



Response of the

**KINGDOM
OF THE NETHERLANDS**

to the List of issues (CRC/C/NLD/Q/4) in relation to the fourth periodic report
submitted by the Netherlands under Article 44 of the
Convention on the Rights of the Child

March 2015

Introduction

1. The fourth periodic report of the Kingdom of the Netherlands on the measures taken to give effect to the provisions of the Convention on the Rights of the Child (hereafter 'the Convention') was submitted on 22 November 2013 (CRC/C/NLD/4). In October 2014 the Netherlands received the List of Issues in relation to its report (CRC/C/NLD/Q/4) from the Committee on the Rights of the Child. The Kingdom of the Netherlands hereby submits its written response to the List of Issues.
2. This response consists of three parts. In part I the specific questions of the Committee are answered. Most questions and answers primarily concern the situation in the Netherlands. Where answers specifically concern the situation in the other three countries of the Kingdom (Aruba, Curaçao and St Maarten), this is indicated as such in the answer. Part II contains updates to the report with regard to new bills, institutions and policies. Part III briefly outlines how new statistical information has been organised. The actual statistical information is to be found in the four annexes to this response.

PART I - Answers to the Committee's questions

Question 1: Please provide updated information on the development and implementation by the State party of a comprehensive National Action Plan on human rights and indicate whether it includes specific focus on children's rights and the implementation of the Convention.

3. On 10 December 2013 the Dutch Minister of the Interior and Kingdom Relations presented the Netherlands' first National Action Plan on Human Rights.¹ The Action Plan sets out the ways in which the government fulfils its responsibility to protect and promote human rights in the Netherlands, the specific objectives and priorities it defines in this regard, and the role of other bodies and individuals in ensuring respect for human rights in the Netherlands. The aim is to place the protection and promotion of human rights in the Netherlands on a more systematic footing. A public interim report on the National Action Plan was sent to the House of Representatives in December 2014.

¹ The English translation of the Dutch National Action Plan on Human Rights is available at: <http://www.government.nl/documents-and-publications/notes/2014/03/19/national-action-plan-on-human-rights.html>.

4. The five specific policy themes that are discussed in the National Action Plan are 'non-discrimination and equal treatment', 'the information society', 'immigration and asylum', 'physical integrity and personal liberty', and 'education, employment and culture'. The Action Plan deals with children's rights in the section on 'non-discrimination and equal treatment'. This section refers *inter alia* to the Convention on the Rights of the Child as the basis for children's rights. It also gives a general picture of the situation of children in the Netherlands and the activities undertaken to improve it. Besides the general National Action Plan on Human Rights, specific action plans on children's rights have been issued, such as the one issued in March 2013 on ways of tackling bullying, the one issued in October 2013 on combating child sex tourism, and the Children's Rights Action Plan of 20 November 2014 issued by the Kingdom-wide Children's Rights Task Force.

Aruba, Curaçao and St Maarten

5. Aruba, Curaçao and St Maarten are also taking steps to adopt national human rights action plans. Aruba has started this process, on the basis of the most recent periodic reports submitted under the human rights instruments and the international recommendations arising from them. This integrated action plan, embracing a broad spectrum of human rights, with set priorities and implementation paths, will promote the observance and implementation of human rights in Aruba. As new autonomous countries within the Kingdom, St Maarten and Curaçao will explore the scope for formulating and developing national human rights action plans.

Question 2: In the context of the recent constitutional reform, please provide detailed information concerning the effective implementation of the Convention in all constituent parts of the Kingdom of the Netherlands, including the support provided by the Dutch government to all parts of the Kingdom in the field of children's rights.

6. Since 10 October 2010 the Kingdom of the Netherlands has had a new constitutional structure. Of the former Netherlands Antilles, the islands of Bonaire, St Eustatius and Saba (hereafter 'the Caribbean Netherlands') are now special municipalities of the Netherlands. Curaçao and St Maarten now have the status of countries within the Kingdom, each with its own government and parliament, as does Aruba, which has had this status since 1986. The Kingdom of the Netherlands therefore consists of four countries, each with a large degree of internal autonomy.
7. The Charter for the Kingdom regulates the relations between the Netherlands and the countries of Aruba, Curaçao and St Maarten. The Charter includes an exhaustive list of

all matters that are defined as Kingdom Affairs. The most important of these are defence, foreign relations, and Dutch nationality. Other subjects come within the competence and responsibility of the countries themselves – which may, however, cooperate in these areas.

8. The government of the Kingdom can take measures in the event of any serious breach of fundamental rights and freedoms in a country or in a situation in which legal certainty or good governance are no longer safeguarded and the internal control mechanisms are effectively dysfunctional (the Kingdom's 'safeguard function'). It must then be decided on a case-by-case basis whether intervention is needed, and if so what would be the most appropriate response.
9. The Convention on the Rights of the Child applies throughout the Kingdom. Each country within the Kingdom has an obligation to ensure respect for human rights within its territory, and has its own monitoring institutions for this purpose. Only when there proves to be no redress for an inadmissible state of affairs in one of the countries in relation to the upholding of human rights, legal certainty or good governance can the Kingdom's safeguard function enter the picture. With a view to this function, the Kingdom follows the developments in relation to the workings of public administration and the observance of human rights and legal certainty in the countries of Aruba, Curaçao and St Maarten. The fact that the Kingdom is empowered to act within the framework of its safeguard function fortifies the countries' institutions in their task of implementing the principles that apply in a democracy governed by the rule of law.
10. The Dutch government is not responsible for the institutions on Aruba, Curaçao or St Maarten. It consequently has no involvement with the actual implementation of policy in those countries nor any direct means of influencing this policy. The Dutch government can exert a certain influence, through cooperation policy and through consultations in the Council of Ministers for the Kingdom, but responsibility for policy rests with the countries concerned.
11. In the specific field of children's rights, the Kingdom-wide Conference set up a Task Force mandated to promote cooperation in this field within the Kingdom. The first draft of its Action Plan to promote children's rights in the Kingdom was sent to the House of Representatives on 20 November 2014. The Action Plan addresses the following issues: 'one family, one plan'; violence against children; children's development outside of the classroom; the role parents play in raising their children; parameters and infrastructure.

The Task Force consists of representatives of The Netherlands, Aruba, Curaçao and St Maarten.

The Netherlands

12. The Netherlands Institute for Human Rights is an independent supervisory body for human rights in the Netherlands. The Institute, which was established by Act of Parliament, protects, promotes, monitors and draws attention to human rights by conducting research, issuing recommendations and informing the public. This applies both to the Netherlands in Europe and the Caribbean Netherlands. The position of Children's Ombudsman was created on 1 April 2011 and falls under the office of the National Ombudsman. The role of the Children's Ombudsman is to oversee the observance of children's rights in the Netherlands, including the Caribbean Netherlands, by the government and by private organisations operating in the fields of education, childcare, youth care and health care.

The Caribbean Netherlands

13. The Dutch Constitution applies equally to the Caribbean Netherlands. For these islands, different rules can be devised compared to the Netherlands in Europe with a view to their economic and social conditions, the great distance between these islands and the Netherlands in Europe, their nature as islands, as well as their small surface areas and population sizes, geographical conditions, climate, and other factors that distinguish these islands fundamentally from the Netherlands in Europe (Article 1, paragraph 2, of the Charter for the Kingdom).

14. The changes of 2010 have already placed great demands on the islands' adaptability. It was therefore agreed that the legislation of the Netherlands Antilles will remain in force for the time being, but will gradually be replaced by Dutch legislation. In addition, a period of legislative quiescence will apply until 2015. This means that only the most pressing legislation will be introduced. In relation to all this, essential standards of human rights must be safeguarded. The standard of public services in the Caribbean Netherlands, in view of the regional and socioeconomic conditions there, has not been equated with that in the European part of the Netherlands. It has been raised, however, to a level that is acceptable within the Netherlands.

Aruba

15. In Aruba, the national Children's Rights Committee has been reactivated, with the aim of giving a fresh impulse to the Convention's implementation. This committee's task to

advise the government on the implementation of the Convention, to fulfil the international reporting obligations arising from the Convention, and to help raise public awareness of children's rights. The committee consists of representatives of both governmental and non-governmental organisations.

St Maarten

16. In St Maarten, the Department of Youth Affairs held a Youth Round Table Conference in September 2013. The conference reviewed programmes developed under the 2006 integrated youth policy plan for St Maarten in the context of overall policy objectives, and identified new ways of achieving policy indicators. This resulted in the establishment of a Youth Desk, which has been fully operational since January 2015. In addition, a Court of Guardianship has been appointed as the central reporting centre for child abuse (see also question 9).

Question 3: In view of information received according to which security, health care and education have been identified as priority areas in the Caribbean Netherlands (Bonaire, St Eustatius and Saba), please indicate how the coordination of policy and strategy development is ensured with regard to programmes, services and laws, as well as measures, with a view to addressing the priority areas identified by each constituent part of the Kingdom of the Netherlands.

17. In the fields of security, health care and education, great improvements have been made since the constitutional reforms of 2010. The responsible ministries adopt a long-term approach with a view to achieving sustainable development.

18. In the field of security, it is relevant to note that improvements have been made in the youth policy of the justice system, in both civil and criminal law: improvements in family supervision, better provision for those placed in detention (with juveniles being separated from adults), and the professionalisation of the Guardianship Council, which performs tasks in both civil and criminal law. The approach towards tackling juvenile crime in the Caribbean Netherlands is geared towards a maximum investment in the preventive side or 'front end' of the youth care system. The Guardianship Council is an important part of this system. With the aid of intervention models introduced relatively recently² (alternative sanctions imposed under the HALT system, by the public prosecutor (*Officiersmodel*), or by the court (*Rechtersmodel*)), investments are being made in devising appropriate

² Since August 2010 on Bonaire and since May 2011 on St Eustatius and Saba.

responses to petty, moderate and serious forms of juvenile crime, respectively, designed to set an example. The aim is to try to prevent situations arising in which minors must be placed in detention or in a secure institution.

19. In the field of health care, the *Goedgedrag* Committee completed its advisory report in May 2014. Its mandate had been to show how the care infrastructure should be further developed over the next few years, within the existing budgetary and statutory constraints. The Minister of Health, Welfare and Sport (VWS) announced that she would be adopting the committee's recommendations in their entirety. This means that the care in the Caribbean Netherlands will be improved in the period 2014-2020 until it reaches a standard that is acceptable in the Netherlands in Europe.

20. As far as education in the Caribbean Netherlands is concerned, the language of instruction and schools' own plans for improvements, among other things, have been subjected to scrutiny. For St Eustatius, it was decided to adopt English rather than Dutch as the language of instruction, and a transitional process was set in motion to that end. On Bonaire, efforts will focus on optimising the existing language teaching, paying attention to both the quantity and quality of Dutch lessons as well as to the teaching of Papiamentu.

21. A long-term vision for the future has also been articulated for themes cutting across ministerial boundaries: poverty, economic development and children's rights. The Ministry of the Interior and Kingdom Relations is in charge of coordinating this multi-year programme, thus guaranteeing government-wide integrated cooperation.

Question 4: Please indicate what efforts have been made to ensure a smooth transition to the decentralisation in 2015 to municipalities, both administratively and financially, of all support and care services for children. In this regard, please indicate how the State party intends to monitor the effects of the decentralisation on the rights of the child and guarantee that municipalities have the required expertise and resources to protect the rights of all children within their jurisdictions.

22. Under the new Youth Act, as from 1 January 2015 municipalities bear administrative responsibility for all youth services and are responsible for the implementation of youth protection and juvenile probation. Administrative decentralisation to municipalities, combined with the decompartmentalisation of budgets, makes it possible to achieve a

more efficient and effective youth system. With the new Youth Act, the Netherlands wishes to achieve the following:

- a sharper focus on prevention and the activation of the juvenile's own social environment;
- less child abuse;
- fewer out of home placements and more family placements by improving the harmonisation of voluntary and compulsory assistance programmes;
- fewer referrals to residential juvenile institutions by providing more outpatient youth services and care in foster families;
- better coordination of assistance provided to families ('one family, one plan');
- more scope for professionals and less bureaucracy in youth services.

23. The Netherlands' primary aim with the new Youth Act is to give children opportunities: opportunities to grow up safe and healthy, to grow and develop their talents, and to take part in society to the best of their ability as empowered citizens.

24. The introduction of the Youth Act was prepared carefully from 2012 onwards in partnership with the Ministries of Health, Welfare & Sport (VWS) and Security & Justice (V&J) and organisations of municipal authorities, youth services providers, professionals, and clients. To achieve a smooth transition, several legal and administrative measures were taken in 2013 and 2014, and municipalities and youth services providers were given intensive support in preparing to take on their new responsibilities:

- The Youth Act lays down continuity in care for young people by way of transitional law. This transitional law will make it possible for the support programme being provided by the current youth services provider to be completed in 2015.
- The Youth Act Implementation Act imposes on municipalities an obligation to ensure that the collective purchase of key youth services functions is included in the proper preparations for the new youth system.
- In May 2014 the Youth Transition Authority started supervising the transitional process. A sum of €200 million was made available to pay the exceptional costs of transition incurred by youth services.
- In October 2014 administrative agreements were made with municipalities and sector organisations to guarantee the continuity of supra-regional youth services functions. In addition, several administrative measures were taken in the autumn of 2014 to help conclude the youth services procurement procedure successfully.

- Municipalities and sector organisations have been given intensive support to ensure that their organisations are attuned to the new Youth Act, access is set up, the municipal policy plans and bylaws have been approved by the municipal council, and the youth services procurement procedure is completed in good time.

25. Under the new Youth Act, central government remains responsible for the functioning of the youth system and accountable for the way the system affects society. This 'system responsibility' means that central government gives municipalities space to fulfil their responsibilities and supports them or calls them to account where necessary. It is the municipal council that exercises oversight to ensure that the local youth services are well organised and that the municipality possesses the necessary expertise and resources to guarantee children's rights within its jurisdiction. In addition, youth services providers are subject to national supervision to ensure compliance with quality and other requirements laid down in the Youth Act.

26. 'System responsibility' also means that central government monitors the introduction of the Youth Act to ensure that problems are identified in a timely fashion. This monitoring system includes the following components:

- policy information about the use of youth services and youth protection for each municipality (Statistics Netherlands);
- the municipal monitor 'Social Domain';
- the national Youth Monitor (Statistics Netherlands).

27. In addition, client organisations took the initiative to launch a monitor from the clients' perspective. This monitor ensures that reactions received from parents and young people about the changes to youth services, youth protection and juvenile probation are channelled to local advocacy groups, municipalities, and central government. The collective reactions of parents and young people can provide valuable information that can help improve policy on youth services.

Question 5: Please indicate the steps taken by the State party with a view to improving its central data collection, including on child abuse and neglect, child care, juvenile justice, the situation of 'alien children', sexual exploitation and trafficking of children. Please also elaborate on the measures taken to ensure that disaggregated data is made readily available to all stakeholders and ensure that such data feeds into the formulation, monitoring and evaluation of policies, programmes and projects aimed at the effective implementation of the Convention in all parts of the Kingdom.

28. The Netherlands seeks actively to improve data collection in various policy areas relating to children. It conducts a national prevalence study on child abuse and neglect every five years. The next study is expected to be completed in 2016, and will incorporate recommendations on data collection that the Netherlands has received in recent years. The last study, published in 2010, was based on informants' responses to a survey and the opinions of academics in the field.
29. Figures about the number of children under the supervision and protection of the State have been available for some years now. From 1 January 2015, the youth care system falls under the responsibility of local municipalities. The Netherlands has used this momentum to improve data collection and to make the data more widely available: the public will be able to access the data through Statistics Netherlands (CBS).
30. The youth services providers and certified institutions supply the data to Statistics Netherlands, which subsequently publishes the statistics and reports in its own electronic database, StatLine. This makes it possible for parties to compile the policy information that is relevant to them in tables and graphs. In 2014, Statistics Netherlands worked with the municipalities and the Ministries of Health, Welfare & Sport and Security & Justice to develop ways of presenting the policy data in StatLine. Part of this exercise was identifying which variables are of interest for purposes of comparison, and at what level they can be shown. The first release is planned for July 2015.
31. The Basic Immigration Database (BVV) records all basic data for foreign nationals who have a relationship with the Dutch government under the Aliens Act 2000. The BVV is added to and amended by partners in the immigration system. These partners can also search for information held in the database. When foreign nationals are first registered in the BVV they are issued with a unique registration number (*V-nummer*) to identify them within the system.
32. The partners in the immigration system share their information with the Ministry of Security and Justice, where it is used for policy development, monitoring and evaluation. Information may also be shared with national organisations.
33. In addition, data management information is collected from all the partners in the juvenile justice system. This information is shared and analysed with partners in the system in policy and working groups.

34. The independent National Rapporteur on Human Trafficking and Sexual Violence Against Children collects data on human trafficking (including sexual exploitation), which is frequently published in reports and made readily available to all stakeholders. This data is used for policy evaluation purposes.

Aruba

35. The UNICEF report on the situation of children and adolescents in Aruba (2013) recommended the government to continue deepening its knowledge of the situation of children and adolescents in Aruba. At the end of 2013, the Central Bureau of Statistics Aruba started a work process with a series of seminars to chart the existing data on Aruba's youth. These seminars culminated in an exchange of the most recent data on children and adolescents. The objective of the work process is the standardization of data collection, data registration and data analysis among stakeholders, the use of international definitions and the formation of working groups to determine data needs and the prioritization thereof. This was an important first step towards the development of a Youth Monitor.

36. The Youth Monitor is first and foremost a policy support instrument that is published periodically with the aim of keeping policymakers, researchers and other interested parties informed about the situation of young people.

Curaçao

37. The Ministry of Social Development, Labour and Welfare is currently centralising and updating its data registration system to ensure that the latest information is available for research and policy development.

St Maarten

38. Data (from 2011 onwards) on guardianship, adoption and protective measures is held by the Court of Guardianship (CoG), which falls under the Ministry of Justice. In November 2014 the CoG introduced an automated registration and client tracking system for child abuse cases. In 2015 the system was extended to all CoG services.

Question 6: Please indicate whether steps have been taken to ensure that business enterprises that carry out operations abroad through subsidiaries can be held accountable for violations of children's rights and to ensure that children have access to effective remedies.

39. The Netherlands has a long history of working at the international level to combat child labour. Its activities in this area are centred increasingly on Dutch businesses operating abroad. In 2013 the Netherlands adopted a National Action Plan on Business and Human Rights, which defined the government's expectations of Dutch companies in terms of human rights due diligence. The government commissioned a 'due diligence analysis' with respect to corporate social responsibility (CSR) risks in the global value chains of the main Dutch economic sectors that operate internationally. Child labour is one of the specific CSR risks addressed in the analysis. The outcome of the analysis is the starting point for the dialogue to be conducted by the government and civil society with specified 'high risk sectors'. The aim of the dialogue is to enter into CSR agreements with these parties. The Netherlands is also supporting a UNICEF project set up to promote the implementation of its Children's Rights and Business Principles.

Question 7: Please indicate the measures that have been taken to ensure that cases of discrimination against children in vulnerable and marginalised situations are addressed effectively in all parts of the Kingdom. In this regard, please provide updated information, including the number of cases involving children, on the impact of the Municipal Anti-Discrimination Services Act of 2009 which obliges all municipalities to ensure that all citizens are able to turn to a local Anti-Discrimination Service for support if they are discriminated against.

40. Municipal anti-discrimination services:

- Municipal anti-discrimination services (ADVs) were introduced as a means to support anyone wishing to register a complaint about discrimination. In 2014 a working group of various ADVs, municipalities and the police came together to discuss quality guidelines which could improve how the ADVs perform statutory tasks. In 2015, based on the findings of this working group, research will be conducted into how the ADVs operate. This will include assessing the effectiveness of the working relationship with the Public Prosecution Service and the police in regional discrimination forums, and the level at which the ADVs operate.
- More than 7,235 incidents have been registered with reporting municipalities. As in previous years, most incidents concern racial discrimination (47%). Age discrimination comes some distance behind (9%), followed by gender discrimination (7%) and disability discrimination (6%). Incidents involving children are not recorded separately.

41. LGBTI children:

LGBTI (lesbian, gay, bisexual, transgender and intersex) children are particularly vulnerable. In 2013 the Dutch LGBTI rights organisation COC investigated the situation of LGBTI children from the perspective of the Convention on the Rights of the Child. The government responded at length³ to the 17 recommendations from the report and set out the action to be taken to improve the position of LGBTI children in the Netherlands and the Caribbean Netherlands.

42. Bill on strategy to tackle bullying in schools:

On 20 January 2015 a bill to promote a safe social environment at schools was sent to the House of Representatives. The bill explicitly lays down schools' responsibilities on this point. Schools must provide a safe learning environment in which they take action against – and ideally, prevent – bullying, discrimination, unacceptable sexual behaviour and homophobic behaviour. Schools are responsible for identifying a suitable approach to combating bullying, and must monitor whether their approach is successful. Results will be presented to the Education Inspectorate, enabling it to detect risks at an early stage. If schools fail to take appropriate measures, the Inspectorate will contact them to discuss improvements.

Question 8: Please provide information on measures taken to ensure that all corporal punishment, without exception, is explicitly prohibited in the home and all other settings, including in Aruba and in the special municipalities of Bonaire, St Eustatius and Saba. Please also provide information on any reporting and monitoring mechanisms and sanctions imposed on perpetrators of corporal punishment.

43. Corporal punishment has been formally prohibited in the Netherlands in Europe for several years: Article 247, paragraph 2, Civil Code, Book 1.

44. In the Caribbean Netherlands, a separate Criminal Code applies. Given the far-reaching changes that were made 2010, it was agreed to maintain the existing legislation, as much as possible, for a five-year period. For this reason, legislation on young people and guardianship modelled on Dutch law has not been introduced on Bonaire, St Eustatius or Saba. However, abuse is defined as a criminal offence in the Criminal Code for Bonaire, St Eustatius and Saba. Although no civil law or juvenile criminal law modelled on those of the Netherlands in Europe has been introduced on Bonaire, St Eustatius or Saba, the Guardianship Council for these islands (analogous to the Child Protection Board in the

³ House of Representatives, 2013-2014 session, Parliamentary Papers 32 793, no. 99.

Netherlands in Europe) concerns itself with protecting the specific interests of young people. The first criterion in this regard is compliance with international standards, such as those prescribed in the Convention on the Rights of the Child. The youth policy of the justice system in the Caribbean Netherlands is geared towards investing as much as possible in the preventive side of the youth care system. The Guardianship Council is an important partner in that policy. The Guardianship Council exerts itself to raise the population's awareness of these issues by disseminating information at schools and on the radio and TV. The government agency for Youth Care and Family Supervision in the Caribbean Netherlands, which comes under the Ministry of Health, Welfare & Sport, organised a number of conferences specifically on tackling child abuse. Steps have been taken to raise awareness, to boost training, and to draft an action plan, culminating in a comprehensive campaign to combat child abuse that is attuned to the capacity of each island's local organisations. In April 2013 a protocol on child abuse reporting by youth care and family supervision services and the Guardianship Council to the Public Prosecution Service and the police was signed by the relevant parties. This was an important step in efforts to suppress child abuse and the use of corporal punishment.

Aruba

45. In Aruba corporal punishment in schools is prohibited by law, and the Civil Code is currently being amended to forbid parents to subject their children to mental or physical violence or any other humiliating treatment.

Curaçao

46. In Curaçao, the Civil Code was amended to define parents' role as that of caregivers and educators, forbidding them to subject their children to mental or physical violence or any other humiliating treatment.

St Maarten

47. The same has applied to St Maarten since 2011, with the passage of the National Ordinance on Parental Responsibility amending the Civil Code. The Court of Guardianship (CoG) intervenes when corporal punishment is reported. Emphasis is placed on the wellbeing of the child (the victim) and the measures that must be taken to place the child in a safe environment. This can result in a warning or removal, and a family guardian may be appointed. If charges need to be pressed, and the child's legal guardian is unwilling to do so, the CoG will intervene. Criminal investigations are conducted by the police.

Question 9: Please inform the Committee on the measures taken to prevent and combat violence against children, including domestic violence, throughout the Kingdom and notably in the Caribbean Netherlands. Please provide detailed information on the results of the assessment of the entire healthcare system as envisaged in the State party's report (paragraph 36) with a view to determining whether institutions have a domestic violence and child abuse protocol in place and if their staff is trained to consistently use it.

48. The activities to combat child abuse are part of the Kingdom-wide activities to combat violence within relationships of dependency. The approach within the current period is based on the action plan 'Children Safe', which runs from 2012 to 2016. The action plan focuses on combating child abuse, including cases of children who witness domestic violence. In March 2014 a plan to improve the situation of children whose parents are involved in acrimonious divorces was submitted to the House of Representatives.

49. The Task Force on Child Abuse has been monitoring the action plan. Most actions are now complete; remaining actions are under way. In late 2014 the actions were subjected to a midterm review, and new actions were formulated for the years 2015 and 2016. The key priorities for these years are strengthening the cooperation between the various parties involved in dealing with families and breaking through doubt-fuelled inaction on the part of professionals. At the beginning of 2015, a practical approach is being launched to this end. It will set up five 'living labs' to improve the strategies used to tackle child abuse in the new decentralised system. Since the Youth Act was introduced, municipalities have been responsible for ensuring that measures to combat child abuse are in place. The Youth Care and Healthcare Inspectorates have inspected the organisations falling within their competence, to see whether they have a reporting code for domestic violence and child abuse and whether their professionals have been trained to use it. Both studies were carried out in late 2012 and early 2013, ahead of the statutory obligation to adopt a protocol, which entered into force on 1 July 2013.

50. The Youth Care Inspectorate found that almost three-quarters of the organisations had already adopted a protocol by the end of 2012. Thirteen percent only had a protocol for child abuse in place. Virtually all those which had not yet adopted protocols stated that they would be adopting a protocol in the course of 2013. The Inspectorate advises organisations to continue training their staff in the protocol's use. All institutions within the youth services have now adopted a protocol.

51. The Healthcare Inspectorate's report concluded that the introduction of the domestic violence and child abuse protocol varied from one care sector to the next, but was not yet adequate in the period studied. Most of the institutions stated in the same study that they would have introduced the protocol throughout their organisation and trained their care workers to use it by the end of 2013.
52. The Inspectorates of the various sectors to which the Mandatory Protocol (Domestic Violence and Child Abuse) Act applies monitor the Act's implementation. They do so as part of the regular inspections that they conduct throughout the year. In the latter half of 2015 (two years after the Act's entry into force) a 'quick scan' will be conducted on the use of the domestic violence and child abuse protocol. The Act will be evaluated in 2018, five years after its entry into force.

The Caribbean Netherlands

53. The government and the public bodies (Bonaire, St Eustatius and Saba) set up the Task Force on Children's Rights and Domestic Violence in the Caribbean Netherlands in order to collectively identify ways of achieving improvements in these areas. The Task Force's members fully endorse the approach as set forth in the action plan for the Kingdom-wide Children's Rights Task Force.

Aruba

54. The Department of Youth Health Care monitors children's health and development from birth until the end of primary school. They check to see if children receive adequate medical treatment and proper parental care. If they detect any physical or social/emotional problems that may adversely affect a child's development, they will refer the child to a family doctor, who will then refer the child to a specialist or relevant organisation if deemed necessary. Admissions of children to the hospital are reported in writing to the Department of Youth Health Care by the relevant paediatrician.
55. In October 2011 the pilot project on 'Strong Parenting' was set up as an initiative of the White Yellow Cross in cooperation with CEDE Aruba. This parenting program/method is used for more than ten years and has been found to be highly effective in the Netherlands. In Aruba the program started during 2012 in two neighborhoods. This method helps to identify families in which there is an increased risk of parenting problems and consequently child abuse. It is a preventive intervention in the form of home visits after a child's birth. During the home visits the parents have to fill in questionnaires, which later will be analyzed by professionals of the White Yellow Cross. The families with a

higher risk for parenting problems and consequently child abuse will get extra support by the White Yellow Cross or will be referred to another organization, depending on the need of the parents/family. In the period of 2012-2015 this pilot program reached more than 1500 families.

56. The Parenting Support Centre (TDE) became operational on 10 October 2013. The TDE's services are based on article 18 of the Convention on the Rights of the Child. The TDE ensures that the parents of children and young people from 0 to 18 years of age are advised in a positive and professional way on responsible courses of action in relation to children's upbringing. It seeks to help parents/carers to improve their own problem-solving abilities in this area; the wider aim is to prevent child abuse and child neglect. During 2014 the TDE had contact with more than 400 parents through consult by phone, consult at the office or at the parents' home and through workshops.
57. In December 2014, Bureau 'Sostenemi', the official point to report child abuse and neglect, was reinforced with personal capacity. A taskforce was established in order to implement a formal reporting code for cases of child abuse and neglect, which is planned to be implemented in different sectors (medical, educational, social, recreational, judicial etc.). The taskforce consists of Bureau Sostenemi, the Departement of Social Affairs and Foundation 'Respeta Mi' (Respect Me). The implementation is planned to start in 2015 and to be completed in 2017. The Foundation 'Respeta Mi' already followed a broad training regarding the child abuse reporting code in the Netherlands. The formal reporting code and all underlying protocols between organizations are expected to contribute significantly to a centralized registration and more reliable data.
58. Aruba's family supervision and guardianship agency, the Guia Mi Foundation, has started in 2012 an intensive counselling program aiming on multi problem families. The support focuses on introducing a clear structure into everyday life, coping with stress and conflict situations, introducing a routine and organizing family life. The efforts are aimed at solving problematic situations in the home and to prevent the placing of children in a foster family and/or institution. This program was ongoing for two years. In many cases there was no need any more to place children into a foster family and/or an institution.

Curaçao

59. In October 2013 the government issued a national decree creating a national committee to work on developing and implementing a national action plan policy for combating child abuse and domestic violence. The committee consists of representatives of the Minister

of Justice, the Minister of Education, Science, Culture and Sport, the Minister of Health and the Minister of Social Development, Labour and Welfare, plus three members of the national NGO alliance against domestic violence and child abuse. The draft national action plan to combat domestic violence and child abuse has been submitted to the ministers in question and will shortly be reviewed and approved by the council of ministers.

St Maarten

60. Article 1:243a of the Civil Code has been amended pursuant to the national ordinance on the introduction of a Central Registration and Referral Centre for Child Abuse (Centraal Meldpunt Kindermishandeling, CMK), which entered into force on 1 April 2014. In November 2014 the Court of Guardianship (CoG) introduced an automated registration and client tracking system for child abuse cases. The CoG's task is to intervene in cases of child abuse (i.e. investigate, coordinate and register cases). Prevention is the responsibility of the Ministries of Public Health, Social Development and Labour (VSA) and Education, Culture, Youth and Sports (ECYS). The CoG also coordinates awareness campaigns with the ministries.

61. In January 2014 an interministerial working group was established. The group has drafted a framework for a National Protocol on Child Abuse, and number of stakeholders have been asked to establish protocols for child abuse.

Question 10: With reference to paragraph 505 of the State report, please provide updated information on the restructuring of the monitoring system and structure dealing with child sexual abuse. In this regard, please elaborate on the implementation of the action plan on child abuse and neglect for 2012 to 2016, including on measures taken to effectively address the growing number of reported cases of child sexual abuse, improve the effectiveness of preventive measures, address the root causes, encourage the systematic use of protocols for reporting cases and provide support to victims.

62. The 'Children Safe' action plan includes a national helpline known as 'Stop it now', which active or potential downloaders of child pornography, paedophiles and concerned bystanders can call for help or advice. In addition, the multidisciplinary approach will be stepped up, in accordance with the action plan. A problem analysis and treatment plan will be drawn up from the vantage points of youth services, youth protection, medical care and criminal law, constantly bearing in mind the importance of working systematically.

63. As far as the root causes are concerned, VU University Amsterdam conducted a research project on the underlying factors and mechanisms involved. It is important to gain insight into the relationship between suffering sexual abuse, revictimisation, and the perpetration of sexual abuse, in order to provide guidelines to organisations, such as those providing residential youth care, which may be faced with children who have been sexually abused and who could possibly be at risk of revictimisation or perpetration within the institution.
64. Measures have been taken to prevent violence against and sexual abuse of children in early childhood education and care (ECEC) settings in the Netherlands. In addition to an existing requirement that all adults in contact with children in childcare, nurseries and home-care settings have a Certificate of Conduct (VOG), a new bill is being drafted to provide additional measures. A 'personal register' is being developed to register and permanently screen all adults involved in ECEC and record behaviour that is incompatible with minding children, such as violence, sexual abuse or drugs-related issues. This is an extension of the existing permanent screening of ECEC professionals introduced on 1 March 2013.
65. The Security Agenda for 2015-2018 gives priority to tackling child pornography and therefore takes account of the need for sufficient criminal investigation and prosecution capacity.

Question 11: Please indicate the results of the Government-wide Comprehensive Action Plan on the issue of 'loverboys' with particular attention to its impact on potential victims including girls with mild learning difficulties who might be at a particular risk.

66. Measures to prevent and combat child trafficking are part of the overall policy to prevent and combat human trafficking. The results of the government-wide comprehensive action plan on the issue of 'loverboys' (i.e. pimps who recruit girls by feigning romantic interest) for the period 2011-2014 will be reported early in 2015. The results of the action plan up to July 2013 have already been reported.⁴ This action plan will be continued in 2015.
67. Prevention is an important part of the action plan. The measures taken include the commissioning of an educational film for pupils, teachers, parents etc., with a

⁴ House of Representatives 31 839, no. 306.

corresponding set of teaching materials, on 'loverboys' and the risks involved in the use of social media. Over 150 secondary schools have requested these teaching materials.

68. In addition, a campaign was launched ('WE CAN Young') with the aim of promoting respectful interaction between young people and of raising awareness of boundaries when it comes to sex and relationships. Co-financing was offered to municipalities for 2015-2016 for their participation in 'WE CAN Young', the sum depending on the amount invested by the municipality itself (either €10,000 or €15,000 a year). 'WE CAN Young' is also being implemented on Bonaire, St Eustatius and Saba (2014-2016); a kick-off meeting has been held on the islands in January 2015.
69. In addition, the Ministries of Health, Welfare & Sport and Education, Culture & Science decided to award a grant to Rutgers WPF and SOA AIDS Netherlands for 2015, to consolidate and disseminate the results achieved and material produced for their social media sexual awareness campaign for young people *Maak seks lekker duidelijk* ('Make sex nicely clear'), with a one-off injection of funds. Supplemental to these campaigns, the Minister of Education, Culture and Science commissioned a social media campaign by and for boys aged 12 to 18 entitled 'More than Macho', focusing specifically on the influence of stereotypical images of men and women, and communication among boys.
70. In addition, the Centre for Crime Prevention and Safety developed a manual to deal with 'loverboy'-related problems. The manual has been distributed among youth care organisations, educational establishments, municipal authorities, and the police.
71. Specific interventions are available for girls with little education. Rutgers WPF has developed a group counselling programme entitled 'Girls' Talk'. Specifically for girls with learning difficulties, the Youth Information Centre has developed a leaflet entitled 'Good or Bad boyfriend', including a manual for counsellors.
72. Furthermore, the Azough Commission was set up at the initiative of youth care organisations, with the aim of improving help to victims (and potential victims) of 'loverboys' and/or human traffickers, who are vulnerable to sexual exploitation in youth care facilities. The Commission's action plan focuses explicitly on providing help to girls at risk, including those with mild learning difficulties. As part of the implementation of this action plan, it will be linked to the development of a national referral mechanism for victims of human trafficking and the continuation of the government-wide comprehensive action plan on the 'loverboy' problem.

Question 12: Please provide information on measures taken by the State party to ensure adequate hospital facilities and psychotherapy services that are specifically tailored to the needs of children. Please also inform the Committee of measures taken to address the growing demand for youth mental health services and to reduce the waiting lists, ensuring access to specialised services when needed.

73. Providers of specialist outpatient mental health services are required to keep track of their waiting lists themselves, and to publish them somewhere visible and readily accessible (through their website). As a rule, these lists are not registered centrally. The Dutch Healthcare authority (NZa) has performed a study to measure the time spent on waiting lists, and reported on this in the 2014 mental health services market scan, published in November 2014. The NZa has announced that a more in-depth analysis will be published in 2015.

74. Since 1 January 2015 municipalities have been responsible for youth mental health services. The Youth Act imposes on each municipality an obligation to provide adequate youth services, in terms of both quality and quantity. If the municipal executive falls short in this respect (as reflected, for example, in longer waiting lists), it is up to the municipal council, in the first instance, to make the necessary adjustments.

Aruba

75. The child and adolescent psychiatry outpatient clinic is attached to the Horacio Oduber Hospital and provides help to children up to 18 years of age with psychiatric or behavioural problems or other disorders. Its staff includes two junior psychologists, a psychologist specialising in mental health issues, and a child psychiatrist. Psychiatric care has been centralised at the specialist child and adolescent psychiatry outpatient clinic since 2013.

76. A child psychiatrist and an additional psychologist were hired to improve the way the work is structured and to alleviate the case load, making it possible to provide more effective and efficient help.

Curaçao

77. Curaçao is building a new, state-of-the-art hospital. For the time being, the Sint Elisabeth hospital (SEHOS) is still the largest hospital in the Caribbean part of the Kingdom of the Netherlands. It also serves as a training hospital.

78. The children's department is entirely separate from the main hospital. It is divided into four units, including a neonatal intensive care unit, accessed through sluice doors, which has sections for high care and intensive care. It has 17 beds.

79. There are separate wards for boys and girls up to the age of 15, and for toddlers and pre-schoolers. Every ward has its own toilets and showers. There is also an isolation unit to which children are admitted if they have an infectious disease, dangerously low resistance or require total bed rest. Each child has its own room, each with its own sluice doors. Strict hygiene measures are in place. There are seven beds available. There is also an outpatients ward for children undergoing minor surgery.

Question 13: Please provide detailed updated information on how children are diagnosed with Attention Deficit Hyperactivity Disorder (ADHD) and/or Attention Deficit Disorder (ADD) and on medications prescribed therefore. Please also provide information on safeguards and/or periodic reviews on instances of such diagnosis and medication that are currently in place and indicate also if the concerned children are provided with access to a broad range of alternative treatments, including therapeutic and educational.

80. On 3 July 2014 the Health Council of the Netherlands published an advisory report on society and the medication of ADHD. The guiding principle is that children should receive the help and care they need, with neither undertreatment nor overtreatment. However, preventing unnecessary medicalisation, and deciding on the right treatment for each child, is primarily the responsibility of parents, professionals, youth care workers, teachers and the municipality. Follow-up responses have therefore been agreed on with the professions in question.⁵

81. The procedure that may lead to the diagnosis of ADHD in children,⁶ and the range of possible treatments, are described in the multi-disciplinary guidelines for ADHD. These guidelines list the appropriate forms of treatment, whether by pharmacotherapy (tricyclic antidepressants, clonidine, bupropion, atomoxetine), or psycho-social forms of intervention (psychoeducation, behavioural therapy, guidance for parents, teachers and the school, and non-drug treatment of the child) or a combination of the two.

⁵ House of Representatives, 2014-2015 session, Parliamentary Papers 25 424, no. 258.

⁶ ADD is a sub-category of ADHD, and therefore automatically comes under this heading. The DSM refers to ADD as 'ADHD predominantly inattentive type'.

82. In addition to this, various professions, including youth healthcare professionals and family doctors, have their own ADHD guidelines. The profession itself is responsible for monitoring the quality of diagnosis and treatment, and for keeping the guidelines up-to-date. The multidisciplinary ADHD guidelines will be replaced by an ADHD care standard for children and adults. In 2015 a survey will be conducted on compliance with ADHD guidelines.

Aruba

83. The only specialist who can diagnose ADHD and ADD and prescribe the appropriate medication is a child psychiatrist. The diagnosis is made by following diagnostic guidelines as outlined in the Diagnostic and Statistical Manual of Mental Disorders (DSM), while taking into account multiple factors influencing the child's behaviour, such as psychological and intellectual functioning, personality, parents, family and home/school environment. Specific tests are administered for ADHD/ADD and an intelligence test is carried out. The medication prescribed is methylphenidate: instant release (Ritalin) or extended release (Concerta).

84. All children diagnosed with ADHD or ADD follow a treatment plan under supervision of the child psychiatry outpatient clinic. Both the accuracy of the diagnosis and the effectiveness of the treatment plan are periodically assessed. Where appropriate, the diagnosis and the type of treatment, including medication, may be adjusted.

85. Safeguards are in place to guarantee the quality of medical institutions in Aruba. Thus, child psychiatrists must undergo certification every five years by a Dutch Medical Registry Board in this specialist field. Aruba's national health insurance body (AZV) performs regular quality checks on the service provided by the doctors contracted.

86. The child psychiatry outpatient clinic offers a wide range of alternative treatments, such as psychoeducation, guidance for individual parents and families, medical treatment, individual psychotherapy, cognitive behavioural therapy, writing therapy, play therapy, group therapy, and training to help children to learn how to control impulsive behaviour.

Curaçao

87. The new health insurance system guarantees access to medical services for all children on the island. These services include psychological diagnostic services, medication and behavioural treatment. Family or paediatric doctors can refer children believed to have

ADHD or ADD to a psychologist or psychiatrist for tests. There is no central registration of cases for reasons of privacy.

Question 14: With reference to paragraph 22 of the State party's report, please inform the Committee of the progress made in reviewing its policy on unaccompanied children aimed at expediting the procedure of status determination and improving prevention of exploitation and abuse. Please also indicate how the best interests of the child are ensured at every stage of the asylum procedure and whether all relevant authorities are provided with expertise on the best interests' determination.

88. In recent years, radical changes have been made to the Dutch policy on unaccompanied aliens under 18 ('AMVs'), in relation to access, admission, reception, and detention.

89. The admission policy for AMVs was reviewed in 2012. The special residence permit that the Netherlands issued to AMVs has been abolished. If the AMV's return is impossible or has proved to be impossible after three years for reasons beyond the AMV's control, the AMV may be eligible for a residence permit on the basis of the 'no fault policy'.

90. Some AMVs have been resident in the Netherlands for many years without any prospect of obtaining a residence permit. This long period is attributable to procedures (which in the past were sometimes protracted), refusal to cooperate with return, the initiation by parents of repeated procedures, or a combination of these factors. To prevent the young people concerned from becoming the victims of this situation, the government decided to introduce measures to make them eligible for residence permits. The transitional regime gives clarity to children with an asylum background who have already been living in the Netherlands for a long time. Applications under the transitional regime could be submitted until 1 May 2013. The permanent regime⁷ is designed to prevent fresh debates arising in the future about children who have already been resident in the Netherlands for a long time and about the government's role and responsibility in relation to these children, many of whom are rejected asylum seekers.

91. Recent years have also witnessed changes to the reception of asylum seekers. The State Secretary for Security and Justice decided very recently to modify the existing reception system for AMVs. The new model prioritises small-scale facilities to safeguard the child's best interests. The facilities will also differentiate according to age and

⁷ Government Gazette 18 December 2014; no. 36576.

prospects. In the new model, AMVs under 15 years of age will be placed in foster families. The Central Agency for the Reception of Asylum Seekers (COA) will place those aged 15 or older, and those who are under 15 but cannot be placed in a foster family upon registration, in small-scale residential facilities. The facilities will have access to 24-hour care where necessary. The time that an AMV spends in a so-called Process Reception Facility (POL) will be reduced to the period taken up by the period needed for rest and preparation and the general asylum procedure.

92. AMVs who are aged 17 and a half or older upon registration will be placed in small-scale residential units at an asylum seekers' centre (AZC), so that they can be transferred to the AZC when they reach the age of majority as long as they are entitled to reception facilities in the next stage of the procedure. AMVs will be transferred within the region in which they were first accommodated. In the new model, AMVs who have been issued with residence permits will be transferred by the Nidos Foundation from the COA facility to a foster family or to small-scale residential units to help them integrate into society. The new reception model will enter into effect as from 1 January 2016; parts of it may be introduced before then.

93. Protected residence facilities are provided for AMVs who are victims (or potential victims) of human trafficking, in which they receive counselling to help them stand up for themselves when they move onto other facilities. Since the need for protection does not automatically cease when the AMV turns 18, a pilot project is being launched in 2015 in which these AMVs will remain in the protected facility to complete their counselling programme.

94. A restrictive and just immigration policy must necessarily be accompanied by an active and consistent return policy. The government seeks to encourage the voluntary return of foreign nationals who are not allowed to remain in the Netherlands. It facilitates voluntary return, but if this does not take place, it may proceed to forcible return, in which aliens detention may be used as a final recourse to this end. In the case of young people, even more than with adults, aliens detention can only be resorted to in extreme cases, and for the shortest possible duration. In 2011 the criteria for the detention of AMVs were changed. Since then, an AMV will be placed in detention only if:

- the unaccompanied alien minor is suspected of, or has been convicted of, a criminal offence;
- the unaccompanied alien minor's departure from the Netherlands can be achieved within 14 days;

- the unaccompanied alien minor has previously absconded from the reception centre to an unknown destination or has failed to comply with an obligation to report to the authorities or a measure restricting his/her liberty; or
- the unaccompanied alien minor has been refused admission at the external border, and it has not yet been established that the person is indeed a minor.

95. In addition, changes have been made to the places in which AMVs, as well as families with minor children, are detained. As from 1 October 2014, AMVs who are detained as a last resort with a view to forcible return are placed in a temporary special secure family facility. This facility specifically addresses the needs of children and does not look like a regular detention facility. The AMVs reside in a separate, supervised wing, in which the doors are not locked. They can move freely about the location, which is fenced to prevent them from absconding. The location has a shop, a playground and internet facilities. It also provides an activity programme and educational activities. In most cases, however, including cases in which there is a prospect of imminent return, AMVs are not detained but placed in alternative forms of housing such as foster care, children's residential groups, small units, a youth campus within a regular facility, and protected shelter, because of the considerable risk of disappearance due to trafficking. The type of housing provided is attuned to the AMV's age and degree of vulnerability. In all these reception facilities, AMVs are prepared for their future, which may be to return to their country of origin or to be given leave to remain in the Netherlands and integrate into society. Those staying at any of these reception facilities have an obligation to report once a day within the facility and at periodic intervals to the aliens police.

96. Since 1 September 2014 families with minor children who have been refused admission and who apply for asylum on the external frontier of the Netherlands have been subjected to screening. This means that families are no longer placed in border detention as a matter of course. It was already the case that AMVs were never placed in border detention. If the screening turns up no reason for further investigation, the family is allowed to proceed to an application centre in order to go through the open asylum procedure. Experience gained with this approach thus far shows that this applies to the majority of the families.

Question 15: Please provide detailed information on the application of the 'Adolescents Criminal Law' (2014) and its compliance with the Convention.

97. Adolescent criminal law relates to adolescents of 16 to 23 years of age and widens the scope for taking the suspect's stage of development into account. Under the new Act, which entered into force on 1 April 2014, juvenile criminal law may be applied, in certain circumstances, to young people up to 23 years of age, rather than 21 as in the past.
98. Suspects under 18 years of age are subject to juvenile criminal law. The court may depart from this principle in exceptional cases and apply the regular criminal law to suspects of 16 or 17 years of age, although they may not be sentenced to life imprisonment. The Dutch government is of the opinion that by retaining the possibility of trying juveniles, in exceptional cases, under regular criminal law, it is better able to comply with the requirements of the Convention on the Rights of the Child. After all, building in the fall-back option of relying on the regular criminal law makes it unnecessary to increase juvenile sanctions disproportionately in order to have sufficient scope to be able to impose appropriate sentences on juveniles who have committed very serious offences.
99. Since the imposition by a children's judge of a sentence from the regular criminal law may mean that the sentence is executed in the adult criminal justice system, in ratifying the Convention, the Netherlands entered a reservation to article 37 (c). This reservation means that the Netherlands accepts the provision, but that this does not prevent the regular criminal law from being applied to children aged 16 or older, if the criteria laid down by law are fulfilled. It should be noted that virtually all juveniles on whom a sanction from the regular criminal law has been imposed have reached the age of majority by the time the execution of the sentence begins. For instance, no minors were placed in a custodial institution in 2013.

Question 16: Please indicate what steps have been taken to criminalize the sale of children as defined in article 3, paragraph 1 (a) of the Optional Protocol on the sale of children, child prostitution and child pornography and to develop a holistic National Action Plan to address the sale of children, child trafficking, child prostitution and child pornography. Please also elaborate on other measures taken to coordinate a comprehensive approach to all forms of sexual exploitation of children throughout the Kingdom.

100. The sale of children with the intention to exploit the child (sexually or otherwise) is punishable by law. Child trafficking is a criminal offence under article 273f of the Criminal Code, juvenile prostitution under article 248b of the Criminal Code, and child pornography under article 240b of the Criminal Code. Section 28 of the Placement of

Foreign Foster Children Act states that it is a criminal offence to take any action that is incompatible with the Act's provisions. For more detailed information on the action plan against 'loverboys', see question 11.

101. The Dutch government's guiding principle here is that all children must be protected from sexual violence, including those who do not live in the Netherlands. In recent years, the Minister of Security and Justice, in consultation with the Dutch parliament, has therefore stepped up action to combat child sex tourism.

The Caribbean Netherlands

102. Combating human trafficking is also given priority in the Caribbean Netherlands, where a number of criminal investigations have resulted in convictions. Support for adult and child victims of human trafficking is given by NGOs and victim support organisations. There are also prevention campaigns targeting young people and students.

PART II - Recent information

In response to the request of the Committee to briefly update the information presented in the report with regard to:

(a) New bills or laws, and their respective regulations

The Netherlands

103. Youth Act

Entered into force on 1 January 2015

The new Youth Act⁸ aims to simplify the youth services system and to make it more efficient and effective, the ultimate goal being to strengthen the young person's self-reliance and the caring and problem-solving capacity of his or her family and social environment. The decentralisation of all youth services to municipalities creates the administrative and financial enabling conditions to achieve this. The Youth Act Implementation Act⁹ entered into force at the same time; it amends several other pieces of legislation to bring them into line with the Youth Act.

104. Youth Act Reimbursement (Exceptional Transitional Expenses) Order

Entered into force on 1 October 2014

The Youth Act Reimbursement (Exceptional Transitional Expenses) Order¹⁰ is intended to make it possible to reimburse an institution for certain expenses. The Order defines the criteria to be met in recommending such reimbursement.

105. Mandatory Protocol (Domestic Violence and Child Abuse) Act

Entered into force on 1 July 2013

The Mandatory Protocol (Domestic Violence and Child Abuse) Act¹¹ amends a number of acts of parliament in line with the introduction of the obligation for certain bodies to have in place and use a protocol governing their response to domestic violence and child abuse as well as to promote knowledge of the protocol. For more information, see Part 1, question 9.

106. Reform of Arrangements for Children Act

Most parts entered into force on 1 January 2015

⁸ Bulletin of Acts and Decrees 14 March 2014; no. 105.

⁹ Bulletin of Acts and Decrees 21 November 2014; no. 442.

¹⁰ Government Gazette 29 July 2014; no. 21189.

¹¹ Bulletin of Acts and Decrees 30 July 2013; no. 324.

The Reform of Arrangements for Children Act¹² seeks to reduce the number of arrangements for children. In introducing this reform, the government aims to simplify the system, to make it profitable for benefit recipients to take paid employment, and to continue to provide income support where the need is greatest.

107. Introduction of an adolescent criminal law

Entered into force on 1 April 2014

Act amending the Criminal Code, the Code of Criminal Procedure and certain other laws in line with the introduction of an adolescent criminal law. Under the new Act, it is possible, provided certain conditions are met, to apply the juvenile criminal law to suspects up to the age of 23, instead of 21 as in the past. The adolescent criminal law does not apply in the Caribbean Netherlands.

108. Review of the policy on unaccompanied minors ('AMVs')

Entered into force on 1 June 2013

Amendment of the Aliens Decree 2000 and the Modern Migration Policy Decree in connection with changes to the 'no fault policy' for AMVs.¹³ For more information, see Part 1, question 14.

109. The long-term resident children scheme

Entered into force on 1 February 2013

This scheme¹⁴ is designed to prevent fresh debates arising in the future about children who have already been resident in the Netherlands for a long time and about the government's role and responsibility in relation to these children, many of whom are failed asylum seekers. For more information, see Part 1, question 14.

110. Appropriate Education Act

Entered into force on 1 August 2014

The Appropriate Education Act was introduced in the Netherlands on 1 August 2014, and imposes on schools a duty of care. Specifically, they are responsible for giving all students who require additional support a place in which they can obtain appropriate education.

Aruba

¹² Bulletin of Acts and Decrees 27 June 2014; no. 227.

¹³ Bulletin of Acts and Decrees 29 May 2013; no. 181.

¹⁴ Government Gazette 18 December 2014; no. 36576.

111. The Compulsory Education Act

Entered into force on 1 December 2012

With the introduction of this Act, Aruba takes upon itself the responsibility to respect and safeguard the rights of every child, irrespective of their legal status. Every child aged 4 to 16 who lives in Aruba falls within the scope of this Act.

112. The new Criminal Code, entered into force on 15 February 2014

The new juvenile justice system provides the judiciary with a wider range of sanctions which may be imposed on the juvenile, including placement in a juvenile detention center, community service, training orders and fines. This expansion in legislation gives the court more freedom to impose the sanctions it deems necessary while taking into account the social background and education as well as the circumstances under which the criminal offence was committed. This will make it possible for juveniles to receive the adequate treatment and care needed to make the transition back into society as smooth as possible and offer them a better chance for the future.

St Maarten

113. The new Penal Code, which enters into force in 2015, sets new penalties for juvenile offenders. These include court orders for placement in a youth protection and custody institution, detention orders and behavioural therapy orders.

(b) New institutions (and their mandates) or institutional reforms

The Netherlands

114. Youth Inspectorate Desk

As from 1 January 2015 the youth inspectorates opened a joint digital youth inspectorate desk, to which municipalities can address all their questions about the inspection of youth services, youth protection and juvenile probation, and where they can register new care providers.

115. National Rapporteur on Human Trafficking and Sexual Violence Against Children

As from 15 November 2013 the independence of the National Rapporteur has been formally guaranteed by act of parliament. The mandate of the National Rapporteur was thereby widened to include sexual violence against children. The Rapporteur's main task is to report on the nature and extent of human trafficking and sexual violence against children in the Netherlands, and on the effects of the government policies pursued.

Curaçao

116. The four governments of the Kingdom of the Netherlands have set up a Task Force on Children's Rights. The Task Force presented a plan of action in November 2014 which is now being implemented. In April 2015 the final report and short-term guidelines will be presented at the Kingdom-wide Conference in Aruba.

117. In December 2014 the Council of Ministers of Curaçao approved plans for a National Action Programme for Youth Development. The programme will be run by a National Platform for Youth Development, consisting of social partners (private sector and trade unions), NGOs and other stakeholders supported by a secretariat and working groups. The programme's objective is to achieve coherent and integrated policies, programmes and projects for youth development. The first draft of the Action Plan is expected in March 2015. Community consultations will be held with stakeholders including youth organisations and youth focus groups. The Action Plan will also address the need to prioritise funding and grants for programmes and projects.

St Maarten

118. On 10 December 2014 St Maarten's first youth care and rehabilitation centre (the Miss Lalie Center) opened on the island. The centre can house up to 20 boys between the ages of 12 to 18 at any one time, who have been referred under civil or penal law. Detention is seen as a last resort, with reintegration the main objective. The Minister of Justice and the Dutch Horizon Foundation signed a cooperation agreement for the Miss Lalie Center. For example, Horizon trained staff in how to deal with children held in detention. A Central Registration and Referral Centre for Child Abuse has also been set up (see also question 9 above).

(c) Recently-introduced policies, programmes and action plans and their scope and financing

The Netherlands

119. Midterm review of 'Children Safe' action plan

The implementation of the 'Children Safe' action plan was launched in 2012. Halfway through its four-year period, a midterm review was carried out, and actions (partly new) were formulated to combat violence against children. For more information, see Part 1, question 9.

120. Decree establishing the Task Force on Child Abuse and Sexual Abuse

The Task Force was set up on 31 August 2013 by the Ministries of Security & Justice and Health, Welfare & Sport with the aim of encouraging public administrators, managers and professionals to undertake more targeted action to prevent the sexual or other abuse of children and to combat it effectively. The Task Force started work in September 2012 and will carry on until the end of 2016. A Youth Task Force has also been set up by the Augeo Foundation, consisting of ten children who have all been affected by child abuse. The Task Force gives young people an opportunity to get involved and have their say on how to combat child abuse and ensure that victims get the help they need as soon as possible. The platform is run by – and for – affected children.

121. Establishment of 'Safe at Home': Advice and Reporting Centre for Domestic Violence and Child Abuse

Under the Social Support Act 2015 the domestic violence support centres and the advice and reporting centres for child abuse are being combined to form a single organisation, known as 'Safe at Home': advice and reporting centres for domestic violence and child abuse. The aim is to achieve an integrated approach to child abuse and domestic violence by adopting a system-based service.

122. Acrimonious divorces action plan

The government is taking action to improve the situation of children caught up in acrimonious divorces. Such a situation can cause serious problems for children, posing a threat to their development.

123. Special focus on social participation of children from poor families

The government believes it is important that children can participate in society. It is therefore keen to ensure that children do not suffer if their parents are in financial difficulties. Improving the financial position of single parent families in particular will go a long way to relieving child poverty.

Moreover, the government is also taking measures to ensure that low-income families do not get into deep water. These include raising the child budget and the general tax credit. There will also be a permanent reduction in the tax rate in the first tax bracket (equating to two-thirds of the current, temporary reduction).

Municipalities have primary responsibility for combating poverty and debt-related issues. The government is making extra funds available to support this policy: €80 million in 2014, rising to an annual budget of €100 million as of 2015. Most of the funding will go to municipalities, with a smaller amount earmarked for civil society organisations. The State Secretary for Social Affairs and Employment has called on municipalities to focus in

particular on the social participation of children from poor families when allocating funds. The Task Force on Children's Rights and Domestic Violence has identified combating poverty in the Caribbean Netherlands as a priority for the coming years. Plans to replace child tax credit with child benefit are an important step towards reducing child poverty. In 2015 central government will work with the island authorities to create a supplementary package of measures to systematically reduce poverty.

124. Modification of the attainment targets in education

In December 2012, changes were made to the attainment targets in schools. Primary, secondary and special schools now have an obligation to include in their curriculum lessons on dealing respectfully with people's sexuality and with sexual diversity. Schools are free to decide how to do so, but they can make use of the available expertise and specially developed instruments if they wish.

125. On 17 November 2014 the State Secretary for Education, Culture and Science wrote to the House of Representatives about the direction the compulsory education curriculum will take in the coming years. The new curriculum will include a contemporary approach to citizenship lessons.

St Maarten

126. Foster care funding:

The Ministry of Justice is responsible for placing young people in foster care (via court orders). Minimum standards have been established but not formalised. In 2015 they will be evaluated according to compatibility with the UN Guidelines for Alternative Care for Children. Once any necessary changes have been made, the standards will be formalised by the government of St Maarten.

127. At the time of the report (see section 949), the Ministry of Public Health, Social Development and Labour was responsible for ensuring children received optimal care. This responsibility has since been transferred to the Court of Guardianship. Funding for incidental costs (school uniforms, furniture, holidays etc.) is provided by the St Maarten Development Fund and other donors.

128. A new evaluation of residential and foster care was carried out in December 2014 (for the previous evaluation, conducted in 2009/2010, see the report section 950/951). The results will be published in April 2015.

(d) Recent ratifications of human rights instruments.

129. The necessary draft legislation to make ratification of the Convention on the Rights of Persons with Disabilities (CRPD) possible with a view to its application in the European part of the Netherlands was submitted to Parliament in July 2014. Entry into force is scheduled for 1 July 2015. Application to Aruba, Curaçao and St Maarten is still under consideration in those parts of the Kingdom.

130. The Netherlands furthermore intends to ratify the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (Istanbul Convention). The Kingdom of the Netherlands signed the convention on 14 November 2012. In September 2014 bills were sent to the House of Representatives for approval with a view to ratification as well as implementation (in the Netherlands in Europe).

PART III - Facts and statistics

The availability of data requested by the committee differed throughout the Kingdom of the Netherlands. The facts and statistics for each of the four parts of the Kingdom of the Netherlands are - as far as they are available – therefore presented separately in the four annexes.

Annexe 1 - The Netherlands and the Caribbean Netherlands

Note: Where personal details are registered in the Netherlands, for instance in the Personal Records Database (BRP), ethnicity is not among the details registered. The Netherlands opted instead for the objective criteria of country of birth and parents' country of birth as the point of departure for registration. Consequently, no information on ethnicity can be given in this part of the report. As some data for 2014 is not yet available, we have chosen to report on data from 2011-2013.

Budget information on budget lines regarding children and social sectors

	2011	2012	2013
Education	5.4%	5.5%	5.5%
Health care	10.4%	10.7%	10.7%

*Fig. 1. Public expenditure on health care and education as a percentage of GDP
Source: Netherlands Bureau for Economic Policy Analysis*

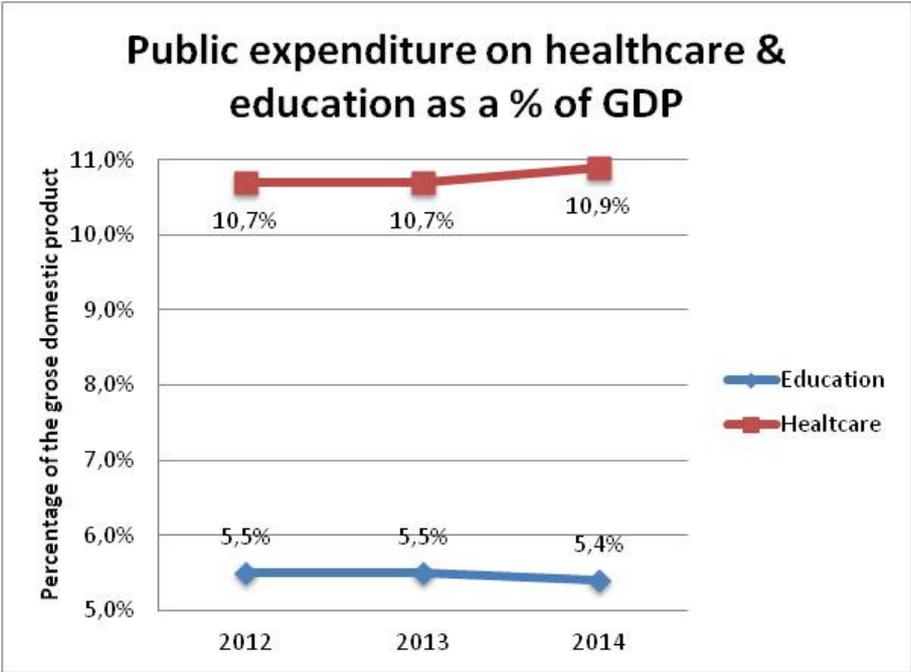


Fig. 2. Source: Netherlands Bureau for Economic Policy Analysis (CPB), Central Economic Plans for 2013 and 2014.

Number of persons below 18 who have been trialed as adults

In 2011 five boys aged 17 were detained at an adult prison. Two of these cases involved provisional detention and three involved detention in lieu of payment of a fine. In 2012 another five 17-year-olds (three boys and two girls) were detained in an adult prison. Two of these cases involved alternative detention and three were provisional detention. Finally, no minors were detained in prison in 2013.

	2011	2012	2013
Males aged 17*	5	3	0
Females aged 17	0	2	0
Total aged 17	5	5	0

Fig. 3: Number of people under 18 years of age who were tried as adults

* Two cases of provisional detention and three cases of detention in lieu of a fine.

Number of children involved in sexual exploitation

In 2013, 259 underage victims (or possible victims) of human trafficking were registered, according to the figures of the National Rapporteur on Human Trafficking. In the Netherlands, human trafficking victims are eligible for assistance (e.g. for social reintegration), and may put in claims for recovery, damages and social reintegration services. No data is available on the number of underage victims who were given access to these options.

A multidisciplinary working group has been set up in the Caribbean Netherlands to fight human trafficking and people smuggling. It is responsible for collecting data and has initiated anti-trafficking measures, such as the development of a prevention campaign in October 2014. It accords explicit priority to combating trafficking in children.

Data regarding the situation of children deprived of a family environment

Until the end of 2014, the geographical location of these children was not reliably recorded. This information is therefore not included here. As of 2015 the children's geographical location is being reliably recorded. Information which is available, is included hereunder.

Children Separated from their parents

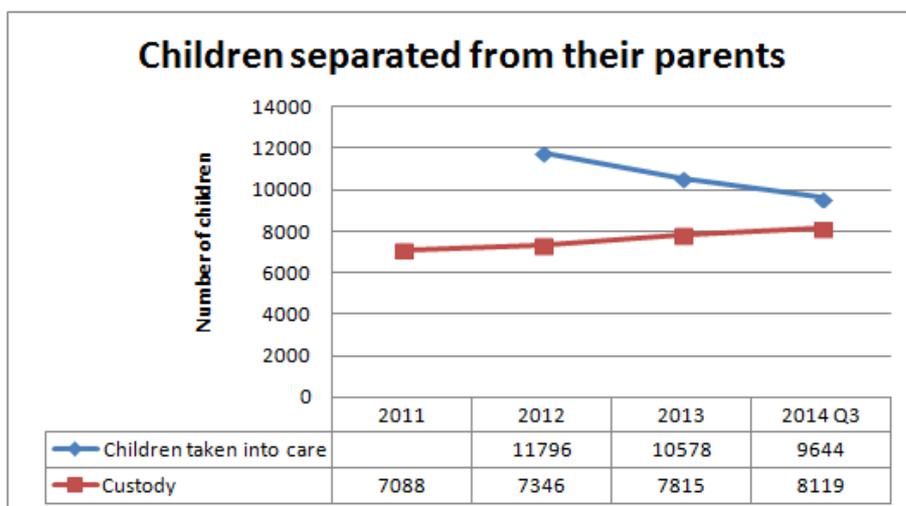


Fig. 4: Children separated from their parents: taken into care or placed in custody.

Children placed in institutions

Age when placed in the institution	2011			2012			2013		
	male	femal	total	male	femal	total	male	femal	total
12	0	1	1	2	0	2	2	0	2
13	5	1	6	4	0	4	5	0	5
14	6	0	6	18	2	20	12	1	13
15	45	0	45	47	4	51	54	3	57
16	45	4	49	73	1	74	88	9	97
17	64	4	68	76	10	86	103	11	114
18	6	2	8	18	3	21	15	1	16
19	2	0	2	3	0	3	5	0	5
20	1	0	1	3	0	3	4	0	4
22	1	0	1	2	0	2	1	0	1
24	1	0	1	0	0	0	0	1	1
Total	176	12	188	246	20	266	289	26	315

Fig. 5: number, gender and age of children placed in institutions.

Children placed with foster families

Fig. 6 shows the age distribution of foster children. For the years 2011, 2012 and 2013, 49% of the children were boys and 51% were girls.

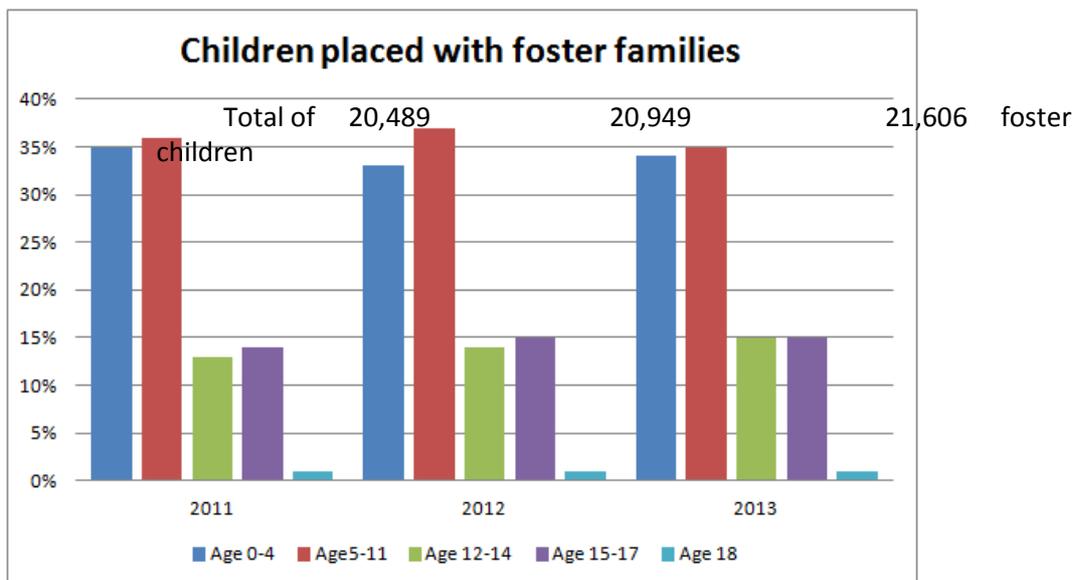


Fig. 6. Source: <https://www.pleegzorg.nl/over-pleegzorg/factsheet/>

Children adopted domestically or through inter-country adoptions

In 2011 the Child Protection Board issued 1,281 recommendations to grant provisional permission for adoption. The number of positive recommendations issued in 2012 was 1,041, and in 2013 there were 938. These figures may include duplicates, since in a number of cases a positive recommendation was issued both in the investigation relating to the adoption of a child born in another country as well as in the investigation relating to the adoption of a child born in the Netherlands.

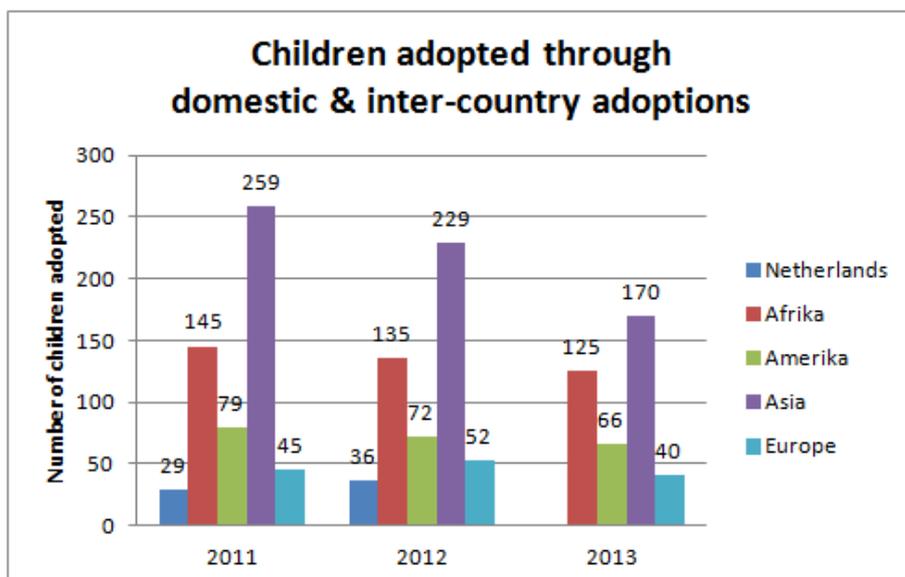


Fig. 7: Number of children adopted through domestic and inter-country adoptions.

Source: Statistics Netherlands

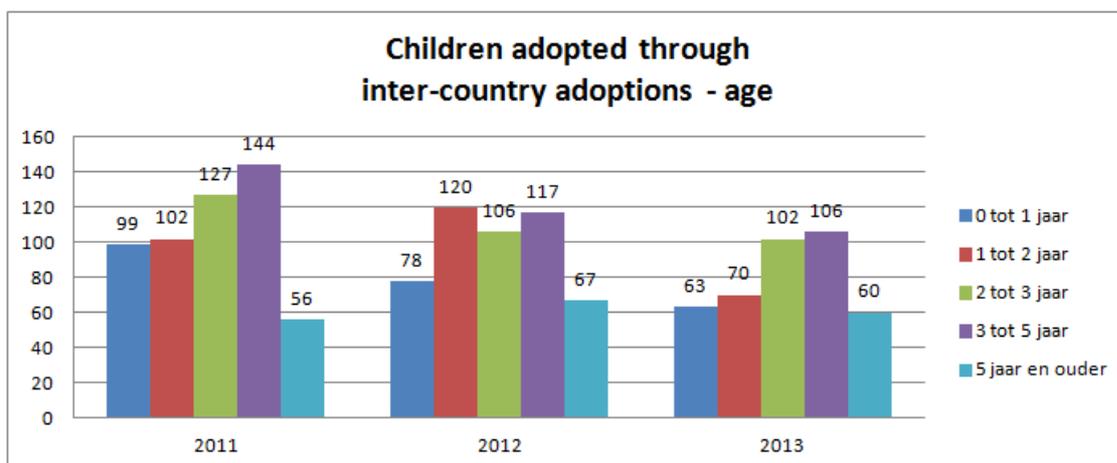


Fig. 8: Age of children adopted through inter-country adoptions.

Source: Statistics Netherlands

Data on the number of children with disabilities

There are between 109,000 and 129,000 children with disabilities in the Netherlands (not including psychiatric disorders). This figure represents around 3.5% of all children under 18. In 2012, more than 68,000 of these children received specialist care or used specialist care facilities due to their disability.

These 68,000 children can be divided into three groups: children with a physical disability (20,000), children with an intellectual disability (45,000) and children with a sensory disability (10,000). More than 6,500 children have multiple disabilities. In 2012, there were more boys with disabilities (61.6%) than girls (38.4%).

Children with disabilities living with their families

Age		Physical disability	Visual disability	Auditory disability	Total
0 - 5 years		N/A	N/A	N/A	N/A
	Slight disability	65,000	50,000	10,000	115,000
6 - 19 years	Moderate to severe disability	65,000	80,000	35,000	140,000

Figure 9: Disabled children with care entitlement living at home.

Source: Netherlands Institute for Social Research, 2011.

Children with disabilities in institutions

	2010	2011	2012
Intellectual disability	5,660	5,885	5,440
Slight intellectual disability	6,310	5,970	5,510
Slight intellectual disability with severe behavioural problems	30	20	10
Physical disability	245	215	185
Visual disability	120	115	95
Auditory disability	215	205	195
Total	12,580	12,410	11,430

Fig. 10: Disabled children under 18 requiring residential care.

Source: Statistics Netherlands, Chronic Care Monitor

Children with disabilities attending special schools

	2011	2012	2013
Children with disabilities attending primary education	21,014	20,137	21,435
Children with disabilities attending secondary education	19,687	20,797	20,809
Children with disabilities attending special education	70,160	70,422	71,100

Fig. 11: Children with disabilities by type of education.

Children with disabilities out of school

	2010-2011	2011-2012
Exempt from compulsory education	3,107	4,128*

* Estimated figure.

Fig. 12: Children granted exemption from compulsory education.

Children with disabilities abandoned by their families.

Every year, one or two children are abandoned. There are no known figures on any disabilities these children may have had, and whether this may have been the reason for their abandonment. In addition, a number of dead bodies of infants are found each year. In

total, 31 dead bodies of children under two years of age were found in the period 2000 to 2008.

Areas affecting children that the state considers to be of priority with regard to the implementation of the Convention

Research published by the Centre for Children's Rights on 22 January 2015 shows that the Dutch courts are applying the Convention on the Rights of the Child with increasing regularity and in a positive manner. More than 650 cases covering the period 1 September 2011 to 31 August 2014 were examined for the purposes of discovering how the Convention had been applied by the courts. The trend towards applying the Convention, first identified in the previous survey covering a period of almost ten years, has continued to gather pace. The current research shows that there are now positive developments in areas which were problematic at the time of the previous survey (aliens law and criminal law).

Annexe 2: Aruba

Data on number of children with disabilities

Fig. 13 : Number of children with disability by gender, age category and type of disability, 2010

		Gender					
		Male					
		Difficulty seeing	Difficulty hearing	Difficulty walking	Difficulty remembering or concentrating	Difficulty washing and dressing	Difficulty communicating
Age	0 - 4 yrs	9	*	0	0	0	0
	5 - 9 yrs	25	15	13	35	16	30
	10 - 14 yrs	36	10	6	30	9	19
	15 - 17 yrs	30	6	10	14	9	17
	Total	100	36	29	79	34	67

Source: 2010 Aruba Population and Housing Census - Central Bureau of Statistics Aruba

*: Too few cases to depict in the table

Fig. 14: Number of children with disability by gender, age category and type of disability, 2010

		Gender					
		Female					
		Difficulty seeing	Difficulty hearing	Difficulty walking	Difficulty remembering or concentrating	Difficulty washing and dressing	Difficulty communicating
Age	0 - 4 yrs	*	6	0	0	0	0
	5 - 9 yrs	12	17	9	18	10	15
	10 - 14 yrs	35	8	11	16	5	13
	15 - 17 yrs	44	10	*	10	*	9
	Total	94	41	23	44	16	37

Source: 2010 Aruba Population and Housing Census - Central Bureau of Statistics Aruba

*: Too few cases to depict in the table

Fig. 15 : Number of children with disability by age category and type of disability, 2010

		Gender					
		Total					
		Difficulty seeing	Difficulty hearing	Difficulty walking	Difficulty remembering or concentrating	Difficulty washing and dressing	Difficulty communicating
Age	0 - 4 yrs	12	11	0	0	0	0
	5 - 9 yrs	37	32	22	53	26	45
	10 - 14 yrs	70	17	17	47	14	32
	15 - 17 yrs	75	16	13	24	10	26
	Total	194	77	52	123	50	104

Source: 2010 Aruba Population and Housing Census - Central Bureau of Statistics Aruba

Children with disabilities living with family

Fig. 16: Number of children with disability in normal households, 2010

	Frequency	Percent
Housing unit	429	100.0
Collective living quarter (e.g. institutions, orphanages,..)	0	.0
Total	429	100.0

Source: 2010 Aruba Population and Housing Census - Central Bureau of Statistics Aruba

Children with disabilities attending school

Fig. 17: Number of children with disability visiting school by age category and type of school (ISCED), 2010

		ISCED			
		0: Daycare/playschool /kindergarten	1: Primary education	1: Special education	2 and 3: Secondary educational level
Age	0-5 yrs	21	0	*	0
	6-11 yrs	*	101	45	*
	12-17 yrs	0	23	16	133
	Total	24	123	65	134

Source: 2010 Aruba Population and Housing Census - Central Bureau of Statistics Aruba

*: Too few cases to depict in the table

ISCED 1997

Children with disabilities out of school

Fig. 18: Number of children with disability not visiting school by gender and age category, 2010

		Gender	
		Male	Female
Age	0 - 4	9	5
	5 - 9	15	*
	10 - 14	11	8
	15 - 17	9	12
	Total	43	29

Source: 2010 Aruba Population and Housing Census - Central Bureau of Statistics Aruba

*: Too few cases to depict in the table

Enrolment rates of the relevant age group in pre-primary schools, primary schools and secondary schools

Fig. 19: Enrolment rate by level of education, school year and gender

Level of education	2010/2011		2011/2012		2012/2013	
	Gross	Net	Gross	Net	Gross	Net
Pre Primary - Male	104%	99%	106%	100%*	104%	98%
Pre Primary - Female	101%	97%	108%	100%*	105%	100%
Pre Primary - Total	103%	98%	107%	100%*	105%	99%
Primary - Male	114%	99%	115%	99%	115%	99%
Primary - Female	111%	100%*	112%	100%*	111%	100%*
Primary - Total	113%	100%	114%	100%*	113%	100%*
Secondary - Male	92%	76%	90%	75%	90%	74%
Secondary - Female	101%	81%	101%	79%	101%	80%
Secondary - Total	96%	78%	95%	77%	96%	77%

Source: Department of Education, Central Bureau of Statistics Aruba, Population Registry Office and Aruba Population and Housing Census 2010

* Possibility of small inconsistencies in the enrolment and/or population data

Completion rates of the relevant age groups in primary schools and secondary schools

Fig. 20: Gross Completion rate by level¹ of education, school year and gender

Level of education	2010/2011	2011/2012	2012/2013
Primary - Male	85%	81%	86%
Primary - Female	92%	90%	95%
Primary - Total	88%	85%	90%
Secondary - Male	26%	25%	25%
Secondary - Female	29%	31%	30%
Secondary - Total	28%	28%	27%

Source: Inspectorate of Education, Department of Education and Population Registry Office
Population is Public schools and Government aided schools (Private schools not included)

¹ Primary Level Special Needs Education not included

Percentage of repetitions (repetition rate and percentage of repeaters)

Fig. 21: Repetition rate in Primary Level of education¹ by school year and gender

Level of education	2010/2011	2011/2012	2012/2013
Primary - Male	10%	11%	10%
Primary - Female	8%	8%	7%
Primary - Total	9%	9%	8%

Source: Inspectorate of Education and Department of Education

¹ Regular Education

Population is Public schools and Private Government aided schools (Private schools not included)

Fig. 22 : Percentage of repeaters¹ in Secondary Level of education² by school year and gender

Level of education	2010/2011	2011/2012	2012/2013
Secondary - Male	18%	22%	16%
Secondary - Female	17%	18%	12%
Secondary - Total	17%	20%	14%

Source: Department of Education and Central Bureau of Statistics Aruba

¹Repeaters is calculated as the sum of pupils repeating a given grade and pupils demoting to a lower educational level.

The share of pupils demoting to a lower level of education ranges between 2%-5% of the amount of enrolled pupils in a given school year

² Regular Education

Population is Public schools and Private Government aided schools (Private schools not included)

Pupil-teacher ratio

Fig. 23 : Pupil-Teacher ratio by level of education and school year

Type of education	2010/2011	2011/2012	2012/2013
Pre Primary Level	20.0	20.1	18.7
Primary Regular Level	17.4	18.0	17.7
Special Needs education ¹ Level	6.9	7.2	7.0
Secondary Level ²	14.0	14.2	13.8

Source: Department of Education

¹ Pre Primary Level and Primary Level

² Only Regular Secondary Education

Population is Public schools and Government aided schools (Private schools not included)

Annexe 3: Curaçao

Population aged 0-24 years by disability status and sex, 2011 census			
	Male	Female	Total
No disabilities	24,171	23,582	47,753
Disabilities	342	258	600
NR/Unknown	267	257	524
Total	24,780	24,097	48,877

Population aged 0-24 years with disabilities by age and sex, 2011 census			
	Male	Female	Total
0 – 4	151	109	260
5 – 9	40	10	50
10 – 14	44	45	89
15 – 19	53	57	110
20 – 24	54	37	91
Total	342	258	600

Population aged 0-24 years with disabilities by types of disability and sex, 2011 census			
Disabilities	Male	Female	Total
Visual disability	45	53	98
Auditory disability	22	19	41
Difficulty in walking	103	79	182
Difficulty in remembering/concentrating	150	95	245
Difficulty in looking after themselves	184	147	331
Difficulty in communicating	128	84	212
Total	342	258	600

Totals are based on information supplied by respondents. Respondents may have more than one disability.

Enrolment and completion rates of the relevant age groups in pre-primary schools, in primary schools and in secondary schools

Enrolment in early childhood settings for three-year-old children in the Netherlands is almost 90%. Public spending on early childhood education and care (ECEC) settings in the Netherlands is approximately 0.9% of GDP.

	2010	2011	2012
Ages 3 and 4		93%	91%
Ages 5 to 14	100%	100%	100%
Ages 15 to 19	91%	93%	93%

Fig. 24. Enrolment data.

Source: Education at a Glance 2014, 2013, 2012 (OECD)

Year used for new entrants	Total			General (HAVO, VWO)			Vocational (MBO)		
	Total	Men	Women	Total	Men	Women	Total	Men	Women
2007	61.4	57.1	65.9	69.2	66.4%	71.7%	57.3	52.5	62.4
	%	%	%	%			%	%	%
2 years after N	80.3	77.2	83.4	94.3	93.2%	95.3%	72.7	69.3	76.3
	%	%	%	%			%	%	%

Fig. 25. Completion rates of upper secondary programmes.

HAVO = senior general secondary education; VWO = pre-university education; MBO = secondary vocational education

The number and percentage of dropouts and repetitions

This relates to the percentage of young people aged 18 to 24 who are not enrolled in education and have not attained a basic qualification level (MBO-2 certificate, HAVO or VWO).

	2011	2012	2013
Males	10.8%	10.2%	10.9%
Females	7.2%	7.3%	7.4%
Netherlands total	9.1%	8.8%	9.2%

Fig. 26. Dropout rates: proportion of early school-leavers from education and training.

Source: Eurostat.

	Pre-primary		Primary						
Age	4-5 yrs	5-6 yrs	6-7 yrs	7-8 yrs	8-9 yrs	9-10 yrs	10-11 yrs	11-12 yrs	AV
Retention rates per group	4.2%	10.5%	5.0%	3.8%	2.0%	1.3%	1.0%	0.4%	3.4%

Fig. 27. Retention rates in primary education per age category. Source: ITS, 2012

	School year	2008/2009	2009/2010	2010/2011	2011/2012	2012/2013	2013/2014
Transitional year	1	1.8%	2.2%	2.4%	2.4%	2.6%	2.7%
	2	3.6%	4.0%	4.3%	4.2%	4.1%	4.0%
VMBO B	3	4.8%	5.0%	5.7%	6.4%	6.1%	6.2%
	4	1.5%	1.9%	2.5%	3.0%	2.7%	2.4%
VMBO K	3	3.4%	3.7%	4.2%	4.5%	4.3%	4.3%
	4	3.1%	3.2%	3.3%	4.2%	4.4%	3.8%
VMBO G/T	3	6.9%	7.3%	8.2%	8.3%	8.0%	7.7%
	4	3.8%	4.4%	5.3%	6.8%	6.3%	5.3%
HAVO	3	8.0%	8.7%	9.4%	8.7%	7.9%	6.8%
	4	13.0%	14.0%	14.2%	14.5%	14.1%	13.5%
VWO	5	6.7%	7.0%	7.3%	6.4%	6.1%	5.9%
	3	3.0%	3.5%	3.4%	3.3%	3.6%	3.0%
	4	10.0%	10.9%	11.6%	11.1%	10.3%	9.5%
	5	9.1%	9.9%	10.8%	11.7%	10.4%	9.3%
	6	1.0%	4.1%	5.0%	5.0%	3.7%	4.4%

Fig. 28. Retention rates in secondary education per school year. Source: Education Executive Agency (DUO)

VMBO = pre-vocational secondary education

Teacher-pupil ratios

	2010	2011	2012
Pre-primary	16	16	16
Primary	16	16	16
Secondary	16	17	17

Fig. 29. Ratio of students to teaching staff based on full-time equivalents.

Source: Education at a Glance 2014, 2013, 2012 (OECD)

Dropout rates, based on the 2011 census (Statistics Netherlands)

2011
census

Dropout rates: entire population

Numerator = Dropouts = people with no school leaver's certificate i.e.: no education whatsoever, primary school only, incomplete secondary education (junior general secondary education (MAVO), secondary pre-vocational education (VSBO), senior general secondary education (HAVO), pre-university education (VWO))

39,596

Denominator = Population aged 15 or over no longer in education

107,412

Dropout percentage of the total population (aged 15 or over and no longer attending school)

36.9%

Dropout rates for young people aged

15-24

Numerator = Dropouts = people aged 15-24 with no school leaver's certificate i.e.: no education whatsoever, primary school only, incomplete secondary education (junior general secondary education (MAVO), secondary pre-vocational education (VSBO), senior general secondary education (HAVO), pre-university education (VWO))

2,380

Denominator = Population aged 15-24 no longer attending school

6,811

Dropout percentage of young people (15-24 and no longer attending school)

34.9%

Figure 30: Total students in primary and secondary education in Curaçao
(Statistics Netherlands)

Primary education	2010/2011	2011/2012	2012/2013	2013/2014
Foundation Based Education	17,652	17,361	17,131	16,840
Basic Special Education	1,160	1,122	1,127	1,127
Secondary education				
Special Secondary Education (VSO, AGO, ZMLK)	1,210	1,225	1,121	1,006
Basic Secondary Education (VSBO)	7,577	7,269	7,077	6,913
Basic Secondary Education (HAVO/VWO 1,2)	1,079	1,044	936	984
Higher Secondary Education (HAVO/VWO 3,4,5,6)	2,371	2,308	2,194	2,121

Senior Secondary Vocational Education (SBO)	<i>3,395</i>	<i>3,510</i>	<i>3,621</i>	<i>3,779</i>
Total students	<i>34,444</i>	<i>33,839</i>	<i>33,207</i>	<i>32,770</i>

Note: Education not subsidised by the government is not included.

Annexe 4 – St Maarten

Number of children involved in sexual exploitation, including prostitution, pornography and trafficking, and the number of those children who were provided access to recovery, damages and social reintegration services.

Figure 31: Number of cases in which the Court of Guardianship intervened:

<i>2011</i>	<i>42</i>
<i>2012</i>	<i>31</i>
<i>2013</i>	<i>43</i>

Number of children separated from their parents, placed in institutions, placed with foster families and adopted domestically or through inter-country adoptions

Figure 32:

<i>Year</i>	<i>Separated from parents</i>	<i>Placed in institutions</i>	<i>Placed with foster families</i>	<i>Number of reported submitted by CoG for adoption</i>
<i>2011</i>	<i>30</i>	<i>28</i>	<i>2</i>	<i>5</i>
<i>2012</i>	<i>37</i>	<i>34</i>	<i>3</i>	<i>2</i>
<i>2013</i>	<i>42</i>	<i>42</i>	<i>0</i>	<i>3</i>
<i>2014</i>	<i>62</i>	<i>57</i>	<i>5</i>	<i>2</i>

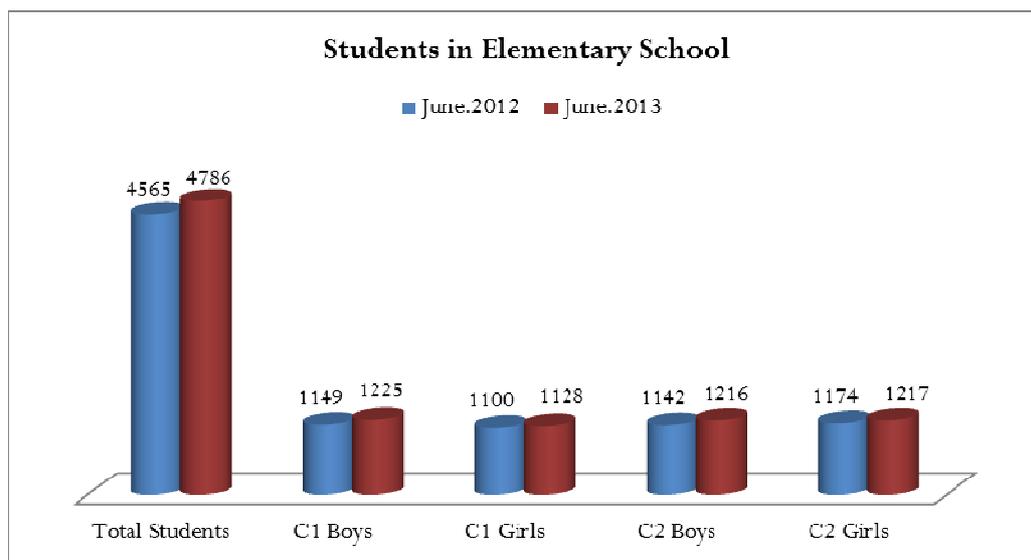


Figure 33: number of students in primary education

The number and percentage of dropouts and repetitions.

	2011/2012	2012/2013	2013/2014
Expelled	7	3	12
Dropouts	26	11	36

Figure 31: number and percentage of students expelled or dropped out.

Teacher-pupil ratio 2011-2014, primary education (PE)

School type	Teachers			Students		
	2011/2012	2012/2013	2013/2014	2011/2012	2012/2013	2013/2014
PWAS*	18	18	15	83	75	66
FBE**	328	354	348	4,532	4,707	4,757

* Prins Willem Alexander School (PWAS) caters to special primary education needs

** Foundation Based (primary) Education

School	Teachers			Students		
	2011/2012	2012/2013	2013/2014	2011/2012	2012/2013	2013/2014
SDHS^a	33	35	33	343	373	352
SMVTS^b	24	26	26	209	222	228
MPC – havo^c	35	44	39	266	277	264
MPC-vwo^d	23	26	26	42	58	55
MPC-tkl^e	38	40	40	438	424	383
MPC-pkl/pbl^f	32	30	33	248	243	249
Sundial	36	31	32	356	317	339
SMA-Academic^g	48	40	40	478	470	489
SMA-PSVE^h	36	50	46	601	499	465
CBAⁱ	0	8	13	0	35	73
MAC-CSE^j	0	0	8	0	0	38

^a St. Dominic High School

^b St Maarten Vocational Training School

^c Milton Peters College, senior general secondary education

^d Milton Peters College, pre-university education

^e Milton Peters College, theoretical education

^f Milton Peters College, practical education

^g St Maarten Academy – Academic

^h St Maarten Academy – Vocational

ⁱ Charlotte Brookson Academy of the Performing Arts

^j Methodist Agogic Center Comprehensive Secondary Education

Note: Primary school pupils do not drop out of school, but may be deregistered if they leave the island or transfer to another school. When secondary school pupils drop out the reason given is usually long-term absenteeism. In some cases the school is unable to locate the pupil in question as the contact address and/or telephone numbers are incorrect.

Figure 32: teacher-pupil ratio 2011-2014 in primary education

Areas affecting children that the state considers to be of priority with regard to the implementation of the Convention

- Since the previous report, the HIV programme management team has been suspended and its tasks transferred to the St Maarten AIDS Foundation.
- The Court of Guardianship is continuing to act as a central reporting centre for child abuse.
- Cases are being registered and more support is available to victims. Additional staffing will be needed if this service is to continue to expand.
- Protocols agreed with other stakeholders (doctors, police, education department, daycare facilities etc.) are being finalised.
- The new youth care and rehabilitation centre (Miss Lalie Center) is finding its feet. Additional staffing will be needed if existing services and programmes are to expand.