



Convention on the Rights of Persons with Disabilities

Distr.: General
20 September 2024

Original: English

Committee on the Rights of Persons with Disabilities Thirty-first session

Summary record of the 726th meeting

Held at the Palais des Nations, Geneva, on Thursday, 15 August 2024, at 3 p.m.

Chair: Ms. Gamio Ríos (Vice-Chair)

Contents

Consideration of reports submitted by parties to the Convention under article 35
(*continued*)

Initial report of the Kingdom of the Netherlands (continued)

This record is subject to correction. Corrections should be set forth in a memorandum and also incorporated in a copy of the record. They should be sent within one week of the date of the present record to the Documents Management Section (DMS-DCM@un.org).

Any corrected records of the public meetings of the Committee at this session will be reissued for technical reasons after the end of the session.



Ms. Gamio Ríos (Vice-Chair) took the Chair.

The meeting was called to order at 3 p.m.

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

Initial report of the Kingdom of the Netherlands (continued) (CRPD/C/NLD/1;
CRPD/C/NLD/Q/1; CRPD/C/NLD/RQ/1)

1. *At the invitation of the Chair, the delegation of the Kingdom of the Netherlands joined the meeting.*

Articles 10–20

2. **A representative of the Kingdom of the Netherlands**, replying to questions put at the previous meeting (see CRPD/C/SR.725), said that, since police officers were often the first to arrive on the scene, it was important that they received appropriate training in the early detection of mental health incidents and de-escalation. Staff at regional police service centres were also trained to properly assess and de-escalate incidents and, where the presence of the police would not be helpful in resolving the underlying problems of people with confused or misunderstood behaviour, to refer them to the mental health crisis service for appropriate assistance.

3. It was inaccurate to say that parents were discouraged from carrying to term a fetus that would be born with a disability. Counselling for prenatal screening was explicitly focused on freedom of choice. Where a disorder was diagnosed in a fetus, the pregnant woman had extensive consultations with several specialists to better understand the diagnosis and its implications for the child's quality of life and life expectancy, as well as the choices available to her. An abortion specialist must be called in to ascertain that the pregnant person's request for an abortion was voluntary and carefully considered.

4. In keeping with article 23 of the Convention on the Rights of the Child, the Kingdom of the Netherlands recognized that children with disabilities should enjoy full lives in conditions that ensured their dignity, promoted self-reliance and facilitated their active participation in the community. Consequently, children with disabilities had access to a wide range of services, from integrated early help for young children with a suspected disability to specialized help for children with severe or multiple disabilities. To further improve access to and implementation of care and support, efforts were being made to strengthen early detection and the skills of professionals, with due attention to the role of parents.

5. **Ms. Fitoussi** (Country Task Force) said that she wished to know more about the housing in which the State party was investing, specifically whether it enabled persons with disabilities to genuinely live independently and be part of the community.

6. **A representative of the Kingdom of the Netherlands** said that the recent legal initiative to strengthen national control and regional coordination of the Dutch housing market provided for some 900,000 houses, of which 250,000 would be allocated to social housing, and gave all levels of government the power to direct specific attention to the needs of priority groups, including persons with disabilities.

7. **Ms. Fitoussi** asked what was meant by social housing.

8. **A representative of the Kingdom of the Netherlands** said that there were two types of housing in the Dutch housing market – homes on the free market and social housing, the features and price of which were determined by the Government in accordance with the relevant regulations. Social housing was a category of housing, not a statement about how people lived in the units.

9. **Ms. Fitoussi** asked how, if social housing was organized by the Government, persons with disabilities could have a say in the features of their unit.

10. **A representative of the Kingdom of the Netherlands** said that persons with disabilities could request adaptations to their social housing unit in one of two ways, either through the rental agency or, pursuant to the Social Care Act, the municipal authorities.

11. **Ms. Fitoussi** said that, when an agency or other body was involved, it often meant that all the units were the same, which amounted to a form of institution. She encouraged the State party to read the Committee's guidelines on deinstitutionalization, including in emergencies, for a clear definition of independent living.

12. Based on the information before the Committee, the system for persons with disabilities to exercise their rights was complex and it was often unclear where to apply for a given service, which often led people to take out hefty loans to purchase equipment themselves or to give up their right altogether. It appeared to be a "survival of the fittest" type of scenario. She was interested in hearing how the State party intended to simplify and speed up the procedure for obtaining basic equipment with which to carry out daily activities and how it ensured that the provision of basic equipment was the same throughout the country rather than tied to the budget of a particular municipality.

13. **A representative of the Kingdom of the Netherlands** said that the Government intended to make the health-care system less complex but, in the meantime, there were services to support people in navigating the system. For example, information was available online in accessible formats and all municipalities were mandated to provide independent client support workers.

14. **A representative of the Kingdom of the Netherlands** said that the Government was planning to reorganize the system to reduce the number of places users had to contact to obtain services. While it might not become a single-window model, the idea was nonetheless to make it impossible to address the wrong place.

15. **Ms. Fitoussi**, pointing out that lack of access to services tended to force people to choose to live in an institution, said that it would be helpful to know how long it took, from application to receipt, for a person to obtain a wheelchair, for example.

16. **A representative of the Kingdom of the Netherlands**, noting the point that delays could make it impossible for people to be independent in their home, said that time frames for the provision of equipment were established by law, but the Government was striving to accelerate the process.

17. **Ms. Fitoussi** said that the Committee encouraged the State party to draw up a plan, in consultation with persons with disabilities, to speed up the processing of applications.

18. **Mr. Al-Azzeh** (Country Task Force), noting that the State party had entered a reservation to article 10 of the Convention on the right to life, asked what provisions were in place to ensure that persons with disabilities gave their full, free and informed consent to procedures under the Dutch Termination of Life on Request and Assisted Suicide (Review Procedures) Act.

19. **A representative of the Kingdom of the Netherlands** said that the law governing euthanasia struck a balance between the obligation to protect the right to life and also the right to privacy. It contained strict safeguards for the period before and after the procedure. Requests for euthanasia must be reviewed by two doctors separately and be made by the persons concerned themselves, following an assessment of their capacity to make such a request. To be eligible, a person must be experiencing unbearable and hopeless suffering. All euthanasia procedures were reviewed after the fact by a committee and, if found to have been carried out incorrectly, the doctor was liable.

20. **Mr. Schefer** (Coordinator, Country Task Force) said that, in order to claim a right before the court, individuals had to have a decision taken by an authority that pertained to them specifically. However, often there was no such decision, for instance, in cases where a municipality simply did not provide a specific service that a person with a disability needed. Against that backdrop, he wished to know whether the political culture was such that municipalities might choose to adhere to a decision taken in respect of another municipality in a similar case and whether accommodation was made for persons with disabilities to fully participate in proceedings.

21. The delegation might comment on the fact that the percentage of children with disabilities attending segregated special schools had increased, as had poverty, which might be construed as a regression that was contrary to article 4 of the Convention.

22. **A representative of the Kingdom of the Netherlands** said that municipalities provided written responses to requests for services that fell under the Social Care Act, such as adaptations to a person's home, and there was therefore a contestable decision. A legal office provided advice and support to individuals, including in language that was simple to understand, and many municipalities had social counsellors who also provided assistance in such matters. Individuals could also bring issues to the Office of the Ombudsman, even in the absence of a formal decision.

23. **The Chair** said that she urged the State party to review its complaint mechanisms in the light of reports that they were slow and did not provide satisfactory solutions. In reference to the State party's reservation to article 14 of the Convention, she wished to point out that persons with psychosocial disabilities should never be subject to compulsory care or treatment. She would encourage the State party to read the Committee's guidelines on the right to liberty and security of persons with disabilities and its guidelines on deinstitutionalization, including in emergencies.

24. **Mr. Al-Azzeh** said that the Dutch Termination of Life on Request and Assisted Suicide (Review Procedures) Act might contain sound procedures and safeguards, but it also provided that children could request euthanasia, with the authorization of their parents for those between the ages of 12 and 16 and without authorization for those between the ages of 16 and 18. Since the State party's conception of the legal capacity of persons with disabilities was narrow, he was eager to learn how it ensured that persons with intellectual or psychosocial disabilities in particular were able to give their free and informed consent to euthanasia.

25. **A representative of the Kingdom of the Netherlands** said that, while there had been an increase in the number of children in special education, there had also been a rise in the number of children who required additional care at the preschool level. The Ministry of Education, together with the Ministry of Social Affairs and Employment, would be developing policy guidelines over the next six months following the publication of a report showing growing pressure along the entire child development chain.

26. **A representative of the Kingdom of the Netherlands** said that euthanasia was strictly regulated by law and that the granting of requests for euthanasia was a lengthy process, especially when younger persons and persons with intellectual disabilities were involved. Doctors consulted patients requesting euthanasia several times to verify that they understood what the practice entailed and that they were requesting it of their own free will. Requests for euthanasia made by persons who were incapable of giving their informed consent were refused.

27. **Ms. Fitoussi** said it was her understanding that social housing was intended for low-income individuals in general and not for persons with disabilities in particular, meaning that such housing was seldom accessible. Moreover, applicants often had to wait 10 years or more to be allocated a place to live. She would like to know what measures, including of a financial nature, the State party envisaged taking to allow persons with disabilities to live independently in a place of residence of their own choosing and to receive the care and support services that they needed, including personal assistance, at home.

28. **A representative of the Kingdom of the Netherlands** said that social housing was indeed intended first and foremost for low-income individuals.

29. **A representative of the Kingdom of the Netherlands** said that, regrettably, social housing was indeed in short supply. Any person whose income was below a certain threshold was eligible to apply for such housing. Applications received from eligible persons with disabilities were, however, prioritized. The Government intended to build 250,000 new social housing units to remedy the current shortage.

30. **A representative of the Kingdom of the Netherlands** said that, under the Long-Term Care Act, persons with intensive care needs could receive the necessary services at home, regardless of whether they lived in social housing or their own private residence.

31. **Mr. Schefer** said that the delegation might confirm whether, in practice, municipalities tended to abide by court decisions taken in respect of other municipalities in cases concerning similar violations or denials of individual rights; whether persons with

disabilities involved in judicial proceedings were provided with procedural accommodations and, if so, whether those accommodations were enshrined in law or existed only in practice; and whether organizations of persons with disabilities had legal standing to bring claims before the courts on behalf of individuals.

32. **A representative of the Kingdom of the Netherlands** said that only persons whose rights had been violated or denied by a decision that concerned them specifically could claim those rights before the courts. While municipalities were aware of judgments handed down in respect of other municipalities in individual cases and took them into account where appropriate, they could not systematically adhere to those judgments.

The meeting was suspended at 3.50 p.m. and resumed at 4.05 p.m.

Articles 21–30

33. **Mr. Al-Azzeh** said that he would like to hear more about the rationale behind the interpretative declaration entered by the State party in respect of article 23 (1) (b) of the Convention, to the effect that, when it came to the rights of persons with disabilities to decide freely and responsibly on the number and spacing of their children and to have access to age-appropriate information and reproductive and family planning education, the Kingdom of the Netherlands considered that the best interests of the child were paramount.

34. **A representative of the Kingdom of the Netherlands** said that the Kingdom of the Netherlands had entered that interpretative declaration to convey that the rights of any future children of persons with disabilities should be taken into account with regard to family planning. However, in the light of a recent ruling of the Supreme Court, the Government was examining the possibility of withdrawing that declaration.

35. **Mr. Al-Azzeh** said that, worryingly, numerous provisions of the Civil Code used derogatory language to refer to mental health conditions and persons with psychosocial disabilities. For example, under article 1:32 of the Code, marriage could not be entered into when the mental capacity of one of the parties was “disturbed” in such a way that he or she was unable to exercise his or her own will or to understand the significance of his or her statements. More worrying still was how “mental disturbance” was included throughout the Code as a ground for restricting certain civil rights of persons with psychosocial disabilities. He wished to know whether the State party envisaged taking steps to amend the offending provisions by removing the derogatory language that they contained and ensuring that they upheld the right of persons with psychosocial disabilities to live independently, including through supported decision-making.

36. Despite the Civil Code setting the legal age of marriage at 18 years, he understood that the Minister of Justice could, for compelling reasons, allow two persons under 18 years of age to marry. He would be interested to know what those compelling reasons might be and whether persons under 16 years of age, which was the permissible age of marriage when the woman was pregnant or had given birth, might be allowed to marry on account of that exception.

37. It would also be helpful to receive an overview of the legal provisions in place to ensure that persons with disabilities, particularly women with disabilities and persons with intellectual disabilities, had easy, quick and independent access to family planning and sexual and reproductive health services.

38. **A representative of the Kingdom of the Netherlands** said that, owing to the technical nature of the questions posed, the delegation would need to consult subject-matter experts back in the Kingdom of the Netherlands. If responses could not be provided before the conclusion of the interactive dialogue with the Committee, they would be provided in writing after the fact.

39. **Mr. Al-Azzeh** said it was his understanding that, under article 5 of the Compulsory Education Act, children with disabilities, including Down syndrome, and children with conditions such as depression, could be exempted from compulsory education. According to information in the Committee’s possession, the number of children who had been exempted from compulsory education on the basis of disability had increased from around 7,000 in 2021/22 to over 8,000 in 2022/23. The delegation might explain that sharp rise and the

rationale behind including such an exemption in the Compulsory Education Act, which had the effect of depriving children with disabilities of their right to education.

40. **A representative of the Kingdom of the Netherlands** said that many children who were exempted from compulsory education were neurodivergent. She would, however, need to consult subject-matter experts on the scope of the exemption included in article 5 of the Compulsory Education Act. If a response could not be provided before the conclusion of the interactive dialogue with the Committee, it would be provided in writing after the fact.

41. **Mr. Al-Azzeh** said that the Committee had been informed that, while some 80,000 students with disabilities were enrolled in public schools, they did not receive any kind of support. The delegation might confirm whether that was indeed the case and, if so, what steps the State party envisaged taking to rectify that situation.

42. **A representative of the Kingdom of the Netherlands** said that official data were not collected on the number of children with or without disabilities who attended mainstream schools. Regrettably, curricula, learning materials and examinations were not always fully accessible to students with disabilities. Even though Directive (EU) 2019/882 of the European Parliament and of the Council of 17 April 2019 on the accessibility requirements for products and services did not specifically cover education, the Government had provided subsidies to help to ensure that learning materials and examinations were adapted to the needs of those students. The possibility of adopting additional legislation to ensure the accessibility of digital and other learning materials could be explored in the future. The Government was in talks with publishers with a view to ensuring the production of learning materials that were accessible from the outset.

43. **Mr. Al-Azzeh** asked whether those learning materials would also be produced in Easy Read format for students with intellectual disabilities.

44. **A representative of the Kingdom of the Netherlands** said that the learning materials in question would be accessible to children with visual impairments and similar conditions.

45. **Mr. Al-Azzeh** said that it would be useful to know what legal provisions and safeguards were in place to protect and ensure the confidentiality of the personal and medical data of persons with disabilities, particularly when they were required to submit medical reports to gain access to certain specialized services.

46. **A representative of the Kingdom of the Netherlands** said that Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC (General Data Protection Regulation) was fully in force in the Kingdom of the Netherlands. Thus, personal data, including data on health and disability, could not be processed unless one of the exemptions provided for in article 9 of the Regulation applied. Data on disability could be processed only if appropriate regulations were in effect or the person with disabilities gave his or her permission. Doctor-patient confidentiality prohibited the handing over of medical files and the processing of the data that they contained in the absence of freely given consent.

47. **Mr. Al-Azzeh** said that he would like to know more about the camera surveillance system in place in residential care centres for persons with disabilities and the measures in place to ensure that the privacy of residents was protected.

48. **A representative of the Kingdom of the Netherlands** said that persons with disabilities living in residential care centres could be subject to camera surveillance only if they gave their express consent. The use of cameras allowed staff to react quickly in the event of an incident, and residents had reported that being monitored remotely actually granted them more freedom, as caregivers did not need to check on them in person.

49. **Mr. Al-Azzeh** said that he would welcome an update on the progress made by the State party in implementing Directive (EU) 2016/2102 of the European Parliament and of the Council of 26 October 2016 on the accessibility of the websites and mobile applications of public sector bodies (Web Accessibility Directive) and Directive (EU) 2018/1808 of the European Parliament and of the Council of 14 November 2018 amending Directive 2010/13/EU on the coordination of certain provisions laid down by law, regulation

or administrative action in Member States concerning the provision of audiovisual media services (Audiovisual Media Services Directive) in view of changing market realities.

50. **A representative of the Kingdom of the Netherlands** said that, as part of the Government's efforts to implement the Web Accessibility Directive, the Ministry of the Interior and Kingdom Relations had introduced digital accessibility standards for the websites and mobile applications of public sector bodies. All public sector bodies had been instructed to make the improvements necessary to ensure that their websites and mobile applications were fully accessible to persons with disabilities. From late 2024, compliance with the ministerial digital accessibility standards would be measured by a newly created oversight authority.

51. **Mr. Al-Azzeh** said that he would be interested to know what measures had been taken to ensure that inner city areas were accessible to persons with disabilities, particularly persons with a visual impairment, and that physical barriers did not prevent such persons from moving around freely.

52. **A representative of the Netherlands Institute for Human Rights** said that the entire system of public transportation was overly fragmented, to the disadvantage of persons with disabilities. In fact, the Ministry of Infrastructure was responsible for ordinary public transport, which did not always have disability access, while the Ministry of Health was in charge of so-called "target-group transport", which was vital in order to facilitate the daily lives of persons with disabilities. At the same time, municipalities were responsible for transport under the Social Support Act, and transport concessions were granted by the provinces. It was important for the Government to take the lead in fostering a more integrated and interdepartmental approach to the issue, for the benefit of persons with disabilities, and he wished to know what measures were being taken in that regard.

53. **A representative of the Kingdom of the Netherlands** said that action to remove barriers in public spaces was regulated by the Environment and Planning Act under which municipalities were required to take account of accessibility requirements in all relevant planning decisions. The CROW agency for transport, infrastructure and public space provided expert advice to municipalities, some of which, notably Zwolle, had designated officials to consult directly with persons with disabilities regarding their needs in that connection. The Government was aware of the need for greater coordination in order to optimize the public transport system, also for persons with disabilities, and several ministries were cooperating closely to that end. The authorities were currently examining the recent report on public transport produced by the Netherlands Institute for Human Rights and a reply was expected to be issued in the autumn of 2024.

54. **A representative of the Kingdom of the Netherlands** said that the legal minimum age for marriage was 18. Following recent amendments to the Civil Code, that provision was applicable to all persons and no exceptions were admitted for any reason, including pregnancy.

55. **Mr. Morris** (Country Task Force) said that he wished to know when the State party intended to reconsider its interpretative declaration on article 25 of the Convention, which posed serious problems for persons with disabilities. He hoped the delegation could clarify the statement contained in the initial report to the effect that a decision could be taken "not to provide care or services" based on understandings of "what constituted responsible care". That seemed to reflect an approach based on the medical model of disability rather than on the human rights model advocated by the Committee. In the same context, the delegation should explain the rationale behind the prenatal screening to detect fetal impairments in pregnant women, as disability prevention was also a feature of the medical rather than the human rights model. Lastly, he wished to know what was being done to reduce waiting times at health facilities for persons with disabilities, particularly those with psychosocial disabilities.

56. **A representative of the Kingdom of the Netherlands** said that an answer would be provided in writing to the question concerning the interpretative declaration on article 25 of the Convention.

57. **A representative of the Kingdom of the Netherlands** said that increased demand accompanied by a shortage of qualified staff meant that waiting times for psychosocial health-care services had become unacceptably long. The Government was aware of the problem and was taking action to improve access. The Government was also cognisant of the fact that delayed care for persons with severe intellectual disabilities could eventually lead to more complex care needs. The growing influx of patients was being handled by considering their cases from a broader perspective and, sometimes, guiding them to other more suitable forms of support, outside the mental health system. In that way, priority could be given to persons with the most severe problems. Further action would be taken once the Government had more accurate data on current waiting times, which were currently being compiled by the regional offices responsible for administering long-term care.

58. Family planning services for women with intellectual disabilities were provided within the framework regulating sexual and reproductive health care for persons with disabilities. The framework had a tripartite structure: firstly, easy access to practical and understandable information; secondly, open discussion of issues related to intimacy and sexuality in residential and non-residential settings; and thirdly, the question of boundaries for persons with disabilities.

59. **Mr. Morris** said that high costs and the complexity of the system often hindered access to post-surgical rehabilitation or physiotherapy for persons with disabilities and he wished to know what steps were being taken to remedy that situation.

60. **A representative of the Kingdom of the Netherlands** said that efforts were being made to align post-surgical rehabilitation with the services offered by municipalities, the intention being to streamline the rehabilitation process and facilitate the transition back into daily life for persons with disabilities. The system had already been successfully applied at one specialized rehabilitation centre in the city of Den Bosch and it was hoped that it could soon be rolled out across the country.

61. **Mr. Morris** said that he wished to know how many of the 85,000 jobs that had been created for persons with disabilities were in the private sector and how many in the public sector. Could the figure also be disaggregated by the sex of the persons concerned? The term “persons with occupational disabilities” was never used by the Committee and he hoped the delegation could explain why it had been employed throughout the State party’s initial report. He would also appreciate further information about the “sheltered employment” envisaged under the Participation Act for persons who could “only perform paid work in sheltered circumstances”. In fact, the Committee frowned on sheltered employment as it violated the decent work agenda.

62. He wished to know what action was being taken to ensure that persons with psychosocial disabilities were not denied decent work and were helped to find and keep a job. He would be interested to learn about the outcome of studies into the quota scheme for employment in government service. Lastly, he wished to know exactly what was meant by the term “medical limitations” which, according to the initial report, qualified students for eligibility for an “individual study allowance”.

63. **A representative of the Kingdom of the Netherlands** said that the job agreements had led to the creation of 85,665 additional posts, including 4,548 in 2023 alone. Of those, around 74,000 were in the private sector, the rest in the public sector. The term “occupational disability” was used when determining what employment possibilities were open to a person with a disability and whether he or she was entitled to benefits under the Labour Capacity Act. The assessments made to reach that determination were not purely medical; they were occupational health assessments that sought to identify what functional abilities the person had. A model of individual placement and supported employment was one of the possibilities the authorities could use to help persons with psychosocial disabilities and behavioural health conditions to work at regular jobs of their own choosing.

64. **Mr. Morris** said that, under the Elections Act, just 25 per cent of polling stations were required to be accessible to persons with disabilities. That was inconsistent with the Convention, which required all public facilities to be accessible, and he wished to know what the State party intended to do to address that discrepancy. Moreover, the interpretive declaration the State party had made to article 29 of the Convention meant that assistance in

polling stations was only provided to persons with physical disabilities, and only outside the voting booth, which amounted to a denial of reasonable accommodation. He therefore wished to know when the State party intended to reconsider that declaration. Lastly, the Committee would be interested to receive statistics, disaggregated by gender, about how many persons with disabilities were involved in representational politics.

65. **Ms. Jacobs** (Country Task Force) said that she wished to know whether the administrative courts in the State party played a role in regularizing the outcomes of administrative bodies, such as municipalities, in particular by ensuring that power of discretion was exercised in conformity with overarching principles such as fairness, reasonableness and human rights. In that context, it would be interesting to know how often the Convention had been invoked before the administrative courts, particularly in the light of recent reports that it had been referenced in only a handful of decisions concerning persons with disabilities. She wondered whether the Convention figured as part of the training of the administrative judiciary.

66. **A representative of the Kingdom of the Netherlands** said that the Convention and other core human rights treaties could be invoked by any party in the course of proceedings before the administrative or civil courts.

67. **Ms. Jacobs** said that she wondered why, if parties to court proceedings could easily have recourse to the Convention, it had not been invoked more often.

68. **Ms. Fernández de Torrijos** said that, since, in the 2023 parliamentary elections, many polling stations classified as accessible had apparently not met accessibility criteria in reality, she would like to know what additional measures would be taken to facilitate electoral participation and whether the accessible voting action plan would be updated and relaunched. She also wished to know the extent to which persons with disabilities, including women and children, were involved in political life and whether any persons with disabilities currently held elected public office.

69. **A representative of the Kingdom of the Netherlands** said that, under the Elections Act, as amended, all polling stations in all municipalities and all elections must be accessible. The Ministry of the Interior and Kingdom Relations worked with the municipalities to ensure compliance with that legal requirement, guiding them towards the selection of polling locations with fewer physical accessibility barriers, but achieving full compliance was a work in progress. Barriers affecting access to information and the manner in which persons with disabilities were welcomed at polling stations also needed to be addressed. A bill that would allow for support to be provided to those that needed it inside as well as outside voting booths was now before parliament and, once the provision became law, it was reasonable to expect that the interpretative declaration made in respect of article 29 of the Convention could be withdrawn.

70. **Ms. Fefoame** said that details of the mechanisms in place to ensure that children who were deafblind and/or had complex communication needs had access to adequate information on sexual and reproductive health as well as to a quality education would be useful, as it appeared that the State party often relied on the support of third-party organizations to meet its obligations in those areas. More information about the role of the Netherlands Institute for Human Rights would also be appreciated. As the Institute was not authorized to adjudicate in situations where legislation was deemed to run counter to the Convention, she wondered what avenues of recourse were open to persons with disabilities experiencing discrimination.

71. **A representative of the Kingdom of the Netherlands** said that the Ministry of Education was striving to ensure that all students, including deaf and hearing-impaired students, had full and equitable access to an inclusive learning environment close to their home and that students and their families were aware of schools' obligations and of the educational offerings available in their region. Students' right to be involved in discussions concerning the support they might receive would be enshrined in forthcoming legislation. The Ministry had published a brochure to familiarize parents and students with the specificities of education adapted to special needs and further information could be obtained through parent and youth support centres.

72. Children could be exempted from the obligation to complete their compulsory education in school in certain illness- and disability-related circumstances because the law gave parents a specific right to decide what was best for their child. However, any decision to keep a child out of school must be supported by medical advice and duly certified. The authorities were working to improve the procedure for obtaining such exemptions and at the same time to ensure that exceptions were not granted unnecessarily.

73. **A representative of the Kingdom of the Netherlands** said that, in 2023, the Netherlands Institute for Human Rights, the National Coordinator against Discrimination and Racism and the State Commission against Discrimination and Racism had written to the Government to reiterate the desirability of extending the Institute's competence. The Government was examining the request and considering whether the Institute might be empowered to adjudicate on complaints related to unilateral government action. Complaints could in the meantime be pursued before the courts.

74. **A representative of the Kingdom of the Netherlands**, recalling that the interpretative declaration made in respect of article 25 (a) of the Convention was based on two reasons – firstly, that medical care should be provided or withheld solely on the basis of medical considerations, and, secondly, that the rights of the unborn child should be taken into account in family planning-related decisions, said that the reasoning to the effect that treatment decisions should be based solely on medical grounds remained valid. However, recent national developments, and in particular the ruling of the Supreme Court, meant that the reasoning related to the unborn child might no longer be considered valid.

75. **Ms. Thongkuay** said that she would like to know whether the revised Constitution of 2023 and disability-related laws, policies and standards had been made available in accessible formats, including sign language, to which persons with disabilities could have access through official government websites without additional cost. As she had not been able to find the 2023 Constitution, she wondered how often the official websites were updated. She also wished to know in which law the principal provisions providing protection against disability-based and gender discrimination in the workplace, ensuring equal pay for work of equal value and promoting reasonable accommodation at work were contained. Information about what the State party was doing to close the gaps affecting implementation of the Convention in the autonomous countries forming part of the Kingdom of the Netherlands and to ensure consistency of implementation and interpretation throughout the national territory as well as alignment with European Union law.

76. As time was short, she would be happy to receive the answers to her questions subsequently in writing.

77. **A representative of the Kingdom of the Netherlands** said the Government's general approach was to make all information more accessible for everybody. There were specific provisions on sign language, and sign language was recognized as an official language. The Constitution, the Convention and the National Strategy 2040 for further implementation of the Convention were all available in Easy Read versions.

78. **A representative of the Kingdom of the Netherlands** said that the term "sheltered employment" referred to work carried out by persons who were able to work only in an adapted, sheltered environment and required extensive guidance and adjustments that regular employers could not be expected to organize. Persons in sheltered work were covered by a collective labour agreement and received at least the statutory minimum wage.

79. There was no single law governing the labour market participation of persons with disabilities. The benefits and assistance they might receive were set forth in various instruments. The Participation Act, for example, had been amended to improve sheltered employment prospects for persons with visual disabilities, and support was available for employers who invested in the recruitment of persons from target groups identified under that Act. Additionally, there was a bill addressing the transition from school to sustainable work that, once enacted, would help young people up to the age of 27 to find and retain employment, and the Government had been working to make it easier to switch from benefits to part-time work.

80. The Government's commitment to addressing labour market discrimination was encapsulated in the Labour Market Discrimination Action Plan for the period 2022–2025. A key aim of the Plan was to encourage employers to make their recruitment and selection policies more objective and consider whether all job requirements were truly relevant. The Plan was broad-based and not specifically aimed at persons with disabilities, but should contribute to ensuring equal opportunities for all.

81. **Ms. Dondovdorj**, noting that, according to reports, the number of children with disabilities attending special schools appeared to have increased, said that she would like to know what mechanisms were in place to ensure regular, ongoing monitoring and assessment of the roll-out of inclusive education and that children with disabilities were not denied reasonable accommodation specific to their individual needs in mainstream schools.

82. **A representative of the Kingdom of the Netherlands** said that the Government's aims for inclusive education were set forth in a policy framework document that had been adopted only very recently, in May 2024. The authorities were thus still working out the implications of the new framework for funding, legislation and oversight and were making adjustments on a day-to-day, step-by-step basis.

83. **The Chair** said that she would like to hear the views of the Netherlands Institute for Human Rights about the situation of persons with disabilities living in institutions. What was the Institute doing to promote a better understanding of article 19 of the Convention and was a deinstitutionalization strategy needed?

84. **A representative of the Kingdom of the Netherlands** said that the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (Istanbul Convention) had been ratified by the Kingdom of the Netherlands in June 2023. Since then, the Government had been working to improve approaches to violence against women. The Group of Experts on Action against Violence against Women and Domestic Violence was currently conducting a second evaluation of the situation in the country, the results of which were expected before the end of 2024.

85. **A representative of the Netherlands Institute for Human Rights** said that he wished to repeat, in closing, that much remained to be done in order to ensure that the Convention and the principles enshrined therein were mainstreamed at all levels of government. The municipalities had a very important role, but it was up to central Government to take the lead if an integrated, comprehensive approach to implementation of the Convention was to be achieved. Establishing a centralized service desk with nationwide scope to which persons with disabilities could turn with their questions and concerns would be one possible way forward. Infrastructure improvements were also essential to ensuring the structural participation of persons with disabilities in law- and policymaking. The Government should also establish a clear time frame, in the near future, for the application of the Convention in the three special municipalities in the Caribbean.

86. He would provide the Chair with a written response to her question regarding deinstitutionalization after the meeting.

87. **A representative of the Kingdom of the Netherlands** said that every article of the Convention had been discussed in the course of the dialogue, as well as the translation of those articles into various parts of Dutch legislation and policy. As it was important that the everyday stories of persons with disabilities did not get lost in the process, he wished to share, in closing, the story of Vesper, a young Dutch girl who, as a huge fan of Efteling, one of the most visited recreational theme parks in Europe, had joined the Efteling advisory board to advocate for continued accessibility improvements at all such parks to its employees and management. Vesper's story highlighted the importance both of opportunities for advocacy by persons with disabilities themselves and of continuing efforts to shape social awareness.

88. The dialogue with the Committee had sharpened his delegation's understanding and provided it with new ideas and inspiration. The delegation looked forward to receiving the Committee's concluding observations, which would make a valuable contribution to the achievement of the goals set forth in the National Strategy 2040 for further implementation of the Convention.

89. **Mr. Schefer** said that the Committee appreciated the honesty of the delegation's answers and its evident commitment to the implementation of the Convention. He trusted that the Committee's recommendations would serve as stimulants for further action and would support organizations of persons with disabilities in their efforts to convince policymakers to implement the Convention expeditiously.

The meeting rose at 5.50 pm.