

The UN Convention on the Rights of Persons with Disabilities

**Implications for social inclusion and support in the community
Status of the convention in the Netherlands**

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March 2013

The Research Centre for Social Innovation of HU University of Applied Sciences brings together a number of research groups in the areas of care and welfare, social policy, participation in the community, support and services, employment, law and security. The Centre's aim is to develop, pool and transfer knowledge for the benefit of education and practice.

The European research project *Community Support for Persons with Disabilities* is being carried out during 2012-13 as part of the research programme of the Participation, Care and Support group. This study of the UN Convention on the Rights of Persons with Disabilities and its implications forms part of that project. This project has been made possible by a RAAK-international grant (2011-3-05int).

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Year of publication

2013



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1. Introduction

This publication forms part of the European Community Support research project, which aims to create better conditions for the social inclusion of persons with impairments in four cities (Amersfoort, Maastricht, Budapest and Tallinn).

The aim of the UN Convention on the Rights of Persons with Disabilities, which was adopted by the United Nations General Assembly on 13 December 2006, is to try to enforce the philosophy of social inclusion in practice so that persons with impairments can participate in the community on an equal footing. Hungary and Estonia ratified the Convention on 20 July 2007 and 30 May 2012 respectively. The Netherlands supports the principles and the fundamental human rights that the Convention sets out. The current Dutch government has announced that it intends to ratify the Convention before 1 July 2015. In November 2012, however, the Dutch House of Representatives unanimously passed a motion by Arie Slob et al. asking for a ratification act to be submitted to the Council of State for its recommendations no later than 2013. Despite the fact that the Netherlands has not yet ratified the Convention, various amendments in line with the aim of the UN Convention have been made to legislation and regulations in the Netherlands in recent years. These are trickling down to the policies of local authorities and institutions, where changes are being set in motion towards a more inclusive society (see inter alia VNG 2010).

This publication considers the UN Convention, identifying where social inclusion and the related principles and human rights have been incorporated in Dutch national legislation and regulations and where the Netherlands already complies with the Convention. This enables a judgment to be made as to where policies need to be adjusted in order to further foster the aspiration of social inclusion. From the perspective of this broad framework of human rights and national legislation the Community Support research project aims to translate the aspirations into practical guidelines for social workers. These guidelines represent the vision behind the UN Convention.

The scope of this study of Dutch legislation and regulations has been limited to five domains: encounters; strengthening client movements and image-building; independent living; paid and voluntary work; and education. This publication only deals with the articles in the UN Convention that are related to these domains, along with the associated Dutch legislation.

2. Social Inclusion and Community Support

Social inclusion and community support are not new concepts. Both terms are closely connected to changing views on persons with impairments. Since the 1960s and 1970s the idea of having a disability has been regarded less and less as an individual problem; instead, the cause of having an impairment has been seen particularly in the way society is organized. Thus a counterpart to the medical model of disability has developed: the social model (Beltman 2001; Schuurman & Van der Zwan 2009; WHO 2011). This shift has steadily paved the way towards a socially inclusive society. Nowadays a variety of UN conventions, European and national legislation and regulations, government policies and private-sector initiatives still reflect the relevance of an inclusive society and the need felt to make it so, with community support prominently and normally available.

Inclusion can be defined as a situation where a community in all its facets, or in every domain of life, is equally accessible and hospitable to all individuals (Schuurman & Van der Zwan 2009; Kröber & Van Dongen 2011). Bolsenbroek & Van Houten (2010) differentiate between social inclusion and process inclusion. The first type of inclusion means the result of equal participation in social facilities such as employment, housing, education and social networks (see also Vranken, De Decker & Van Nieuwenhuyze, 2003). Social inclusion initiatives are often developed top-down, by government agencies, and are concerned with active participation in the context of social facilities. Process inclusion refers to a bottom-up movement, where the discriminated groups themselves take initiatives, more at individual level, to bring about a meaningful community. The authorities respond to this by creating the right conditions (Bolsenbroek & Van Houten 2010). In the Netherlands we find the interpretation of social inclusion reflected in legislation designed to achieve such things as equal employment opportunities or the conditions laid down in the Social Support Act to promote participation in the community. Process inclusion is reflected in a variety of private-sector initiatives, including annual 'Prokkel' projects (stimulating encounters for persons with mental impairments), Make A Difference Day (MADD) and a host of other small-scale individual initiatives.

There are various definitions of 'community support' in the literature (Heijs, Brouwer & Koersen 2012; Kröber & Van Dongen 1997; Mur & Heijs 2012; Vos 2012; Wilken 2012). Broadly speaking, community support is support for people in vulnerable positions (with impairments) where support is provided by their own social networks and preferably not by official care organizations and institutions. First, we look at the options people themselves have, only then at the options that their personal social networks offer in terms of support. Personal effort is the paramount consideration, followed by the options offered by informal social networks. If personal efforts and social networks prove inadequate to tackle the problems, public social facilities can be called upon. In the case of complex problems the influence of professional help on help-seekers, far from being ruled out, is permissible (Mur & Heijs 2012). Help can also be provided by informal networks set up for help-seekers, e.g. support groups (Mur & Heijs 2012; Heijs, Brouwer & Koersen 2012). The ultimate aim is participation in the community, fully fledged citizenship and social inclusion. Support systems help to achieve this.

In the support model, Wilken (2012) distinguishes between two systems: the personal support system and the community support system. Community support refers to physical and social facilities that can also be of use within the personal support system. This study focuses on the community support system, including public facilities in the domains of culture, recreation and education, the health service, welfare provisions, social housing, public transport and sports facilities.

3. The UN Convention on the Rights of Persons with Disabilities

The realization that ten percent of the world population live with impairments, that the vast majority of them occupy marginalized positions in society, and that the existing general human rights do not provide adequate safeguards against discrimination and unequal access to and enjoyment of cultural, social, economic, educational, political and legal facilities was the reason for drawing up this Convention on human rights for persons with disabilities (UN 2007b). The most important antecedents of the UN Convention on the Rights of Persons with Disabilities are what is referred to as the 'International Bill of Rights' – the triad of the Universal Declaration of Human Rights, the International Covenant on Economic, Social and Cultural Rights and the International Covenant on Civil and Political Rights – and various United Nations instruments including the Declaration on the Rights of Mentally Retarded Persons (1971), the Declaration on the Rights of Disabled Persons (1975) and the UN Standard Rules (1994). In spite of these declarations, persons with impairments are still disadvantaged when it comes to participating in vital domains of human life. Community – the situation where everyone is able to participate in all areas of life on an equal footing – has remained a paper reality, not a practical one. The attitude to people with impairments has also changed. Having an impairment does not automatically mean that you are an object requiring medical treatment but, just like everyone else without impairment, a subject and possessor of human rights. The UN Convention marks this paradigm shift from a medical model to a social one. The problems that persons with disabilities encounter in daily life are no longer purely their own and their own fault; it is the organization and attitude of society that makes people 'disabled'. Disability is thus a social construct. Social inclusion and the social model together constitute the basic ideas underlying the UN Convention on the Rights of Persons with Disabilities (see inter alia Schuurman & Van der Zwan 2009; Kanter 2009; UN 2006, inter alia Preamble and Articles 1 and 3). All the articles in the Convention are based on eight basic principles (Article 3):

- a. Respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons;
- b. Non-discrimination;
- c. Full and effective participation and inclusion in society;
- d. Respect for difference and acceptance of persons with disabilities as part of human diversity and humanity;
- e. Equality of opportunity;
- f. Accessibility;
- g. Equality between men and women;
- h. Respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities.

The unique feature of this Convention is that it covers all areas of human life and, unlike previous UN conventions, brings together human and civil rights and political, social and economic rights in a single document. All these rights meet the criteria for human rights laid down by the United Nations: universal, inalienable and indivisible, interdependent, and always grounded in the ideal of equality and anti-discrimination. Human rights do not exist without the principles of participation and inclusion, and these should be recognized in national legislation (Lang et al. 2011).

The UN Convention (2006) does not create any new rights; instead, it goes into previous UN conventions that have the right of anti-discrimination as their fundamental cornerstone in more detail (Kanter 2009; Lang et al. 2011; Mannan et al. 2012). The idea is to bring the reality of an inclusive society closer. The Convention thus imposes obligations upon States Parties to ensure that all persons with disabilities can fully exercise all human rights and fundamental freedoms just like anyone else, and moreover to facilitate their enjoyment. That makes this Convention the first human rights convention of the 21st century to lay down legal obligations upon States Parties (UN 2007b; Mladenov, 2012). By ratifying the convention States Parties acknowledge and consent to its legally binding nature. States thus accept the obligation to revise their national legislation and regulations accordingly. Ratification does not however mean that national laws and compliance with them can be enforced with sanctions. The implementation of the principles of a human rights convention stands and falls with the dedication of the countries that have signed it (UN 2007). Nevertheless, ratification undoubtedly has an effect, especially since citizens have the right to take claims to the national human rights institution and enforce their rights in the courts using the Convention.

The obligations laid down by the Convention are translated into appropriate measures, and it may be necessary to pass new legislation or amend existing legislation. Appropriate measures means first and foremost facilities and secondly specific reasonable accommodation. In the first instance the facilities provided must as far as possible be collective, hence of a structural nature. Sometimes these general facilities do not meet the needs of certain groups of persons with impairments, in which case the State is required to provide a facility for this target group. This can also be interpreted as a structural facility but targeted at a disability and categorized as support (SIM 2012). To quote Article 19(b) of the UN Convention: [ensuring that] *“Persons with disabilities have access to a range of in-home, residential and other community support services, including personal assistance necessary to support living and inclusion in the community, and to prevent isolation or segregation from the community”*. If a facility of this kind categorized as support is inadequate for an individual or a group, under the UN Convention the obligations of the State include making reasonable accommodation (Article 2). This means making *“necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden”* upon those responsible for bringing about this accommodation. The aim is to remove obstacles in specific cases so that persons with impairments can enjoy all human rights and fundamental freedoms on an equal footing.

As these are not new fundamental rights, the State Party’s duty lies mainly in ascertaining what national legislation in force needs to be amended so as to meet the obligations under the UN Convention. Legislation is not everything, however; existing rules and cultural, social

and economic customs and practices will also need to be scrutinized. If necessary the UN Convention requires new national legislation to be introduced. In the process of law and policy-making states are required to abide by the sequence of obligations. First, general facilities. If these prove inadequate, support is appropriate. As the ultimate appropriate measure the State is required to make specific reasonable accommodation (SIM 2012).

4. Implications

Translating the UN Convention into constitutional law, domestic legislation, local policies and the actual work of social professionals has various implications (inter alia Stein 2008; Kanter 2009; Lang et al. 2011). *From Exclusion to Equality*, the handbook for parliamentarians, sums up a few key points regarding implementation (UN 2007b):

- 1) Each country must carry out detailed research into its constitutional law and other legislation and regulations so as to gain an overview of where States Parties need to develop new legislation or amend existing legislation.
- 2) Persons with impairments must be consulted during the law-making process as far as possible, thus making the best use of the knowledge and experience of the people concerned. Supported decision-making enables even the most vulnerable persons with impairments to use their political abilities: they are given support to weigh up pros and cons and make decisions as autonomously as possible (see also Carter 2009).
- 3) Involve parliament, the political rank and file and local authorities in the law-making process.
- 4) Make society accessible in every respect. It is obstacles and barriers in society that cause the degree of limitation. Accessibility relates to the physical environment, public goods and services, transport and information and technology.
- 5) Create national institutions to implement and monitor the UN Convention. In order to promote, protect and monitor the implementation of the UN Convention States Parties are required to designate a central body to oversee the implementation process (Article 33).

Local policies and programmes need to be developed based on the legislation. These key points ensure that the legal provisions have a better chance of being put into practice.

The UN Convention requires each State Party to adopt all appropriate legislative, administrative and other measures for the implementation of the rights recognized in the present Convention (Article 4(1a)). This starts with the Constitution, and will also have the effect that other domestic legislation is scrutinized, with the inevitable prospect of amendments. Each State Party must ascertain what proposals and changes are needed to protect the basic principles (Article 3). In other words, national legislation must be in line with the UN Convention.

Articles 8 and 9 (Awareness-raising and Accessibility) apply throughout the Convention. Putting all the basic principles into practice requires a fundamental change in the underlying attitudes of society (including policy-makers), and all conceivable barriers (social, economic, political and cultural, and in facilities, information and communication) must be overcome. In effect there will need to be social action to bring about social change. As the vision of

social inclusion takes precedence, the UN Convention stresses the importance of working together with the groups that it explicitly targets when developing legislation, regulations and policies. The UN Convention itself was drawn up in a similar way (Kanter 2009). In practice, however, we find that these target groups are not equally capable of exerting effective influence on the authorities, the law-making and regulation process and the policy-making process. In the implementation process extremely vulnerable target groups are left behind in comparison with less vulnerable, well represented groups (Lang et al. 2011; Klerk, Gilsing & Timmermans 2010). This is due to lack of knowledge of policy-making procedures and lack of financial resources to carry out proper lobbying. We find, moreover, that those who represent the highly vulnerable groups are often still underrepresented in the social discourse and involvement in general policy-making (Lang et al. 2011; Klerk, Gilsing & Timmermans 2010).

Apart from the involvement of the target groups in the development of legislation, regulations and policy-making, we need to be on the lookout for the 'implementation gap' between policy-making and ultimate implementation. Lang et al. (2011) have pointed out that policy aspirations are not always put into practice. A discrepancy of this kind is particularly found in Third World countries (Lang et al. 2011). In spite of being set down on paper, basic rights are violated more often than intended. The phenomenon of an implementation gap is found even in First World countries, including the Netherlands (Smits 2010, 2011; Van Wijnen 2012; Frederiks & Schoonheim 2012). The fact that a State Party has ratified the UN Convention does not therefore mean that all rights are safeguarded. It can even be the case that human rights are protected better in states that have not ratified the Convention than in their counterparts that have. There are no enforceable sanctions, however, against states that do not fulfil their pledges to foster and protect the rights of persons with impairments (Lang et al. 2011; UN 2007). Whether or not it has ratified, a state with a history of democratic institutions is less likely to violate human rights than one that does not have a political history of this kind (Lang et al. 2011). In a democratic state it is more commonplace for people to have a say in political and social decision-making and there is a division or separation of powers, with a mechanism of checks and balances. These ingredients are not infrequently absent, or do not function consistently and reliably, in states that have only a brief democratic history or none at all.

The UN Convention champions social inclusion and is grounded in the basic principles set out in previous human rights conventions. As an anti-discrimination and equality convention it does not set out any new rights; instead, it again stresses the importance of promoting, protecting and safeguarding all human rights and fundamental freedoms. There are no thus new rights, but the existing rights are legally binding if a state commits to the Convention by ratifying it. This fact has consequences that should not be underestimated for legislation and regulations, policy-making and practice, as the Convention expresses the rights of people with impairments more explicitly than previous human rights conventions and these rights can be enforced in the courts.

5. The Dutch Setting

The Netherlands signed the Convention on the Rights of Persons with Disabilities on 30 March 2007 in New York. Since then it has been translated into Dutch, a political and academic discourse has developed, various sections of the community have carried out lobbying, and the government has had analyses of the legal and financial impact of possible ratification carried out. Amendments have been made to the law in order to implement the principle of equality in such a way as to be virtually in line with the UN Convention.

Meanwhile the Rutte-Asscher government has pledged in the coalition agreement to ratify the Convention on the Rights of Persons with Disabilities provided the resulting obligations can be implemented gradually (Rutte & Samsom 2012). Because of the magnitude of the legislative process that this will require, ratification is expected to take place in 2015. The government will need to have an approval bill and an establishing bill ready by that date.

Although the Netherlands has not ratified the Convention, various laws and regulations have been amended in recent years so as to improve the implementation of human rights, in particular the principles of the UN Convention and some specific articles in it. The Equal Treatment of Disabled and Chronically Ill People Act (WGBh/cz) entered into force as an anti-discrimination act in 2003, since when it has been amended several times in order to protect persons with impairments against direct and indirect discrimination in various areas of life. One of the most recent amendments was made in May 2012, regarding the accessibility of public transport (Staatsblad 2012a). Amendments have been made in the employment domain, and a new initiative, the Participation Act, is currently in the political pipeline. The legislation in the education domain has been amended, albeit these revisions have not made education more inclusive, and with the Social Support Act a course has been embarked upon that has many areas of common ground with the UN Convention and social inclusion policy. The ensuing sections discuss five domains: after a general introduction the relevant articles in the UN Convention are identified, followed by a discussion of how Dutch legislation ties in with them.

5.1 Encounters

Encounters are inextricably linked with the human need to be important to yourself and other people. They help to prevent social isolation and can contribute to the development of a positive self-image. Sometimes meeting other people needs to be facilitated, especially when people have difficulty making social contacts, if they have a small social network and are unable because of their impairments to enlarge it even though they feel the need to do so.

Accessibility

As public places are often where encounters take place, the importance of accessibility should not be underestimated. Accessibility should even be regarded as a precondition for participating equally in community life outside the home. This involves a wide spectrum of public meeting places, ranging from private spaces such as restaurants, cafes, cinemas,

bowling alleys etc. to public spaces such as libraries, theatres, community centres, parks, swimming pools and schools and other educational institutions. The UN Convention applies accessibility as a general principle and also devotes a separate article to access to the physical environment and information (Article 9). All public spaces and information services must be generally accessible to everyone, physically and digitally. To bring this about the Netherlands has a broad-based initiative known as *Alles Toegankelijk* (Everything Accessible), in which businesses and persons with impairments are working together with knowledge organizations and government agencies (Alles Toegankelijk, 2013).

Aside from the degree of accessibility, encounters take place in a host of places. The UN Convention wants an inclusive society in which everyone can participate on an equal footing. Articles 19, 24(1)(2) and (5), 27(1) (in particular e, g, h, i, j and k), 29b and 30 of the Convention urge that appropriate measures be taken in those areas of life where social participation is most common: independent living, education, work, participation in political and public life, and participation in cultural life, recreation, leisure pursuits and sport. In all these areas of life Dutch legislation to a greater or lesser extent takes into account opportunities for people to participate in society on an equal footing, hence scope for meeting other people. The primary principles underlying the Social Support Act are self-reliance and social participation. It does not explicitly refer to encounters between people in vulnerable and less vulnerable positions. As an enabling act it does however lay down nine performance areas, in some of which indirect support for meeting other people is encouraged – for example Performance Area 5, which focuses on promoting participation in the community and the independent functioning of persons with impairments. A host of actors in the health and welfare sector are responding to this with encounter projects such as ‘maatjesprojecten’ (where volunteer ‘pals’ help individuals), friendly circles, Best Buddies and support groups.

If formal and informal encounters without obstacles are to be a reality, public buildings need to be accessible. The Building Decree (Bouwbesluit 2012) lays down the criteria that public buildings must meet. Every public space (not only government buildings) should be accessible to and usable by everyone without problems or the need for special help. The Decree lays down technical building regulations in detail from the point of view of health and safety and the usability of public and private buildings, thus articulating the aspiration to ensure that buildings are accessible to everyone with or without physical impairments.

Mobility

Without mobility, meeting other people is virtually impossible. The accessibility of public transport has been regulated since May 2012 by the Equal Treatment of Disabled and Chronically Ill People Act (Staatsblad 2012a). Some arrangements in this amendment require the provision by 1 January 2015 of audiovisual travel information at metro and railway stations; by 1 January 2016 all railway stations must be accessible to persons with visual or auditory impairments; and by 1 January 2020 70% of railway stations must have wheelchair access. By 2030 public transport must be independently accessible to everyone: in short, no assistance must be needed to use a train, bus or metro. As regards private transport, the Road Traffic Act and the Administrative Provisions (Road Traffic) Decree lay down inter alia who is eligible to use disabled parking spaces.

Summary

The Dutch government is trying to ensure by means of a variety of legislation that people can and will participate in society as far as possible and have encounters there. Accessibility and mobility are two essential preconditions for this. The deadline for implementing accessible public transport is a long way off, however: the timetable means that barriers to persons with impairments participating in society on an equal footing will remain in place for the time being.

5.2 Strengthening client movements and image-building

Government agencies, civil society, private-sector actors, and people with or without impairments will need to get moving in order to create a socially inclusive society. Every person is an equal citizen irrespective of race, sex, beliefs or impairments of any kind. This is not always the case in practice, however, and this equality will not come about of its own accord. People in vulnerable positions, temporarily or permanently, will also need to get moving, or stay moving, to stand up for their interests. In many cases the interests of target groups are already well represented by organizations. Action designed to represent and draw attention to those interests remains necessary if every vulnerable citizen is to be able to participate in social and economic life on an equal footing. A vital element here is positively influencing image-building in the government agencies concerned, society in general, and not least carers who come in direct contact with the vulnerable people and those vulnerable people themselves. Article 8 'Awareness-raising' of the UN Convention lays down that States Parties must undertake to adopt appropriate measures to build a positive image so that society and persons with disabilities are aware of the capabilities of those persons with impairments and how to foster these positive images. Article 4 of the UN Convention also sets out general obligations, with paragraph 3 requiring States Parties to closely consult with persons with disabilities when developing and implementing legislation and policies arising from the Convention and in all decision-making processes concerning issues in which persons with disabilities have an interest.

Various national laws include provisions laying down the right to consultation and a right of complaint. The Health Service Clients (Consultation) Act (WMCZ) and Health Service Clients (Right of Complaint) Act (WKCZ) respectively deal with consultation and the right of complaint in Exceptional Medical Expenses Act (AWBZ) institutions. Outside these institutions people can contribute ideas on the development, interpretation and implementation of the Social Support Act (WMO), which also provides scope for people themselves to come up with policy proposals (WMO Section 11). Almost all the Dutch municipal authorities – 95% in 2007 – are working together with WMO councils, and over 80% of the actors concerned rate the scope for influencing policy as satisfactory (De Klerk, Gilsing, Timmermans 2010). The Social Support Act and ongoing developments in it challenge municipal authorities to develop inclusive policies (VNG 2010, Gemeente Utrecht 2007). The WMO councils give expression to this. The aim is to have the interests of all persons in vulnerable positions represented by WMO councils (see in particular Section 1(1g)). The first evaluation of the WMO shows that client representation has not yet been implemented for all the target groups equally. The WMO councils represent the interests of the elderly and people with physical impairments well in particular. People with intellectual impairments or psychiatric disorders are represented on about half of the WMO councils (De

Klerk, Gilsing, Timmermans 2010). This means that the interests of substantial groups of people are not being promoted, or not sufficiently, in many municipalities. This moreover creates inequality in the protection of the rights of persons with impairments, as the influence they have on the development of inclusive policies differs from one municipality to another.

In addition to the Social Support Act and the WMO councils, persons in vulnerable positions (the elderly, people with physical, psychiatric or intellectual impairments, people in informal care) are represented by various movements, some more and some less influential. The Council of the Chronically ill and the Disabled is the biggest umbrella organization of patient associations and disability associations, representing the collective interests of people with chronic illnesses and impairments. There are also various institutions in the Netherlands that monitor and protect human rights and check that they are enforced: the Netherlands Institute for Human Rights, the National Ombudsman, the Dutch Data Protection Authority (CBP) and the Netherlands Institute of Human Rights (SIM) perform these functions based on various national laws such as the Civil Code (Articles 7:646, 648, 649), the Criminal Code (Articles 137c, d, e, f and g and Article 429(iv)), the Equal Treatment of Disabled and Chronically Ill People Act, the Equal Treatment Act, the Equal Treatment in Employment (Age Discrimination) Act and the Personal Data Protection Act.

Summary

In general it is fair to say that the representation of persons with impairments on various scales has an influence in the Netherlands and client movements are involved in policy and law-making. Within this sphere of influence the representation of the most vulnerable groups needs to be strengthened at municipal level.

5.3 Education

One of the fundamental social rights is the guarantee of formal education. This positive right offers everyone the opportunity to develop fully into an individual who is capable of shaping a meaningful life of his own: autonomy in terms of positive freedom. The UN Convention champions an inclusive education system (Article 24 'Education') at all levels and requires States Parties to have taken measures to ensure life long learning for everyone with or without impairments and with no obstacles. The Netherlands is latching on to the idea at various levels of education that every educational institution should be willing and able to allow every individual, with or without impairments, to receive the same education. In the case of primary and secondary education the Tailored Education Act will enter into force on 1 August 2014, when schools will be required to offer suitable places to pupils who need special support. Not every school will be equipped to accept every child with an impairment, so when this problem arises the school must seek a suitable place at a school through an alliance of primary education partners. The Netherlands has opted for the concept of Tailored Education, and it should be noted that there is a distinction between the philosophy of inclusive education and the aim of the Tailored Education Act. In the former case all pupils, irrespective of their background, can attend the same schools and function in heterogeneous groups, taking a curriculum geared to their capabilities. In the case of tailored education, school boards of governors are responsible for developing an educational offer that is appropriate to each pupil's capabilities and limitations. Functioning together in a heterogeneous group is not an a priori

requirement here (Schuman 2007; Bijsterveldt-Vliegenthart 2011; Smits 2010; Mol Lous 2011).

The Equal Treatment of Disabled and Chronically Ill People Act applies to all public education (primary, secondary and higher). This anti-discrimination act ensures that everyone can participate in education.

Subject to the test of reasonableness, educational institutions are required to make effective adaptations to enable people to receive education unhindered. The test of reasonableness means that the interests of the disabled person and those of the institution in question must be weighed up against each other, taking into account the size of the organization, the cost and technical feasibility of the adaptation needed and the organization's financial capacity. The consequence can be that participation in education is refused on the basis of this test.

Tertiary education – universities of applied sciences and research universities – is governed by the Higher Education and Research Act (WHW) and the Other Funds for Education, Culture and Research Act (WOOS), inter alia. These Acts lay down that universities of applied sciences and research universities must be willing and able to offer facilities to persons with impairments in such a way that these students do not come up against obstacles when taking higher professional or academic education. The Student Finance Act allows for studies to be extended by one year without adverse financial consequences, provided the delay in taking and completing the tertiary education is due to the impairment.

Summary

Education in the Netherlands is not inclusive at every level, as tailored education proves. The legislation on higher professional and academic education does justify the use of the term 'inclusive education', however, especially since there is no distinction between mainstream and special education: both types of institution have a duty to allow students with impairments to participate in mainstream education.

5.4 Work

The UN Convention refers to the right of everyone to the opportunity to gain a living by work freely chosen or accepted in a labour market (Article 27(1)). Work is an important part of life. It gives meaning to our lives, it gives people the feeling that they matter, that they mean something to themselves (a sense of purpose), to others, to customers, to society. The contribution to society can be interpreted in both an economic and a social sense. People want to participate, in the form of either paid work or voluntary work, which can take place in either a sheltered or an unprotected work environment. The Netherlands has various laws with the aim of allowing people to take an active part in the national economy as far as possible through paid work. There are now a number of laws designed to encourage work participation among groups who do not have jobs or have difficulty finding suitable jobs because of impairments. The principle is that people should be able to earn their own living. Participation is always at the top of the political agenda. If someone does not succeed in finding a job, the authorities step in to help. Various laws are in force based on these principles designed to handle different situations.

The Capacity for Work Act

The aim of the Capacity for Work Act (WIA) is for persons with impairments who have been declared partially unfit for work to continue looking into the opportunities that exist to do paid work. The Act comprises two schemes. There is a work resumption scheme for people partially fit for work (WGA) for those who are still partially able to work. This is designed for employees who are partially or temporarily unfit for work. The principle is that they should continue working as far as possible. Various benefits are available to supplement personal income. People who are no longer able to work at all receive IVA (Totally Disabled Income Support). This Act provides for benefit if an employee is still so ill after two years that he is totally or partially unable to work.

Work and Social Assistance Act

The aim of the Work and Social Assistance Act (WWB) is in principle the same as that of the WIA, but it does not specifically target groups who have an occupational handicap or an impairment in the sense of the UN Convention. Responsibility for administering the Act rests with the municipal authorities. The Act requires people to look for work, and until they succeed residents must accept voluntary work. Additional financial support other than social security benefit is available for particular groups such as people with a chronic illness or an intellectual impairment. How this is arranged differs from one municipality to another, however.

Invalidity Insurance (Young Disabled Persons) Act

The Invalidity Insurance (Young Disabled Persons) Act (Wajong) is a national insurance scheme designed to help young people find and keep paid work. It is for people who developed an illness or disability at a young age (before the age of 18) and as a result have been declared at least 25% unfit for work by the insurance physician. There must also be an expectation that recovery will not take place within one year and that the person will earn less than 75% of the minimum youth wage owing to the impairment (Wajong, www.wetten.overheid.nl). In spite of the Act's good intentions, work participation among users of the Wajong scheme has for years fluctuated around a meagre 25% of total beneficiaries under the Act. The number of young people claiming benefit under the Act has been growing by 16-17,000 a year on average, with 221,000 recipients in mid-2012 (Van Vuuren, Van Es & Roelofs 2011; UWV 2012). The old Wajong scheme acted as a trap rather than a springboard to participation in mainstream employment (Schnabel 2009). The archetypal public image of 'handicapped people' has contributed to users of the Wajong scheme becoming more or less trapped in the scheme. Hilberink (2009) refers to it as a 'bonus scheme for those without prospects'. The complications of the Act have meant that users of the Wajong scheme have not felt challenged to seek gainful employment, and for employers it has often not been worthwhile to take on people with a 'bit of a problem' (Schnabel 2009). With the new Wajong scheme, which came into force in 2010, the influx seems to be decreasing slightly and the outflow seems to be increasing little by little (UWV 2012).

Sheltered Employment Act

The Sheltered Employment Act (WSW) was amended on 1 January 2008. It is designed for people with a physical, intellectual or psychiatric impairment who would like to work but

cannot work independently in mainstream employment because of the impairment. Sheltered workplaces enable them to work in a suitable working environment.

Central government pays the grant aid for WSW beneficiaries to the individual municipal authorities, which are therefore financially responsible for administering the Act. Because of this shift they have had to take on more of a managerial role and be more involved in the implementation of the Act. They are now working more to achieve the aim of the Act, which is to find suitable work for as many WSW beneficiaries as possible in line with their capabilities.

The minimum age for applying for WSW entitlement is 16, and the applicant must have left school. A WSW entitlement can in principle be granted if there is an occupational handicap: the person can work if the job is adapted. The adaptation can take various forms: additional supervision, adapted working hours or the opportunity to work at your own speed. The person with the impairment must be motivated and able to work regularly.

Work according to Capacity Act & Participation Act

The Work according to Capacity Act (WWNV) is in preparation and would have entered into force on 1 January 2013 with the aim of replacing the above three Acts, were it not for the fact that the new Rutte-Asscher government in the Netherlands came up with a new initiative in December 2012, a 'Participation Act Contours Letter', to combine the WSW, the WWB and part of the Wajong (Klijnsma 2012). With the 'Participation Act', which is to enter into force on 1 January 2014, the government aims to achieve a more efficient and more effective approach so as to allow as many people as possible with or without impairments to participate in society as fully-fledged citizens in the area of employment. The aim of the Participation Act is for everyone to have a 'normal' job. If this is completely out of the question, people with impairments will be assisted to participate in society in some other way, but what way is not specified. One of the reasons behind the Participation Act initiative is uncertainty as to the availability of jobs suitable for people with occupational impairments, which is fuelled by the persistent image among employers that employees with impairments are less economical, require more support to do their work and need expensive adaptations to the working environment. It has moreover been found that efforts to help people with occupational impairments find suitable jobs are narrowly confined to employees and benefit recipients, whereas employers are important and essential players in achieving the goal of helping people with occupational impairments to enter mainstream employment. In order to compel employers to pull their weight, the Participation Act introduces a quota requiring 5% of employees in companies with over 25 employees to be occupationally impaired (Klijnsma 2012).

Summary

Given the low work participation of people with impairments in mainstream employment and the reasons behind it, the Dutch labour market cannot be said to be inclusive. The current legislation may have resulted in equal employment opportunities in theory but not in practice. With the Participation Act for the first time an attempt is being made to open up the labour market and enforce access for people with impairments.

5.5 Independent living

The UN Convention requires all residents of States Parties to have the equal right to live in the community with the same choices as others (Article 19 ‘Living independently and being included in the community’). This right to live independently in rather than outside the community encompasses the right to participate in society. Everyone must be able freely to choose their place of residence and with whom they live. Participation must be made possible by providing community services and facilities for the general population, including persons with disabilities. In order to bring about inclusion in society, persons with disabilities must have access to a range of support services (Article 19(2)), ranging from general facilities to personal assistance in the home. All this is designed to achieve inclusion in the community and prevent segregation from it. In addition to the Constitution, the Netherlands has three laws in this connection: the Equal Treatment of Disabled and Chronically Ill People Act (Section 6b(3)), the Building Decree and the Social Support Act.

Article 22(2) of the Constitution lays down that it is “the concern of the authorities to provide sufficient living accommodation”. The Constitution thus imposes a ‘best efforts’ obligation upon the government, but there is no absolute duty to provide a dwelling for every individual or household. The social right to housing, then, is not laid down in the Dutch Constitution.

The Equal Treatment of Disabled and Chronically Ill People Act has been augmented in various areas of life since its introduction at the end of 2003. The area of housing was added in 2009 (Staatsblad 2009). Sections 6b and 6e lay down that discrimination is prohibited when offering living accommodation and entering into, implementing, amending or terminating an agreement relating to the rental, purchase or occupation of living accommodation for personal use. Discriminating between persons with and without disabilities when registering them as housing seekers is also prohibited under this Act.

As well as protecting people against discrimination, the law also lays down requirements for the safety and accessibility of buildings. The government sets out quality standards and building regulations for housing using the Building Decree pursuant to the Housing Act. For example, it imposes rules on all clients in the construction industry for the sake of safety, health and environmental protection. The law is developed in detail in the Building Decree manual (Praktijkboek Bouwbesluit) 2012. Clients and builders must for instance take into account height differences in buildings (by bridging them with ramps) and the size of rooms such as toilets in public buildings so that wheelchair users can also use them (Van Overveld et al. 2011). In addition to the Building Decree there is the Housing Allocation Decree, which regulates the allocation of accommodation. In principle each resident is responsible for his own housing: self-reliance and the right of establishment are paramount. Government interference is only justified if housing provision for certain groups in weak positions is in jeopardy (www.quintis.nl).

The watchword of the Social Support Act is ‘participation’: participation in society, and this applies to everyone. The aim of the Act, which is devolved to the municipal authorities, is first to assess what help-seekers can do for themselves. If a help-seeker cannot resolve his problem by his personal efforts the municipal authority will examine in consultation with him what his immediate environment can offer by way of support. If his own informal

network is also unable to provide a solution, public facilities may be an option. As a last resort the authority will check whether any special facilities or measures are actually needed. These steps, beginning with the individual's personal efforts and moving on to public facilities and finally special facilities, are designed to maximize participation in the local community, starting with being able to live independently and being self-reliant as far as and as long as possible. Within the overall aspiration of the Social Support Act, that "everyone must be able to participate in the community", it sets out nine performance areas, which local authorities can implement as they see fit (Staatsblad 2006).

1. Fostering social cohesion and quality of life in villages, districts and neighbourhoods;
2. Prevention-oriented support for young people who have problems growing up and parents who have problems raising their children;
3. Providing information, advice and client support;
4. Supporting informal carers and volunteers;
5. Promoting participation in the community and the independent functioning of persons with impairments or chronic psychiatric problems and persons with psychosocial problems;
6. Providing facilities to persons with impairments or chronic psychiatric problems and persons with psychosocial problems so that they can continue to function independently or participate in the community;
7. Offering shelters in the community, including shelters for women;
8. Promoting public mental health care, with the exception of psychosocial care in the event of disasters;
9. Promoting policy to deal with addiction.

In each performance area the municipal authorities are responsible for acting towards their residents satisfactorily and taking appropriate measures if necessary. In each case the sequence from personal efforts to specific measures as a last resort must be followed. In short, independent living and being part of the community starts with you. If there is a danger of dysfunction due to an impairment, community facilities and if necessary special facilities are available.

6. Conclusion

The Netherlands has a complex web of legislation and regulations in line with the basic principles of the UN Convention on the Rights of Persons with Disabilities. In recent years new laws have been drafted and brought into force and existing laws have been amended and augmented. These developments would seem increasingly to reflect the Convention's social inclusion philosophy. The most telling examples are the Social Support Act introduced in 2007; the amendments to the Equal Treatment of Disabled and Chronically Ill People Act, to which equal treatment in education and public transport have been added; and the forthcoming new Participation Act designed to produce equal employment opportunities. All three of these Acts champion participation and inclusion in the community, non-discrimination, equal opportunities and accessibility for everyone in society.

The Social Support Act is an enabling act, thus giving municipal authorities plenty of scope to implement their own policies. They must offset inequalities, but how they do this is up to each municipal authority itself. People do not have a right to care under the Act, but they do have a right to this equalization. There is so much freedom of implementation, however,

that the question is whether people always receive the support they need to enable them to participate. The intention underlying the Act is a good one, but the implementation is uneven. What has been described as an ‘implementation gap’ – the discrepancy between what the law requires and what is actually manifested in practice – is also found in the Netherlands. In the areas of housing and employment in particular inequality is still an everyday phenomenon. As regards mobility and accessibility this discrepancy will gradually be reduced as a result of the amendments to the Equal Treatment of Disabled and Chronically Ill People Act. When it comes to developing local inclusion policies too there is still some ground to be made up, given the underrepresentation of people with intellectual impairments and persons with psychiatric disorders. The Social Support Act lays down that residents in vulnerable positions must be involved in policy-making, and this is still not happening in many cases. Representation and consultation are well organized at national level and in the various organizations, witness the lobbying and involvement of national pressure groups in the development of legislation and regulations and the say that clients have within care institutions.

In primary and secondary education the Netherlands’ policy is not in line with the vision of the UN Convention. Tailored education cuts across the concept of heterogeneous classes of people with and without impairments. Dutch policy does aim at the optimum development of persons with disabilities, but not in the form of inclusive education. Ratifying the UN Convention would mean having to revise this educational policy. At higher professional and academic level, education can be said to be inclusive, as there is no distinction between mainstream and special education at tertiary level. Higher professional institutions and universities are required to enable students with impairments to participate in education by making reasonable accommodation.

Within their financial means individuals can live where they like. The Equal Treatment of Disabled and Chronically Ill People Act protects persons with impairments against discrimination in choosing where to live. Housing availability and care facilities currently still have a major influence on their housing situation, though. The housing choices for anyone living in an Exceptional Medical Expenses Act institution or receiving 24-hour care are limited and institutional. A person with an impairment who takes advantage of the Social Support Act can choose independently where to live in the community and receive the necessary support at home so as to live an independent life. The current stepwise transition from care funded under the Exceptional Medical Expenses Act to Social Support Act-funded support is contributing to and compelling the development of inclusive local policies (Gemeente Utrecht 2007; VNG 2010; VNG 2010b). As an enabling act the Social Support Act thus provides good scope for inclusive policies and practices.

Unequal employment in ‘normal’ jobs between people with and without impairments is an intractable problem. There is a big difference between the two groups. It is significantly less easy for persons with impairments to enter mainstream employment. Government efforts have not succeeded in making much of a change here as regards young people on invalidity benefit (Wajong) and people working in sheltered workshops. The Participation Act – as yet unpassed – will place a strong ‘best efforts’ obligation upon employers, and this is necessary, as current legislation has not been able to bring about an inclusive labour market.

Dutch legislation and regulations lay down frameworks and rules in virtually all areas of life to make an inclusive community possible. Cases where legislation and policies are not in line with the rights of persons with impairments can be brought before the Netherlands Institute for Human Rights, which spotlights, monitors and protects human rights, promotes the enforcement of human rights (including equal treatment) in practice, policy and legislation, and raises awareness of human rights in the Netherlands.

How legislation and policies are translated into practice ultimately determines the success or failure of an inclusive community. That, when all is said and done, is where inclusion has to be lived.

References

AWGB, *Wet van 2 maart 1994, houdende algemene regels ter bescherming tegen discriminatie op grond van godsdienst, levensovertuiging, politieke gezindheid, ras, geslacht, nationaliteit, hetero- of homoseksuele gerichtheid of burgerlijke staat.*

http://wetten.overheid.nl/BWBR0006502/geldigheidsdatum_10-01-2013

Beltman, H. (2001). *Buigen of barsten? Hoofdstukken uit de geschiedenis van de zorg aan mensen met een verstandelijke handicap in Nederland 1945-2000*. Dissertatie: Rijksuniversiteit Groningen.

Bijsterveldt-Vliegenthart, M. van (2011). Naar passend onderwijs. Brief aan de voorzitter van de Tweede Kamer der Staten-Generaal. Tweede Kamer, vergaderjaar 2010-2011, 32500 VIII, nr. 22

Bolsenbroek, A. & Houten, D. van (2010). *Werken aan een inclusieve samenleving: goede praktijken*. Nelissen.

Burgerlijk Wetboek (2013). *Burgerlijk Wetboek Boek 6, Verbintenissenrecht*.

http://wetten.overheid.nl/BWBR0005289/geldigheidsdatum_10-01-2013

Burgerlijk Wetboek (2013). *Burgerlijk wetboek, boek 7, bijzondere overeenkomsten*.

http://wetten.overheid.nl/BWBR0005290/Boek7/geldigheidsdatum_10-01-2013

Carter, B. (2009). *Supported decision-making: background and discussion paper*. Office of the Public Advocate. www.publicadvocate.vic.gov.au 14-3-2013

CG-Raad, Chronisch zieken en Gehandicapten Raad Nederland (2005). *De Gids Agenda 22*. VCP, Programma Versterking CliëntenPositie. Utrecht.

Frederiks, B.J.M. & Schoonheim, J.A. (2012). *Het VN Verdrag rechten voor personen met een handicap en het Wetsvoorstel Zorg en dwang psychogeriatrische en verstandelijk gehandicapte cliënten*. www.coalitievoorinclusie.nl < geraadpleegd op 15-01-2013.

Gemeente Utrecht (2007). *Agenda 22: Integraal en inclusief beleid voor mensen met een functiebeperking*. Utrecht.

Goudswaard, K. (2011) Hervorming van de arbeidsongeschiktheidsregelingen. In: Jehoel-Gijsbers, G. (red.). *Op weg naar een inclusieve arbeidsmarkt: Bijdragen van de sprekers op het symposium 15 oktober 2010, Den Haag*. Sociaal en Cultureel Planbureau, Den Haag.

Grondwet voor het Koninkrijk der Nederlanden van 24 augustus 1815.

http://wetten.overheid.nl/BWBR0001840/geldigheidsdatum_10-01-2013

Heijs, H. , Brouwer, J. & R. Koersen (2012). Community support: Alleenstaande opvoeders ondersteunen elkaar. In: Wilken J.P. & Dankers T. (red.) *Supportgericht werken in de Wmo*. Utrecht: Wmo-werkplaatsen/MOVISIE

Hilberink, S. (2009). Niks economische zelfstandigheid. Duurzame zelfstandigheid! In: Raad voor Maatschappelijke Ontwikkeling (red.) *Beperkt maar niet begrensd: negen essays over participatie van jongeren met een beperking*. Den Haag: RMO.

Kanter, A. S. (2009) *The United Nations Convention on the Rights of Persons with Disabilities and Its Implications for the Rights of Elderly People Under International Law* (2009). Georgia State University Law Review, Vol. 25, No. 3, p. 527. Available at SSRN: <http://ssrn.com/abstract=2109819>

Klerk, M. de, Gilsing, R. & Timmermans, J. (2010). *Op weg met de Wmo: Evaluatie van de Wet Maatschappelijke Ondersteuning 2007-2009*. Den Haag: Sociaal Cultureel Planbureau

Klijnsma, J. (2012). *Kamerbrief contouren participatiewet*. Ministerie van Sociale Zaken en Werkgelegenheid.

Kröber, H.R.Th. & H. van Dongen (2011). *Social Inclusion: Dutch perspectives. Factors for success and failure*. Amsterdam, uitgeverij Boom / Nelissen

Lang, R., Kett, M., Groce, N. & Trani, J.F. (2011). Implementing the United Nations Convention on the rights of persons with disabilities: principles, implications, practice and limitations. *European Journal of Disability Research* 5, 206-220.

Mannan, H., MacLachlan, M., McVeigh, J. & The Equitable Consortium (2012). Core concepts of human rights and inclusion of vulnerable groups in the United Nations Convention on the rights of persons with disabilities. *European Journal of Disability Research* 6, 159-177.

Mladenov, T. (2012). The UN Convention on the rights of persons with disabilities and its interpretation. *European Journal of Disability Research*. Article in press.

Mol Lous, A. (2011). *Passend onderwijs: Haute couture of Zeeman?* Inaugurele rede bij de installatie van het lectoraat Passend Onderwijs/Inclusive Education bij Hogeschool Leiden op 9 maart 2011.

Mur, L. & Heijs, N. (2012). *Ondersteuning mobiliseren vanuit netwerken*. Community Support. Geraadpleegd op 30-10-2012 www.communitysupport.nl

Overveld, M. van, Graaf, P.J. van der, Eggink-Eilander, S. & Berghuis, M.I. (2011). *Praktijkboek Bouwbesluit 2012*. Den Haag: Sdu uitgevers.

Raad voor Maatschappelijke Ontwikkeling (2009). *Beperkt maar niet begrensd: Negen essays over participatie van jongeren met een beperking*. Raad voor Maatschappelijke Ontwikkeling. Den Haag, april 2009.

Rutte, M. & D. Samson (2012). *Bruggen slaan: Regeerakkoord VVD – PvdA*, 29 oktober 2012.

Schnabel, P. (2009). De schaduwen en schimmen van het Wajong-spel. In: Raad voor Maatschappelijke Ontwikkeling (red.) *Beperkt maar niet begrensd: negen essays over participatie van jongeren met een beperking*. Den Haag: RMO.

Schuman, H. (2007). Passend Onderwijs – pas op de plaats of stap vooruit? *Tijdschrift voor Orthopedagogiek* 46, 267-280.

Schuman, H. (2011). *Education in the Netherlands, recent developments and the debate on integration and inclusion*. Revised article presented at the 5th international Scientific Conference 'Inclusive Education: practice and perspectives', from 14-15th October 2011 in Bakoe, Azerbaijan. Geraadpleegd op 7 januari 2013, <<http://www.collectief-inclusief.nl/media/pdf-files/knowledge/developments-netherlands.pdf>>

Schuurman, M. & A. van der Zwan (2009). *Inclusie, zeggenschap support: op weg naar een samenleving waarin iedereen welkom is*. Antwerpen/Apeldoorn: Garant.

Schuurman, M. (2010). *Tekenen en dan ...? Stand van zaken en aanbevelingen voor de implementatie van het VN-Verdrag inzake de rechten van personen met een handicap*. Werkdocument voor de conferentie van 8 februari 2010. Coalitie voor Inclusie.

SIM, Studie- en Informatiecentrum Mensenrechten (2012). *Ratificatie ... En dan?* Universiteit Utrecht.
Smits, J. (2010). *Werkdocument: VN verdrag bepaalt: inclusief onderwijs is een recht voor alle kinderen! Werkontmoeting Samen Leren*. Coalitie voor Inclusie. Geraadpleegd de datum 7 januari 2013, <www.inclusie.org>

Smits, J. (2011). *Violations of Human Rights of people with disabilities in the Netherlands*. Paper: Stichting Perspectief/NGO Foundation Perspectief.

Staatsblad van het Koninkrijk der Nederlanden (2006). *Wet houdende nieuwe regels betreffende maatschappelijke ondersteuning*. 29 juni 2006, 351.

Staatsblad van het Koninkrijk der Nederlanden (2009). *Wet houdende wijziging van de Wet gelijke behandeling op grond van handicap of chronische ziekte in verband met de uitbreiding met onderwijs als bedoeld in de Wet op het primair onderwijs en de Wet op het voortgezet onderwijs en met wonen*. 29 januari 2006, 101.

Staatsblad van het Koninkrijk der Nederlanden (2011). *Wet tot wijziging van de Algemene wet gelijke behandeling, het Burgerlijk Wetboek, de Wet gelijke behandeling op grond van handicap of chronische ziekte, de Wet gelijke behandeling op grond van leeftijd bij de arbeid en de Wet gelijke behandeling van mannen en vrouwen (aanpassing van definities van direct en indirect onderscheid en enkele andere bepalingen aan richtlijnterminologie)*. 7 november 2011, 554.

Staatsblad van het Koninkrijk der Nederlanden (2012a). *Besluit houdende vaststelling van het tijdstip van inwerkingtreding van de artikelen 7 en 8 van de Wet gelijke behandeling op grond van handicap of chronische ziekte en inwerkingtreding van het Besluit toegankelijkheid van het openbaar vervoer*. 19 april 2012, 199.

Staatsblad van het Koninkrijk der Nederlanden (2012b). *Wet tot wijziging van enkele onderwijswetten in verband met een herziening van de organisatie en financiering van de ondersteuning van leerlingen in het basisonderwijs, speciaal en voortgezet speciaal onderwijs, voortgezet onderwijs en beroepsonderwijs*. 11 oktober 2012, 533.

Stein, M.A. (2008). *The Domestic Incorporation of Human Rights Law and the United Nations Convention on the Rights of Persons with Disabilities*. Washington University Law Review. Vol 83. & William & Mary Law School Legal Studies Research Paper Series. No 09-37 <http://ssrn.com/abstract=1551945>

Tweede Kamer der Staten-Generaal (2012). *Voorstel van wet van de leden Van der Ham, Van Tongeren en Heijnen houdende verklaring dat er grond bestaat een voorstel in overweging te nemen tot verandering in de Grondwet, strekkende tot toevoeging van handicap en hetero- of homoseksuele gerichtheid als non-discriminatiegrond*. Vergaderjaar 2012–2013, 32 411, nr. 6

UN, United Nations (1994). *Standaardregels betreffende het bieden van gelijke kansen voor gehandicapten*. Resolutie 48/96. Rijswijk: Interdepartementale Stuurgroep Gehandicaptenbeleid.

UN, United Nations (2006). Verdrag inzake de rechten van personen met een handicap. New York, 13 december 2006. *Traktatenblad van het Koninkrijk der Nederlanden*, jaargang 2007, nr. 169.

UN, United Nations (2007). *UN Enable; Frequently Asked Questions regarding the Convention on the Rights of Persons with Disabilities*. Geraadpleegd op 17 februari 2013.
<http://www.un.org/esa/socdev/enable/convinfaq.htm>

UN, United Nations (2007b). *From Exclusion to Equality: Realizing the rights of persons with disabilities. Handbook for Parliamentarians on the Convention on the Rights of Persons with Disabilities and its Optional Protocol*. <http://www.un.org/disabilities>

VNG, Vereniging van Nederlandse Gemeenten (2010) *Iedereen Binnenboord: inclusief beleid in de praktijk*. Den Haag: VNG, geraadpleegd de datum 10 november 2012, www.vng.nl/dekanteling

VNG, Vereniging van Nederlandse Gemeenten (2010b) *Integrale netwerken inde Wmo: Kantelen doe je samen*. Den Haag: VNG

Vos, S. (2012). *Op eigen kracht verder met je netwerk: onderzoek naar de community support-methode*. Groningen-Drenthe: Wmo-werkplaatsen/MOVISIE

Vranken, J., De Decker, P. & Van Nieuwehuyze, I. (2003) *Social inclusion, urban governance and sustainability: Towards a conceptual framework*. Antwerpen-Apeldoorn: Garant

Vuuren, D. van, F. van Es & Roelofs, G. (2011) *Van bijstand naar Wajong*. CPB Policy Brief 2011/09. UWV (2012). *UWV Monitor Arbeidsparticipatie 2012: Aan het werk zijn, komen en blijven van mensen met een arbeidsbeperking*. Amsterdam UWV, Directie Strategie, Beleid en Kenniscentrum

Wajong, Wet houdende voorziening tegen geldelijke gevolgen van langdurige arbeidsongeschiktheid voor jonggehandicapten (Wet arbeidsongeschiktheidsvoorziening jonggehandicapten). 24 april 1997.
http://wetten.overheid.nl/BWBR0008657/geldigheidsdatum_10-01-2013

WHO, World Health Organization (2011). *World Report on Disability*. Geraadpleegd 20-01-2013
www.who.int

Wilken, J.P. (2012). Maatschappelijke ondersteuning: principes van de supportbenadering. In: Wilken J.P. & Dankers T. (red.) *Supportgericht werken in de Wmo*. Utrecht: Wmo-werkplaatsen/MOVISIE

More information

- [The UN Convention in Dutch](#)
The official text of the UN Convention in Dutch
- [The UN Convention in English](#)
- In addition to the UN Convention on the Rights of Persons with Disabilities the UN has drawn up [Standard Rules on the Equalization of Opportunities for Persons with Disabilities](#) (external link).
- Alles Toegankelijk (2013) www.alles toegankelijk.nl
- Netherlands Institute for Human Rights: <http://www.mensenrechten.nl/>