.htm>

OCSE Report on national elections in the Netherlands in 2017

<http://www.osce.org/nl/odihr/elections/netherlands/322761?download=true>

Government website with rules for assistance in polling stations

<https://www.rijksoverheid.nl/onderwerpen/verkiezingen/vraag-en-antwoord/wat-is-er-geregeld-voor-kiezers-met-een-beperking>

National Institute for Human Rights: report on accessibility in voting

<https://mensenrechten.nl/nl/publicatie/37739>

B4. Official recognition of sign language

Dutch Sign Language is not legally recognized as an official language. The Dutch Society of the Deaf (Dovenschap) has repeatedly asked for formal recognition. On 29 September 2010 the Government proposed to change the Constitution in order to name Dutch as the formal language in the Constitution and to recognize Fries, Papiamentu and English as languages that can be used in specific regions of the Kingdom. Sign language is not mentioned in this Act. The proposed Act is since 2010 awaiting the debate and voting in the Parliament. In 2012 the Parliament agreed to keep the bill on the long-term agenda, but it has not been debated ever since. The Dutch Society of the Deaf renewed its lobby to gain formal recognition of Dutch Sign Language. As a result, an Act proposal on the recognition of sign language was submitted to the Parliament by two parties in October 2016. The proposal did not win a majority, and had not been brought into debate yet.

Links

Act proposal on the recognition of Dutch sign language

<https://www.tweedekamer.nl/kamerstukken/detail?id=2016Z17972&did=2016D36971>

Text Act Proposals and Parliamentary reports on the Constitutional change

<https://zoek.officielebekendmakingen.nl/dossier/32522>

B5. National disability strategy and action plan

The Implementation Plan for the CRPD together with the Decree on Accessibility serve as the National disability strategy in the Netherlands. Both documents aim towards ensuring more accessibility by voluntary action plans and agreements to be made by municipalities, employer organisations, trade unions, disabled people's organisations and organisations involved on specific subjects (such as organisation of schools when it concerns education). Action plans are to be sent to the Coordinating Minister of Health, Welfare and Sports who will monitor the progress. No quantifiable targets are included in the Plan.

The Alliance UN CRPD, an umbrella organisation of DPOs, criticized the Implementation Plan because it contains mainly procedural measures aimed at municipalities, NGOs and DPOs and because it lacks clear actions of the National Government itself. The Alliance is a formal

partner organisation of the government in implementing the UNCRPD.

Links

Alliance UN CRPD

<http://www.vnverdragwaarmaken.nl/vnverdragwaarmaken/actueel/113-brief-alliantie-over-plan-van-aanpak-vn-verdrag>

The Implementation Plan for the CRPD

<https://www.rijksoverheid.nl/documenten/convenanten/2017/03/13/implementatieplan-vn-verdrag-inzake-de-rechten-van-personen-met-een-handicap>

Decree on Accessibility

<http://wetten.overheid.nl/BWBR0039653/2017-06-21>

C. Accessibility

C1. Transport accessibility

Accessibility of public transport is a provision in the Act on Equal Treatment on the Grounds of Disability or Chronic Disease (2003) since 2012. Public transport providers are required to provide accessibility to trains, buses, trams and stations according to a specific time schedule laid down in the Code on Accessible Transport. The general rule is that new vehicles and newly built stations should be accessible. Vehicles already in use and existing stations should be gradually made accessible according to the time schedule (e.g. trams until 2020, trains until 2030). Providers who do not abide by the time schedule might face a complaint procedure before the Institute for Human Rights by affected individual passengers with disability. If a municipality is the actual provider of public transport, passengers cannot submit complaints to the Institute. Local, provincial or national government are legally exempted from any complaint procedures before the Institute for Human Rights based on the Act for Equal Treatment on the Ground of Disability or Chronic Disease (2003).

Accessibility does not mean full accessibility according to the Code Accessible Transport. Local and provincial governments (responsible for public transport) may decide to lessen ambition if costs of accessibility are higher than providing special transport to passengers with disabilities. The ambition of the Code is that most passengers can use accessible public transport on most used lines. For instance, 75 % of railway stations and trains should be accessible by 2030, in order to reach 90 % of railway passengers.

In 2018, 52 % of railway stations were made accessible. The national government has announced new targets for accessibility in light rail and bus transport as of 2019.

Taxis, small public transport buses (for a maximum of eight passengers) and tourist coaches are not considered public transport but private transport. Complaints about inaccessibility and discrimination regarding these private transport services should be considered as discrimination in goods and services provision. Delivery of goods and services falls since January 2017 under the scope of the Act on Equal Treatment on the Grounds of Disability or Chronic Disease. It is not clear what obligations exactly are required in order not to discriminate in delivering goods and services. In the Code on General Accessibility (Besluit algemene toegankelijkheid voor personen met een handicap of chronische ziekte) the legal duty to gradually provide general accessibility is being introduced.

The Dutch National Human Rights Institute criticised this Code because the terms ‘gradually’ and ‘general accessibility’ are not defined, and because there is neither a clear norm on accessibility nor a time schedule for its implementation. In reaction to this critique, the Government states in the Code on General Accessibility that the General Comment on Article 9 of the UN CRPD is to be used as ‘guideline’ and the action plans on accessibility are to be made by NGOs and DPOs per sector. The National Human Rights Institute noted in its implementation report CRPD that special transport for people with disabilities, meant for passengers who cannot use public transport, sometimes does not meet quality standards. The Institute also notes that municipalities sometimes refuse special transport to schools for children with disabilities.

Links

Code on Accessible Transport

<https://zoek.officielebekendmakingen.nl/stb-2011-225.odt>

Time Schedule on Accessibility of Public Transport

<http://wetten.overheid.nl/BWBR0029974/2015-01-01#Hoofdstuk8>

Code on General Accessibility (Besluit algemene toegankelijkheid voor personen met een handicap of chronische ziekte)

<http://wetten.overheid.nl/BWBR0039653/2017-06-21>

Letter by the Minister of transport on accessibility of public transport

<https://zoek.officielebekendmakingen.nl/dossier/23645/kst-23645-669.html#ID-848317-d36e140>

Report by the National Institute for Human Rights

<https://publicaties.mensenrechten.nl/file/9cb28851-98a8-4d4b-bfdd-e67c3f3163fb.pdf>

C2. Built environment accessibility

The Building Code (Bouwbesluit 2012) governs usability (including accessibility) of new buildings open to the public, including schools. Regulations vary from ruling the height of ceilings (at least 2.6 metres) and the width of passageways (at least 1.2 metres). A specific demand is that buildings which are open to public with a total floor surface of over 400 square meters should have accessibility arranged for at least 40 % of that floor surface. The main entrance, and at least one toilet, in such buildings should be fully accessible. Bars and restaurants over 150 square meters should have a fully accessible toilet. Newly built public schools should be 100 % accessible for people with motor impairments. New buildings that are open to the public for general meetings, health care or shopping should have 80 % of public floor space accessible. Accessibility requirements for buildings that have to be renovated are at the level of accessibility requirements that existed at the original construction date.

The Building Code itself contains no sanction in case regulations are violated. A criminal law procedure is possible since 2006 when the anti-discrimination provision was added to the Criminal Code (Wetboek van Strafrecht). This Code criminalises discriminatory acts in the performance of one’s job or one’s enterprise. It will have to be proven that such discrimination was deliberately intended. No one has ever used this criminal law procedure in the Netherlands for this purpose.

A private organisation in the Netherlands Projectbureau Toegankelijkheid issues the International Accessibility Symbol ITS after an inspection on request. The criteria are set by the Bureau according to what is deemed realistic in Dutch circumstances, according to a spokesperson. Since 2005 nearly 300 buildings have obtained the ITS symbol after the inspection. According to the Bureau, regulations of the Building Code are not always well-respected.

The ratification of the CRPD by the Netherlands induced the Code on General Accessibility (Besluit algemene toegankelijkheid voor personen met een handicap of chronische ziekte) in which the legal duty to gradually provide general accessibility (including accessibility in buildings) is being introduced. The Netherlands Institute for Human Rights criticised this Code because the terms 'gradually' and 'general accessibility' are not clearly defined, and because neither clear norms on accessibility nor a time schedule for its implementation are indicated. In reaction to this critique the Government states in the Code on General Accessibility that the General Comment on Article 9 of the UN CRPD is to be used as 'guideline' and the action plans on accessibility are to be made by NGOs and DPOs per sector.

Links

Building Code 2012

<https://wetten.overheid.nl/BWBR0030461/2018-11-03>

Dutch Bureau on (physical) Accessibility (PBT Consult)

<http://www.toegankelijkheidssymbool.nl/>

The Code on General Accessibility (Besluit algemene toegankelijkheid voor personen met een handicap of chronische ziekte)

<http://wetten.overheid.nl/BWBR0039653/2017-06-21>

C3. ICT and Web accessibility

An accessible standard for the websites is published and monitored by the Private Foundation on Accessibility. The government strives to have all government websites to be accessible but goals are not met as there are neither specific regulations nor sanctions. The National Regulation is being prepared on digital infrastructure by the government and the government agencies at all levels. The regulation on accessibility will be part of this regulation.

Providing information on the websites falls under the scope of the Act on Equal Treatment on the grounds of disability/chronic illness. Not providing reasonable accommodation in ICT and websites might be viewed as discrimination. The Netherlands Institute for Human Rights takes complaints on inaccessible apps and websites.

Links

Private Foundation on Accessibility

<https://www.accessibility.nl/over-toegankelijkheid/wetgeving/>

Act on Equal Treatment on the Grounds of Disability or Chronic Illness 2003

<http://wetten.overheid.nl/BWBR0014915/2017-01-01>

Government website on proposal for Regulation of digital information by the government and all government agencies

<https://www.digitaleoverheid.nl/nieuws/uitgangspunten-wetgeving-gdi/>

Judgment (2017-107) on discrimination through inaccessible app by a bank
<https://www.mensenrechten.nl/publicaties/oordelen/2017-107>

D. Independent living

D1. Choice of living arrangements

People with a disability living in society are free to live where they like. They are provided with income, care and support (based on the social support Act) such as nursing, transport or aids, supplied after assessments procedures by the municipalities. Government policy is to include people with disabilities 'as much as possible' into society. However, people who are in need of constant surveillance may be refused for Social Support provisions and will be eligible to receive support based on the Long Term Care act, for which national insurers are responsible. Long Term Care is considered to be residential care. If one is eligible for Long Term Care, care providers offer support combined with living arrangements in residential care settings, either in group homes or in large residential settings for the elderly and for people with intellectual disabilities. In both group homes and larger residential institutions, people living there share care workers and share accommodation albeit with a private bedroom and private bathroom.

People eligible for Long Term Care may opt for direct payment (with which they can organise support in their own home) or for a 'full care package' in their own home if the care provider is willing to organise such. The system of direct payment has led to more smaller group homes, initiated by parents of young adults with an intellectual disability. Budgets for direct payments are maximised at the cost level of residential care. Cost level of residential care is based on the assumption that groups (roughly between 8-12 people) share the cost of workers and other costs. In exceptional cases extra funding is available to receive individual care if a person is not deemed fit to live in groups (for instance due to disruptive behaviour). Such extra funding is available for people living in residential settings and for people opting for direct payment.

Of the total of 295,115 people receiving long-term care 14,190 people (4.8 %) opted for a care package at home. Another group of 22,985 people (7.7%) opt for a direct payment with which they can organise either care in their own home or pay for a place in a residential (group) home.

People living in residential institutions and in group homes which are owned by the care provider have the legal status of patients. A doctor or another professional decides on the individual care/support plan, including decisions on composition of the group and daily organisational order. When conflicts arise about the individual plan, there is no guarantee of access to an independent complaints procedure. The Health Care Inspectorate does not handle individual complaints. The Equal Treatment Commission cannot advise in matters of care or living arrangements.

Forced admission to an institution and applying restrictive measures for people with disability (including intellectual disability) are limited by law. Psychiatric Hospitals Compulsory Admissions Act 1992 (BOPZ bijzondere opnemingen in psychiatrische ziekenhuizen) will be replaced in 2020 by two acts: the Forced Care Act and the Obligatory Mental Health Care (wet Verplichte GGZ). Forced admission can only occur for people for whom a court order is

issued or who have consented to undergo forced admission should circumstances (which must have been specified beforehand) demand such. The ground for forced admission is to be a danger to one self or others or to disrupt public order.

Links

Government website on the legislation on forced admission to an institution and applying restrictive measures

<https://www.rijksoverheid.nl/onderwerpen/geestelijke-gezondheidszorg/gedwongen-opname-en-dwang-in-de-zorg>

Fundamental Rights Agency Report (Netherlands)

<http://www.humanconsultancy.com/projects/fundamental-rights-of-persons-with-intellectual-disabilities-and-persons-with-mental-health-problems>

The Academic Network of European Disability Experts (ANED) on independent living

<https://www.disability-europe.net/theme/independent-living>

D2. De-institutionalisation

The Dutch Government does not endorse a formal policy neither does it use specific measures to make a transition from institutions to community living arrangements. Residential care in the Netherlands can take the form of large residential terrains with clustered group homes, large group homes and small group homes within the communities. Care providers are free to decide on the living arrangement they offer and can choose for large or small group homes or large residential settings. People eligible for residential care may opt for direct payment (at cost level of residential care) with which they can organise care in their own home. People may also ask the care provider to provide full care packages in their own home. Of the total of 295,115 people receiving residential care in 2017, 4.8 % opted for a care package at home and 7.7% opt for a direct payment with which they can organise either care in their own home or pay for a place in a residential (group) home. There is no overview of offered conditions (such as scale of group homes) in residential care.

Care providers receive equal compensation for each client in care whether they live in a large residential setting or in the community. Eligibility criteria for care and support do not depend on an individual's wish to live independently. In exceptional cases extra funding is provided for people with disabilities who are deemed not to be able to live in groups (due to disruptive behaviour for instance).

Care and support for people with disabilities are based on four main Acts: 1) the Wet Langdurige Zorg (Long-Term Care Act) WLZ 2014 (formerly the AWBZ Algemene Wet Bijzondere Ziektekosten 1967 (General Exceptional Medical Expenses Act); 2) the Wet Maatschappelijke ondersteuning 2015 (Social Support Act); 3) Youth Care Act 2014 (for minors with disabilities); and 4) the Health Care Insurance Act 2005 (zorgverzekeringswet).

The WLZ Act finances all residential care and provides long-term medical care and assistance. The main eligibility criterion is to be in need of constant surveillance. The Social Support Act provides care for people with minor disabilities and additional support (such as transport) needed to participate in local communities. The Youth Care Act provides support similar to Social Support Act for children. The Health Care Insurance Act provides care at home for people with physical disabilities or illnesses that require support by qualified

nurses. Adults and children who are eligible for Health Care Insurance Act cannot apply for the Long-Term Care Act.

People living independently can receive support based on both WLZ (or if applicable Health Care Insurance Act) in combination with Social Support Act, and provisions for adaptations at work or school based on the Act on Reintegration of Labour-disabled 2005 (Wet Werk en Inkomen naar Arbeidsvermogen WIA).

Links

Wet Langdurige Zorg 2014 (Long-term Care Act)

<https://wetten.overheid.nl/BWBR0036014/2019-02-20>

WMO Social Support Act 2014

<https://wetten.overheid.nl/BWBR0035362/2018-11-17>

The Academic Network of European Disability Experts (ANED) on independent living

<https://www.disability-europe.net/theme/independent-living>

D3. Quality of social services

The mechanisms for ensuring the quality of services for people with disabilities are different, depending on which Act the services are based. The provision of services in accordance with the Social Support Act 2015 fall under the responsibility of local municipalities. It is up to Town Councils to set eligibility criteria and to decide what support municipalities should offer. All support based on this Act should be aimed at ensuring a person's participation in society. This may also refer to participation in leisure activities which are not work-related. The complaint procedure is the regular procedure for all municipal decisions before the administrative court. Services based on the Wet Langdurige Zorg WLZ 2014 (Long-Term Care Act) consist mostly of residential care. The quality standards of Long-Term Care Act are set up by the Association of long-term care providers and are monitored by the Health Care Inspectorate. The Government funds a website where care providers supply data on the quality of care. Clients can use this website to compare care providers on their intentions on delivering care. People receiving long-term care based on the Long-Term Care Act are entitled to a complaint procedure before a Committee chosen by the provider. The Committee will have to be chaired by an independent professional. An Act on quality, complaints and conflicts care 2015 governs the general obligations and rights of care providers and patients.

People living in residential care have the legal status of patients. This means that the care provider has the right to decide, after consultation with the 'patient' on chosen care options. In case of conflict of opinion between the care provider and a person with disability in need of care, the person with disability is expected to either comply or leave. The Inspectorate of Health Care is not allowed to receive individual complaints, except in life threatening situations. In such cases, the Inspectorate will ask the care providers to investigate the life threatening incident and to report to the Inspectorate. The Inspectorate can also act on a series of complaints per care provider if this has shown a pattern of low quality of care.

Links

Government website with explanation on the long-term care quality

<http://www.rijksoverheid.nl/onderwerpen/kwaliteit-van-de-zorg>

Act on quality, complaints and conflicts care 2015

<https://zoek.officielebekendmakingen.nl/stb-2015-407.html>

Data provided by care providers on the quality of care services (in hospitals and long-term care)

<https://www.kiesbeter.nl/>

D4. Provision of assistive devices at home

Provision of assistive devices at home is mainly based on the Social Support Act 2015 (WMO), and is under the responsibility of municipalities. It is up to the Town Councils to decide what support municipalities should offer and to set eligibility criteria. All support based on this Act has the aim of facilitating a person to participate in society. A limitation is that provisions will only be granted with the purpose of participating in local leisure activities, but not for work, or for purposes outside the municipality. For instance, transport for sport games outside the municipality will not be financed. Provisions may include adaptations on the house, such as an elevator, adapted kitchen, alert devices, or means for local transport, such as wheelchairs, adapted bikes. Some provisions that can be provided are based on the obligatory Healthcare Insurance 2005 (Zorgverzekeringswet) and can include communication aids, wheelchairs, daisy readers, special beds, alert devices and sign language interpreters. Assistive devices or other support needed for work or education in regular schools can be obtained through the Act on Reintegration of Labour-disabled 2005 (Wet Werk en Inkomen naar Arbeidsvermogen WIA). Provisions for work or education can range from adapted individual transport, including compensation for costs of taxi to location bound provisions such as adapted workplaces, ramps, bound devices such as electronic equipment or adaptations to laptops etc. Personal assistance needed for work, more specifically a sign language interpreter for the deaf, can also be provided based on the Act on Reintegration of labour-disabled.

Links

Social Support Act 2015

<https://wetten.overheid.nl/BWBR0035362/2018-11-17>

Provisions based on Healthcare Insurance

https://wetten.overheid.nl/BWBR0018715/2019-02-13/#Hoofdstuk2_Paragraaf1_Sub-paragraaf1.4

Act on Reintegration of Labour-disabled 2005 (Wet Werk en Inkomen naar Arbeidsvermogen WIA)

<http://wetten.overheid.nl/BWBR0019057/2018-01-01/0/informatie>

D5. Availability of personal assistance schemes

People receiving care based on the Wet Langdurige Zorg WLZ 2014 (Long-Term Care Act) can receive assistance albeit not in the form of guaranteed personal assistance. People receiving long-term care can opt for direct payment budget. This budget is usually used to pay for personal assistants. The direct payment budget is roughly of equal worth of the care budget which residential care providers would receive for the same person applying for care.

People with physical disabilities who need personal care but who are not in need of constant supervision can receive a long-term care at home provided by health care insurers based on the Health Care Insurance Act 2005. Health insurers can offer care in the form of direct

payment budgets but are not obliged to do so. Care and support provided on the basis of the Social Support Act can be provided in the form of direct payment budgets, but municipalities are not obliged to do so in all cases. Research commissioned by ZonMW Disability Studies (2012) on the direct payment budget system showed that 'the budgets brought about an enormous strengthening of the social position of care users, more than any other law or policy designed in the Netherlands with that explicit purpose'. Research conducted by the University of Nijmegen (ITS) shows that the budget system helps people provide for their own support in whichever environment they choose, improving their social participation and inclusion. This research also indicated that budget holders use less money for care as compared to residential care. On a macro level, however, the budget system leads to higher expenses because it is popular with people who refuse residential care or who are denied care by residential care institutions.

Links

Government website on personal budget system

https://www.rijksoverheid.nl/onderwerpen/zorg-en-ondersteuning-thuis/vraag-en-antwoord/pgb-aanvragen?utm_campaign=sea-t-gezondheid_en_zorg-a-zorg_en_ondersteuning_thuis_pgb&utm_term=pgb&qclid=CKnp_9P_v9MCFU2RGwodH8kEmQ

ZonMW Report on how personal budget leads to self-direction and empowerment of persons with disabilities and long-term illnesses

<http://www.igpb.nl/uploads/pgb%20eigen%20regie%20en%20empowerment.pdf>

Wet Langdurige Zorg (Wlz)

<https://wetten.overheid.nl/BWBR0036014/2019-02-20>

D6. Income maintenance

There are four types of benefits for disabled people in the Netherlands: 1) the Sickness Benefit Act 1913 (Ziektewet) for employees only; 2) the Work and Income According to Labour Capacity Act 2005 (Wet Werk en Inkomen naar Arbeidsvermogen, WIA) for employees only; 3) the Disablement Assistance Act for Disabled Young Persons 1997 (Wet arbeidsongeschiktheidsvoorziening jonggehandicapten, Wajong); and 4) the Participation Act 2017 (Participatiewet).

The Sickness Benefit Act 1913 obliges employers to continue paying 70 % of wages during the first two years of incapacity of an employee due to illness or acquired disability. The maximum daily wage considered for the calculation of 70% is EUR 214,28 (year 2019). If 70% of the daily wage is less than the social minimum, a supplement can be claimed under the Supplementary Benefit Act (Toeslagenwet, TW). This supplement is means-tested within the household.

People who have acquired a chronic illness or disability before the age of 17 are entitled to a cash benefit based on the Disability Provision Act 1997 (Wajong) if they are assessed as having no ability to earn at least 20 % of minimum wage. The cash benefit is 75% of net minimum wage. Those young people with a disability that are considered able to earn 20 % of minimum wage or more, are considered to be partially disabled. They are entitled to support in finding paid jobs and wage supplement, but they are not entitled to a disability benefit. If they do not succeed in finding paid work, they may apply for an unemployed

benefit based on the Participation Act 2017. This benefit is income and means tested within the household.

People who are employed and who acquire a disability at a later age will receive a cash benefit based on the Act on Reintegration of Labour-disabled 2005 (Wet Werk en Inkomen naar Arbeidsvermogen). The cash benefit will depend on the last earned wage with a maximum of 75 %. People who are self-employed or own a company are not entitled to a disability benefit.

People with disabilities who are not eligible for any of the specific disability benefits can apply for a benefit based on the Participation Act. The benefit based on the Participation Act is a benefit at minimum level and it is means- and income tested within the household. The benefit amounts to 70 % of minimum wage if a person lives alone, and 100 % for couples).

Links

Country report on social protection Netherlands

<https://www.disability-europe.net/theme/social-protection?country=netherlands>

Sickness Benefit Act 1913 (Ziektewet, ZW)

<https://wetten.overheid.nl/BWBR0001888/2019-01-01>

Disablement Assistance Act for Disabled Young Persons 1997 (Wet arbeidsongeschiktheidsvoorziening jonggehandicapten, Wajong

<https://wetten.overheid.nl/BWBR0008657/2019-01-01>

Participation Act 2017 (Participatiewet)

<https://wetten.overheid.nl/BWBR0015703/2019-01-01>

D7. Additional costs

Parents of a child with disability aged between 3-18 years, who is assessed to be in need of intensive care and who lives with parents, can receive double the amount of the regular child benefit (income-tested). A few tax credits are available. One is for people who receive the Wajong benefit for Disabled Young Persons 1997. The tax credit is EUR 728 in 2018. Another tax credit is a temporary tax credit for people with disabilities who start their own company (maximum tax credit in the first year is EUR 12,000). Extraordinary health care costs may be taken into account for a personal tax credit if expenses exceed 1.65 % of the annual income up to EUR 40,000 and an extra 5.75 % of the income above that level.

Obligatory contributions for support and devices based on the Social Support Act 2015, the Long-Term Care Act 2017 and work- or education-related devices and assistance may not be taken into account for this tax credit. Parents of children with disabilities living in institutions can apply for a tax credit for the expenses they incur when transporting their children home for the weekends or for buying an annuity for their children or grandchildren with disability.

People who are dependent on health care, long-term care and social support, pay obligatory contributions that are income- and means-tested within households. These contributions reduce disposable income for people with disability. The Dutch Central Bureau for statistics has data on average and relative income position of households in which one or more members receive a disability benefit. The gap between the income development between households without and households with a disability benefit has widened considerably since

2000. The average disposable income of receivers of the (lowest) disability benefit was 56 % of that of households without a disability in 2014 (compared to 67 % in 2000).

Links

The Central Bureau for statistics data on income of households with and without a member with disability

<http://statline.cbs.nl/Statweb/publication/?DM=SLNL&PA=70843ned&D1=0,6&D2=0&D3=0,53&D4=a&HDR=G3,T&STB=G1,G2&VW=T>

Country report on social protection Netherlands

<https://www.disability-europe.net/theme/social-protection?country=netherlands>

The National Federation of DPOs on tax credits for people with disability

<https://meerkosten.nl/>

D8. Retirement income

All cash benefits for people with disabilities end at retirement age (in 2017 the retirement age was 65 years and 9 months and it will be raised gradually to 67 and 3 months in 2021). General entitlements to income protection for people with disabilities are the same as for people without disabilities. All people who have formerly resided in the Netherlands receive a general retirement benefit (based on General Retirement Age Act 1957 (Algemene Ouderdomswet AOW) of a maximum of 50 % of net minimum wage. People living alone receive an additional 20 % of net minimum wage.

Links

General Retirement Age Act

<https://wetten.overheid.nl/BWBR0002221/2019-01-01>

E. Education

E1. Special schools

In legislation, financial support and organisation of special schools, two main groups of pupils are identified: those with lesser learning difficulties and behavioural disorders, and those with more severe disabilities and/or learning difficulties. Both groups are educated mostly in separate special schools. All mainstream and special schools are obliged to work together within local/regional organisations called 'Samenwerkingsverbanden'. These regional organisations are responsible for organising and financing special educational needs, including financing special schools. The financial system works as such that regular schools that want to refer pupils to special schools, have to seek permission by the regional organisation. The more students are referred to special schools, the lesser the budget available for mainstream schools within the region remains.

Pupils with disability or their parents are not free to choose their school, either mainstream or special. They may ask admission at any school, but the school decides whether a student fits within the range of services the school offers. In case of a conflict between the school and the student or the parents, the school board must designate a school within the designated area of the regional partnership where the student will be accepted. In most cases, that would be a special school.

School boards have freedom to decide what level of support (regular or special) schools can offer to pupils with disabilities. Decisions on admission or refusals by schools of pupils with disability or decisions on the support schools offer can be laid before an independent committee (Geschillencommissie Passend Onderwijs) that will advise pupils/parents and schools. However, this advice is not legally binding.

The percentage of pupils aged between 4 and 12 in special schools is 4.26 % in 2019 and 12,83 % in special schools/classes for those between 12-20 years old. Inclusive education, as laid down in Article 24 of the CRPD and the General Comment No. 4., is not an objective in educational policy or Dutch legislation. The Government states that "not all children can receive the extra support they need in regular school" and special schools are needed "as that is appropriate for some students". Current legislation (called 'Appropriate Education') introduced in 2014 aims to reduce or at least stabilise the number of pupils in special schools and to reduce the number of pupils in compulsory school age who are not in school.

Children with disabilities may be lawfully exempted from compulsory education if they are considered 'non-educable', too disabled to be at school for more than a half day or in need of too much care. Despite policies to decrease the number of children being exempted because of their disability, their number has increased from 3,317 in 2011 to 5,736 in 2017. There is another group of 4,215 children with learning difficulties who are temporarily but longer than three months out of school as no regular or special school accepts them or because parents do not agree with the services that a regular or a special school offers.

Links

Government website on legislation, policies and data on education

<https://www.rijksoverheid.nl/onderwerpen/passend-onderwijs>

Letter to the Parliament on special needs support in school

<https://www.rijksoverheid.nl/binaries/rijksoverheid/documenten/kamerstukken/2018/11/23/kamerbrief-over-onderwijs-en-zorg/kamerbrief-over-onderwijs-en-zorg.pdf>

Platform of Defence for Children on implications of the CRPD for the Dutch education system

<https://www.in1school.nl/>

Plan of Action 'Appropriate education'

<https://www.rijksoverheid.nl/documenten/rapporten/2014/06/18/plan-van-aanpak-passend-onderwijs-2014-2020>

E2. Mainstream schools

Mainstream (primary and secondary) schools are obliged to offer a basic quality level of education. Schools can voluntarily organise extra support or services for pupils with special education needs and are required to make public what kind of support they might offer. Thus parents can make a more informed choice between schools for their children.

Parents may ask admission for their children (with and without) disabilities at any school, but the schools may decide whether a student will be admitted. A school is not allowed to refuse a pupil solely based on his/her disability as that would be a breach of the Act on Equal Treatment on the Grounds of Disability or Chronic Illness (2003). However, if a school decides that a pupil with disability needs an accommodation and the school argues that the

accommodation does not fit within the range of extra support the school has decided to offer, the school may refuse his/her admission. If admission of a pupil with disability is refused, the school board must refer to another school in the region which is deemed capable of offering the required accommodation. In such cases, this is usually a special school. Both mainstream and special schools are legally required to work together within a regional organisation of schools and to agree on organising and financing education for pupils with disabilities and on referral procedures.

Decisions on admission or refusals by schools of pupils with disabilities or decisions on the support schools offer, can be laid before an Independent Committee (Geschillencommissie Passend Onderwijs) that will advise pupils/parents and schools. The advice of the Committee is not legally binding.

Decisions of school boards can also be challenged before civil court or administrative court. The courts will then decide if schools followed correct procedures. A decision can also be put forward before the Netherlands Institute for Human Rights if discrimination on the ground of disability is suspected. The Act on Equal Treatment on the Grounds of Disability or Chronic Illness (2003) prohibits discrimination on the ground of disability since 2003 in vocational education. Its scope was extended to primary and secondary education in 2009. The Institute for Human Rights (College voor de rechten van de mens) can be consulted or asked a formal opinion if student/parent suspects that discrimination on the ground of disability may occur in cases of admission, referral or support provision. The opinion of the Institute is not legally binding. Current interpretation of the Act on Equal Treatment on the Grounds of Disability or Chronic Illness is such that schools are required to admit students who can meet the academic requirements and for whom necessary adaptations are within reason and the means of the specific schools.

Inclusive education, as laid down in Article 24 of the CRPD and the General Comment No. 4, is not an objective in educational policy or Dutch legislation. The Government stated, when introducing current legislation (called appropriate education, that "not all children can receive the extra support they need in regular school" and special schools are needed "as that is appropriate for some students".

Links

Website on legislation and practice of students with disabilities in primary and secondary education

<http://www.passendonderwijs.nl/>

Platform of Defence for children and the implications of the CRPD on the Dutch educational system

<https://www.in1school.nl/>

Act on Equal Treatment on the Grounds of Disability or Chronic Illness (2003)

<https://wetten.overheid.nl/BWBR0014915/2017-01-01>

Plan of Action 'Appropriate Education'

<https://www.rijksoverheid.nl/documenten/rapporten/2014/06/18/plan-van-aanpak-passend-onderwijs-2014-2020>

E3. Sign language and Braille in school

In 1990, all schools and institutions for the Deaf decided to teach bilingually: both Dutch language and Dutch Sign language. Students who are deaf are entitled to a sign language interpreter when they attend a mainstream school. Students who are blind are taught Braille. Blind students in mainstream or special schools for the blind may receive a wide range of technical support such as a Braille reader to read computer documents or a daisy reader and daisy spoken books. Extra personal assistance can be granted in school or workplace (for up to 10% of work time) to provide extra support. Provisions of support in schools is regulated by the Act on Reintegration of Labour-disabled 2005 (Wet Werk en Inkomen naar Arbeidsvermogen). A sign language interpreter will not be available for education of students above the age of 30.

Links

Dutch Foundation for Sign language

<https://www.gebarencentrum.nl/>

Act on Reintegration of Labour-disabled

<https://wetten.overheid.nl/BWBR0019057/2019-01-01/0/Hoofdstuk1/Paragraaf1.2/Artikel6/informatie>

E4. Vocational training

Vocational education and training is offered to students with disabilities in secondary special schools (vso), in schools for practical training (Praktijkscholen) or in senior secondary vocational education colleges (mbo). Secondary special schools (vso) offer general and vocational education to pupils with more severe disabilities, either intellectual disabilities or physical disabilities. The level of education at vso-schools varies from acquiring daily life skills to practical training for jobs or, in some cases, to the general secondary education level (havo), which serves as a basic qualification for the labour market. Pupils between 12 and 17 years old who have an IQ level between 55-80 are eligible for 'practical schools' (Praktijkscholen). They are considered not able to do regular exams to gain basis qualification for the labour market. They are offered education to enhance their practical skills.

Provisions for support in mainstream vocational education (mbo-colleges) in order to include young people with a disability may include extra mentoring, adapted tools, material and special transport. The extra mentoring is to be provided by the mbo vocational colleges and they are financed out of their lump sums. Adapted tools, material and special transport will be provided and financed by the administrative authority UWV according to the Act on Reintegration of Labour-disabled 2005 (Wet Werk en Inkomen naar Arbeidsvermogen).

The Act on Equal Treatment on the Grounds of Disability or Chronic Illness (2003) prohibits discrimination on the ground of disability in vocational education since 2003 and a duty to provide reasonable accommodation. Complaints about discrimination (refusal, referral or not providing reasonable accommodation) can be submitted to the Netherlands Institute for Human Rights. Policy efforts to prevent early school leaving and to enhance quality of vocational education have led to stricter admission criteria for regular vocational education for all students. Pupils from Praktijkscholen are only allowed to enter basic mbo-level 1 and must pass tests in reading, writing and maths. Those who fail these tests are not allowed to

take exams. A refusal based on these entry tests is not considered to be a breach with the right to vocational education and the Act on Equal Treatment on the Grounds of Disability or Chronic Illness.

Links

Country report on the European Pillar of Social Rights - Netherlands

<https://www.disability-europe.net/downloads/847-country-report-on-the-european-pillar-of-social-rights-focus-topics-netherlands>

Government website with information on vocational education, including legislation and policy initiatives

<https://www.rijksoverheid.nl/onderwerpen/middelbaar-beroepsonderwijs>

Act on Equal Treatment on the Grounds of Disability or Chronic Illness (2003)

<https://wetten.overheid.nl/BWBR0014915/2017-01-01>

E5. Higher education

Applied Science Colleges (Hogescholen) and Universities may set their own academic entry criteria. Students with disabilities may not be refused on the sole basis of having a disability, but must meet academic requirements. The Act on Equal Treatment on Grounds of Disability or Chronic Illness is interpreted such that colleges and universities are required to admit students who can meet the academic requirements and for whom necessary adaptations are within reason and the means of the specific schools. The cost of providing reasonable accommodation is to be carried by colleges and universities out of their lump sums. Complaints about admission or providing accommodation may be submitted to the Netherlands Institute for Human Rights. In response, the Institute will give a non-binding verdict.

Individual provisions for support in higher education are provided based on the Reintegration of Labour-disabled Act of 2005 (Wet Werk en Inkomen naar Arbeidsvermogen). These provisions may vary from adapted computers to special transport or compensation for extra costs for the student. Higher education institutions may agree with the inspectorate for education on any special arrangements such as extra time for exams. Students with disability have the right for an extra year of study grant.

Links

Act on Reintegration of Labour-disabled

<https://wetten.overheid.nl/BWBR0019057/2019-01-01>

Act on Equal Treatment on the Grounds of Disability or Chronic Illness (2003)

<https://wetten.overheid.nl/BWBR0014915/2017-01-01>

Advocacy organisation on students with disabilities in higher education

<http://www.handicap-studie.nl/home.aspx>

F. Employment

F1. Non-discrimination in employment

The Act on Equal Treatment on the Grounds of Disability and Chronic Illness 2003 (Wet gelijke behandeling op grond van handicap of chronische ziekte) prohibits discrimination on the ground of disability in employment and vocational education since 2003. The Institute for

Human Rights (College voor de rechten van de mens) can be consulted or asked a formal opinion. Such an opinion can be seen as a non-binding verdict. It can be used for a court procedure. The annual monitoring report on discrimination of the Netherlands Institute for Human Rights mentions that out of the total 226 complaints about discrimination on the labour market submitted in 2017, 42 cases of complaints were on the grounds of disability.

An indication of discrimination on the labour market is shown by the Netherlands Institute for Human Rights in their monitoring report on the implementation of the CRPD. According to this report, 72 % of adults in the Netherlands have paid work, compared to only 36 % of people with physical disabilities, 22 % of people with psychosocial disabilities and 21 % of people with intellectual disabilities.

After the introduction of the Participation Act in 2015, the government, municipalities, employers' organisations and trade unions developed policies and laws to include persons with disabilities into the mainstream labour market. The Netherlands Institute for Human Rights remarks that these efforts did not increase participation rate among people with disabilities. For persons who used to do sheltered work, the chances of finding a job have decreased since 2015 from 50 % to 30 %.

Various wage subsidies are possible for employers to compensate lower productivity levels of employees with disability. Employees will be entitled to a wage according to their productivity (which is assessed by the autonomous public employment authority - UWV). The employee may be entitled to a supplementary benefit to compensate for the lower wage. If a person with disability will have to work part-time due to disability, wage can also be supplemented with a benefit.

Assistive devices or other support needed for work for employees with disabilities can be obtained through the Act on Reintegration of Labour-disabled 2005. Provisions for work can range from adapted cars, adapted individual transport (compensation for costs of an adapted car or compensations of costs of a taxi) to location bound provisions such as adapted workplaces, ramps, etc., to person bound devices such as electronic equipment or adaptations to laptops, etc. Contributions vary according to the type of device. A rule is that 'usual costs' of a provision should be paid by a person with disability.

Refusing an adaptation in the workplace that is provided in accordance with the Act on Reintegration of Labour-disabled by an employer would be regarded as refusing reasonable accommodation for an employee with disability.

Links

The Institute for Human Rights: Monitoring Report 2017

<https://mensenrechten.nl/nl/publicatie/38427>

The Institute for Human Rights: quantitative monitoring of the CRPD

<https://www.mensenrechten.nl/nl/node/2281>

Act on Equal Treatment on the Grounds of Disability and Chronic Illness (2003)

<https://wetten.overheid.nl/BWBR0014915/2017-01-01>

Country report on the European Pillar of Social Rights - Netherlands

<https://www.disability-europe.net/downloads/847-country-report-on-the-european-pillar-of-social-rights-focus-topics-netherlands>

Act on Reintegration of Labour-disabled 2005 (Wet werk en inkomen naar arbeidsvermogen)
<https://wetten.overheid.nl/BWBR0019057/2019-01-01>

F2. Public employment services

A person with disability benefit is entitled to employment advice and support service by the autonomous administrative authority for social and employment benefits UWV (Uitvoeringsorgaan Werknemers Verzekeringen). This authority is also the executor for cash benefits for people with disability and provider of adaptations in the workplace or in schools for people with disabilities. Employers are also entitled to make use of the services of UWV. UWV offers advice through regional offices, provisions (such as adaptations of the workplace and a range of wage subsidies).

As of 2015, municipalities are responsible for the employment services for people with disabilities who are not entitled to a disability cash benefit. Municipalities may offer a broad range of provisions such as job coaching, wage subsidies, forms of sheltered employment or day care activities without wage. All Dutch municipalities are required to cooperate and coordinate labour market policies with regional organizations of employers and trade unions and UWV within 35 designated labour market regions. Employment services are based on the Act on the Reintegration of people with disabilities in the labour market 2005 (Wet Werk en Inkomen naar Arbeidsvermogen WIA) and Participatiewet 2003.

Links

Webpage with services and a list of labour market regions

<https://www.samenvoordeklant.nl/wetten/participatiewet/werkbedrijven>

Act on Reintegration of the Reintegration of people with disabilities in the labour market 2005 (wet werk en inkomen naar arbeidsvermogen)

<https://wetten.overheid.nl/BWBR0019057/2019-01-01>

Participation Act 2003

<https://wetten.overheid.nl/BWBR0015703/2019-01-01>

F3. Workplace adaptations

The autonomous administrative authority UWV will decide and pay for adaptations of the workplace (and in schools and higher education institutions). The relevant act is the Act on Reintegration of Labour-disabled 2005 (Wet Werk en Inkomen naar Arbeidsvermogen WIA). Assistive devices or other support needed for work range from adapted individual transport, including compensation for costs of taxi) to location bound provisions such as adapted workplaces, ramps etc. to person bound devices such as electronic equipment or adaptations to laptops etc. Personal assistance needed for work, more specifically a sign language interpreter for the deaf, can also be provided based on the Act on Reintegration of labour-disabled. Provisions can include adaptations on the building; which adaptations are issued is up to the Authority UWV. In cases, where discrimination on the grounds of disability is suspected and an opinion is sought after, the National Institute for Human Rights will take the availability of adaptations and the full compensation of costs into consideration. Any adaptation provided will be viewed upon as reasonable accommodation that an employer should allow for.

Links

Webpage UWV with advice for Employers

<http://www.uwv.nl/werkgevers/werknemer-is-ziek/index.aspx>

Act on Reintegration of Labour-disabled

<http://wetten.overheid.nl/BWBR0019057/2018-01-01>

F4. Financial incentives

The autonomous public employment service UWV (Uitvoeringsorgaan Werknemers Verzekeringen) can offer financial incentives to a potential employer of a person with disability. Financial incentives for employers are based on the Act on the Reintegration of people with disabilities in the Labour Market 2005 (Wet Werk en Inkomen naar Arbeidsvermogen WIA). Provisions for persons with disabilities seeking paid work may include: extra vocational training and education; compensation for the costs of adapted transport; individual provisions such as a sign language interpreter at work (maximum 15 % of working time) or a personal aid for people who are blind; a job coach or special equipment such as an adapted computer. The UWV can also offer provisions for employers, such as: the permission to test an employee with a disability during a two-months trial period without paying wages; a wage subsidy, deductions on social insurance premiums; permission to pay less than minimum wage for employees eligible for the benefit Wajong (for early onset disability), and an exemption of the obligation to pay wage during sick leave (the employee will then receive a cash benefit instead of wage). As of 2015, municipalities are responsible for the employment services for people with disabilities who are not entitled to a disability cash benefit. Municipalities may offer above-mentioned employment services, including job coaching, wage subsidies, and offer other incentives such as forms of sheltered employment or day care activities without wage. The relevant act is the Participation Act 2003.

Links

Webpage of UWV with a list of provisions for employer who hire a person with disability

http://wetten.overheid.nl/BWBR0019057/geldigheidsdatum_21-01-2016

Act on the Reintegration of people with disabilities in the Labour Market 2005 (Wet Werk en Inkomen naar Arbeidsvermogen WIA)

<https://wetten.overheid.nl/BWBR0019057/2019-01-01>

Participation Act 2003

<https://wetten.overheid.nl/BWBR0015703/2019-01-01>

Country report on the European semester - Netherlands

<https://www.disability-europe.net/downloads/889-task-eu2020-year-3>

G. Statistics and data collection

G1. Official research

There is no formally appointed research institute to do research on disability equality. The Netherlands Institute for Social Research (SCP) is a government agency which conducts research into the social aspects of all areas of the government policy. The last report requested by the government on people with disabilities is dated from 2002. The Agency does report on particular issues such as an evaluation of the Social Support Act 2015.

The Netherlands Institute for Health Services Research (NIVEL) is an independent research

agency. NIVEL maintains two panels of people with disabilities, one of which is people with physical disabilities. Data from this panel serves as the basis for a participation monitor set up by NIVEL. The second panel consists of people with minor intellectual disabilities or family members of people with intellectual disabilities. This panel is not regularly used for the participation monitor.

Neither there are data available, nor surveys planned on the number of people with disabilities living in the community, independently or with their families as compared to those living in residential settings. It is unknown how many people with disabilities live in residential care institutions, hospitals, large or small group homes or how many people with disabilities live independently; only estimates are available. There are statistics available on care provisions and financing based on two main support acts: the Long-term Care Act WLZ 2017 (formerly the General Exceptional Medical Expenses Act 1967) and the Social Support Act 2015 (WMO). Because provisions based on these and other acts can be issued to people with all kinds of disabilities regardless of where they live and can be combined (one person can have multiple provisions) these financial statistics do not give a precise statistical picture.

The Netherlands Institute for Human Rights commissioned the Central Bureau of Statistics and NIVEL to gather data on people with disabilities on three themes: education, work and independent living to monitor implementation of the CRPD. This resulted in two quantitative monitor reports on these three themes.

Links

The Netherlands Institute for Social Research

http://www.scp.nl/Publicaties/Zoek_publicatie/Zoekresultaten_publicatie?publicatie_multitrefw_oorden=51-5ie3i

National Panel of the Chronically ill and Disabled (NPCG) by the Netherlands Institute for Health Services Research (NIVEL)

<http://www.nivel.nl/en/national-panel-chronically-ill-and-disabled-npcg>

Participation monitor for people with physical disabilities

<https://www.nivel.nl/nl/nieuws/mensen-met-beperkingen-willen-meer-meedoen-de-samenleving>

The Institute for Human Rights: quantitative monitoring report Inzicht in Inclusie

<https://mensenrechten.nl/nl/node/2281>

G2. Census data

The Netherlands has no national Census. All statistical data are obtained through surveys executed by the Central Bureau of Statistics (CBS). The CBS surveys are based on samples of people who are requested to fill in online forms. The surveys exclude explicitly all people living in residential settings. They will not receive requests to fill in online forms. This alone excludes over a hundred thousand people who live in residential settings. The method of interviewing makes it difficult for people with intellectual disabilities or mental health problems who live independently to participate in the survey as people are requested through mail to fill in online forms. If they do not respond, they can be interviewed by phone or in person. There is no specific provision to engage people who have difficulty in reading, writing and understanding to participate more. Interviewers who meet with persons who have

difficulty understanding the standard questions will exclude these persons (according to a description by a spokesperson for the CBS).

Links

Central Bureau of Statistics (CBS)

<https://www.cbs.nl/en-gb>

G3. Labour Force Survey

The Netherlands have a National Labour Force Survey, conducted by the Central Bureau of Statistics (CBS). The method used in this survey excludes many people with disabilities since it requests a sample of people to fill in online forms. If these forms are not sent in, people are interviewed by telephone or in person. The surveys exclude explicitly people living in residential settings. They will not receive requests to fill in online forms. This excludes over a hundred thousand people who live in residential settings. If people with intellectual disabilities or mental health problems live independently, they might be included in this survey. Interviewers are not allowed to make provisions to engage people who have difficulty in reading, writing and understanding. Interviewers who meet with persons who have difficulty understanding the standard questions will exclude these persons (according to a spokesperson for CBS). People working in sheltered workshops are also excluded from the Labour Force Survey. The available data on disabilities in the Labour Force Survey include only people who are considered available for mainstream labour market and who identify themselves as having a physical disability or chronic illness.

Links

National Labour Force Survey Netherlands: Participation of People with Physical Disabilities

<http://statline.cbs.nl/StatWeb/publication/?DM=SLNL&PA=70985NED&D1=a&D2=a&D3=1-2&D4=0&D5=a&HDR=T,G2&STB=G1,G3,G4&VW=T>

Country report Netherlands EU2020

<https://www.disability-europe.net/theme/eu2020?country=netherlands>

G4. Disability equality indicators

The Netherlands Institute for Human Rights developed, together with representatives of NGOs and research agencies, a limited set of indicators on three themes: independent living, education and work. The Institute then commissioned the Central Bureau of Statistics and the research agency NIVEL to gather data on people with disabilities on the following three themes: education, work and independent living. The results are presented in quantitative monitoring reports called 'Inzicht in Inclusie' (Insight in inclusion) published in 2016 and 2018. These reports are used as the basis for the shadow report on the implementation of the UNCRPD.

Links

Second Report Inzicht in Inclusie (2018), The Netherlands Institute for Human Rights

<https://mensenrechten.nl/nl/node/2281>

Initial report on the implementation by the Netherlands of the UN CRPD

https://tbinternet.ohchr.org/Treaties/CRPD/Shared%20Documents/NLD/CRPD_C_NLD_1_8339_E.docx

Shadow report CRPD by the Netherlands Institute of Human Rights

<https://publicaties.mensenrechten.nl/file/9cb28851-98a8-4d4b-bfdd-e67c3f3163fb.pdf>

H. Awareness and external action

H1. Awareness raising programs

National Government runs an awareness raising program on discrimination called 'Strike out discrimination'. A substantial part of the campaign aims at raising awareness of discrimination on the ground of disability. The campaign shows examples of undeliberate discrimination and provides practical tips to prevent discriminatory practices such as tips on how to make the build environment (shops, restaurants) more accessible.

The Ministry of Health, Welfare and Sports commissioned several campaigns on equal rights for people with disability. The latest is a campaign which presents municipalities who are regarded as leaders in implementing the CRPD at local level.

To raise awareness at local level the Coalition for Inclusion, an umbrella organisation of Dutch NGO's and individual activists, founded and supported a network of UN-ambassadors, financed by the Ministry of Health, Welfare and Sports. The network consists of over 350 people with disabilities (or family members of someone with a disability) who lobby for the implementation of the CRPD at local level.

Links

Campaign on municipalities as leaders in implementation of the UNCRPD by municipalities and the Coalition for Inclusion

<https://coalitievoorinclusie.nl/vng-start-koplopersprogramma-implementatie-vn-verdrag-handicap-bij-gemeenten/>

Awareness raising campaign by the government

<https://www.zeteenstreepdoordiscriminatie.nl/wie-doen-mee/campagne-meedoen-met-een-handicap>

Network of local UN Ambassadors

<https://coalitievoorinclusie.nl/coalitie-voor-inclusie/vn-ambassadeurs-zet-je-actief-in-of-ga-aan-de-slag-met-ambassadeurs/>

H2. Training for teachers

Disability awareness/ equality issues are not included either as a compulsory part of initial teacher training nor in programmes on special educational needs. There are a few private initiatives that make disability awareness part of teacher training. Among these, trainings offered by Fontys Hogeschool and Hogeschool Utrecht can be mentioned as an example.

Links

National Association 'Self-advocates with intellectual disabilities' cooperating with Hogeschool Utrecht

<https://lfb.nu/samenwerking-hogeschool-utrecht-en-lfb-scholing-en-training/>

H3. Training for lawyers

Disability awareness/ equality issues are not part of professional training programmes for

lawyers.

The Dutch section of the International Commission of Jurists has initiated a Public Interest Litigation Project to raise awareness on discrimination and human rights. One of the themes the project works on is disability discrimination. The platform 'In1school' is a project of the NGO Defence for Children that is engaged in strategic litigation on inclusive education. In1school and Defence for children cooperate with litigation firms and individual lawyers in educating and lobbying about inclusive education.

Links

Public Interest Litigation Project

<https://pilpnjcm.nl/>

Platform 'in1school' (project of the Defence for Children Netherlands)

<https://www.in1school.nl/>

H4. Training for doctors

Disability awareness/ equality issues are not part of the initial training for doctors or medical staff.

Links

National organisation of medical doctors

<http://www.knmq.nl>

H5. Training for engineers

Disability awareness/ equality issues are not part of the initial training for engineers, designers or inspectors of building permits. A Handbook on accessibility has been privately published in the Netherlands. It is widely used in the education of designers and architects. The author, Maarten Van Wijk, worked in collaboration with the largest umbrella organisation for people with disabilities 'Lederin'. However, the standards in this Handbook are not compulsory for designers and builders.

Links

National organisation of architects

<http://www.bna.nl/>

H6. International development aid

Disability mainstreaming is not specifically identified in Dutch official policies or programmes of international development aid to other countries. In a letter to the Parliament (of March 2017) the Minister for international development aid described that in programmes for sexual and reproductive health accessibility for people with disabilities is not a specific goal. Because these projects target vulnerable people, the Minister said to believe that people with disabilities usually do take advantage of these programmes. In November 2018, the Minister promised to the Parliament that she would ask partner organisations to report on inclusion effects in their programmes.

The Dutch Charity Liliane Fonds annually receives a small grant from the government to co-

finance projects for children with disabilities in developing countries. The Dutch Coalition on Disability and Development lobbies for inclusive budgets in Dutch Aid & Trade.

Links

A letter to the Parliament on sexual and reproductive health, including projects for people with disabilities of March 2017

<https://www.rijksoverheid.nl/documenten/kamerstukken/2017/03/03/kamerbrief-over-nederlandse-aandacht-voor-mensen-met-een-beperking-in-programma%E2%80%99s-voor-srg>

Dutch Charity Liliane Fonds

<https://www.lilianefonds.nl/>

Dutch Coalition on Disability and Development

<https://us5.campaign-archive.com/?u=328857ef9510e4314e20702fc&id=a4c962e801>