

**COMMITTEE ON THE  
RIGHTS OF THE CHILD**

WRITTEN REPLIES BY THE GOVERNMENT OF THE NETHERLANDS INCLUDING ARUBA CONCERNING THE LIST OF ISSUES (CRC/C/Q/NLD/2) RECEIVED BY THE COMMITTEE ON THE RIGHTS OF THE CHILD RELATING TO THE CONSIDERATION OF THE SECOND PERIODIC REPORT OF THE NETHERLANDS INCLUDING THE INITIAL REPORT OF ARUBA (CRC/C/117/Add.1 and 2)

**[Received on 16 December 2003]**

**CRC/C/RESP/48**

## Part I

### A. Data and Statistics

1.

#### **data on the number and proportion of children under 18**

The most recent figures available are for 1 January 2002. For the sake of completeness, the 1999 data have been included to reveal trends over time.

In 1999, the Dutch population under the age of 18 years numbered 3,462,726 (22% of the total population). In 2001, the figure was 3,072,767 (19% of the population).

Disaggregation into age groups reveals little striking disparity. Each year cohort (from age 0-1 to age 17-18) constitutes approximately 5-6% of the total population under the age of 18. In both calendar years, the gender balance was 51% male to 49% female.

In 1999, 21% of all under-18s were members of ethnic minorities. By 2001, the figure had risen to 26%. The origins of these ethnic minority children is shown in the table below, which distinguishes between western and non-western ethnic minorities.

	1999 absolute	1999%	2000	2001 absolute	2001%	2002
<b>Age groups</b>						
0	199,728	6%	201,748	207,097	7%	204,039
1	193,777	6%	201,017	203,155	7%	208,553
2	192,063	6%	194,547	201,787	7%	203,816
3	192,609	6%	192,845	195,335	6%	202,305
4	197,998	6%	193,334	193,711	6%	195,909

5	197,403	6%	198,582	194,042	6%	194,237
6	199,178	6%	197,980	199,270	6%	194,624
7	201,783	6%	199,801	198,685	6%	199,848
8	202,155	6%	202,469	200,591	7%	199,304
9	194,033	6%	202,838	203,240	7%	201,225
10	192,149	6%	194,749	203,705	7%	203,950
11	192,985	6%	192,829	195,589	6%	204,386
12	191,537	6%	193,687	193,715	6%	196,420
13	186,053	5%	97,856	99,777	3%	99,391
14	182,460	5%	95,309	98,331	3%	100,171
15	178,421	5%	94,177	96,093	3%	98,978
16	180,978	5%	92,163	95,315	3%	97,093
17	187,416	5%	93,812	93,329	3%	96,700
Total under-18s	3,462,726	100%	3,039,743	3,072,767	100%	3,100,949
Total population	15,863,950		15,987,075	16,105,285		16,192,572
Percentage under-18s in total population		22%			19%	
Males under 18	1,786,535	51%		1,826,000	51%	
Females under 18	1,704,836	49%		1,743,000	49%	
Ethnic minorities (absolute figures and as percentage of total under-18s)	740,454	21%		786,000	26%	
<b>Western ethnic minorities</b>	227,575	100%		233,000	100%	
<b>First generation</b>						
0-3 years	5,519	2%		6,000	3%	
4-11 years	22,137	10%		24,000	10%	

12-17 years	18,959	8%		21,000	9%	
<b>Second generation</b>						
0-3 years	42,865	19%		45,000	19%	
4-11 years	79,203	35%		79,000	34%	
12-17 years	58,892	26%		58,000	25%	
<b>Non-western ethnic minorities</b>	512,879	100%		553,000	100%	
<b>First generation</b>						
Turkey						
0-3 years	620	0%		1,000	0%	
4-11 years	3,895	1%		3,000	1%	
12-17 years	7,250	1%		7,000	1%	
Morocco						
0-3 years	593	0%		0	0%	
4-11 years	3,924	1%		3,000	1%	
12-17 years	9,267	2%		8,000	1%	
Suriname						
0-3 years	303	0%		0	0%	
4-11 years	3,467	1%		3,000	1%	
12-17 years	6,963	1%		7,000	1%	
Neth. Antilles/Aruba						
0-3 years	1,204	0%		1,000	0%	
4-11 years	4,769	1%		6,000	1%	
12-17 years	5,636	1%		1,000	0%	
Other non-western						
0-3 years	4,054	1%		5,000	1%	
4-11 years	24,676	5%		27,000	5%	
12-17 years	27,668	5%		39,000	7%	
<b>Second generation</b>						
Turkey						
0-3 years	27,756	5%		28,000	5%	

4-11 years	51,607	10%		54,000	10%	
12-17 years	25,045	5%		29,000	5%	
Morocco						
0-3 years	25,750	5%		29,000	5%	
4-11 years	44,340	9%		47,000	8%	
12-17 years	22,873	4%		26,000	5%	
Suriname						
0-3 years	18,514	4%		19,000	3%	
4-11 years	37,997	7%		38,000	7%	
12-17 years	26,777	5%		28,000	5%	
Neth. Antilles/Aruba						
0-3 years	6,857	1%		8,000	1%	
4-11 years	12,459	2%		13,000	2%	
12-17 years	6,389	1%		1,000	0%	
Other non-western						
0-3 years	38,390	7%		44,000	8%	
4-11 years	44,988	9%		51,000	9%	
12-17 years	18,848	4%		27,000	5%	

(Source: copyright © Statistics Netherlands, Voorburg 2003)

2.

### a) education

Education expenditure by the Ministry of Education, Culture and Science (i.e. total spending minus expenditure on student finance, research and culture) totalled €16.4 billion in 2001, and €17.5 billion in 2002.

Spending on primary education (children aged 4 to 12) totalled 6,267 million (equivalent to 1.46% of GDP) in 2001 and 6,827.4 million (1.53% of GDP) in 2002.

Spending on secondary education totalled 4,658.1 million (equivalent to 1.08% of GDP) in 2001 and 4,928.8 million (1.11% of GDP) in 2002.

Total education expenditure (excluding expenditure on student finance, research and culture) amounted to 3.8% of GDP in 2001, and 3.9% of GDP in 2002.

The Ministry's total expenditure in the field (including student finance and research, but excluding culture) increased from 4.6% of GDP in 1998 to 4.9% in 2002.

In 1999, 94% of the funding of primary and secondary education institutions was from the public purse and 6% was private. For tertiary education the figures were 78% public and 22% private.

#### **b) child care services**

No budgetary data available.

#### **c) health care**

On 1 January 2003, the control of all special health care services for children was placed in the hands of the municipalities. Apart from a small proportion financed under the Exceptional Medical Expenses Act (*Algemene wet bijzondere ziektekosten*), they are henceforth to be financed via the Municipalities Fund and special-purpose central government funding programmes set up on a temporary or permanent basis. In 2001 the total estimated cost of such services was €285 million (€154 million for children aged 0-4 and €73 million for those aged 4-19). These figures exclude the cost of the state vaccination programme (€42 million) and the cost of the Provisional Early Identification Scheme (€16 million).

Table: Estimated costs of special health care services for children in 2001: total cost, cost per child up to the age of 19 and average cost per child per year (Van Leerdam, 2002)

Total cost (€ million)	Number of children (aged 0-19) (million)	Cost per child aged 0-19 (€)	Cost per child per year
285	4	1,425	71

(Source: Nijboer C (NIGZ), Pos SE (NIGZ). Hoeveel geld is er beschikbaar en hoe wordt het verdeeld? In: Volksgezondheid Toekomst Verkenning, Nationaal Kompas Volksgezondheid. Bilthoven: RIVM)

Cost of health care in the Netherlands in 1999 (in € million)

Age	Male	Female	Total	%
0 years	314.8	266.4	581.2	1.6
1-14 years	1,274.9	968.5	2,243.3	6.2
15-24 years	987.0	1,134.4	2,121.4	5.9

(Source: © RIVM, Polder JJ, Takken, J, Meerding WJ, Kommer GJ, Stokx LJ, Kosten van ziekten in Nederland, 2002)

**d) programmes and services for children with disabilities**

No budgetary data available.

**e) support programmes for families**

Youth policy in the Netherlands is decentralised. This means that municipalities are responsible for deciding and implementing policies and for allocating funding to family support programmes. However, the Ministry of Health, Welfare and Sport and the Ministry of Justice are running a number of joint pilot schemes, like the Communities that Care programme that is being field-tested in a number of municipalities (2003: €1,008,643) and the **Tegendraads** project.

**f) support for children below the poverty line**

No budgetary data available.

**g) the protection of children who are in need of alternative care including the support of care institutions**

€356,361,000 was spent on residential and foster care in 2001.

**h) programmes and activities for the prevention of and protection from child abuse, child sexual exploitation and child labour**

Since 1 January 2000, each of the provinces has been operating a single Advice and Reporting Centre for Child Abuse and Neglect (ARCAN).

Extra resources ARCAN (\* €100,000)

	2000	2001	2002 on
Multi-year agreements	1.7	2.2	2.3
Special-purpose grant	7.3	7.2	7.3
Autonomous	0.2	0.2	0.1
Total	9.2	9.6	9.7

**i) juvenile justice**

No budgetary data available.

**3a)**

**separated from their parents**

The figures provided here are based on the numbers of children who were the subject of care orders.

In 2000, this applied to 5,918 children aged 0-11 and 7,856 children aged 12-17.

In 2001, the equivalent figures were 5,927 and 7,782.

In 2002, they were 5,713 and 7,895.

**3 b)**

**placed in institutions**

The figures for children placed in institutions are based on the number of minors placed in youth protection and custody institutions under criminal or civil law. The total figure for 1999 was 4,136. In 2000 it rose to 4,339 and in 2001 fell again to 4,021.

**3 c)**

**placed with foster families**

Number of children placed in foster care: 7,879 (2001), 7,800 (2002) and 8,056 (2003).

**3 d)**

**adopted domestically or through inter-country adoptions**



adopted domestically

The total number of children offered for adoption in the Netherlands is around 37 per year.

inter-country adoptions

The numbers of children brought into the country for adoption were 1,193 in 2000, 1,122 in 2001, and 1,130 in 2002.

4.

#### **children with disabilities**

##### **a) living with their families**

Figures for 2001, given in the 2002 report by the Social and Cultural Planning Office, were:

Physical disabilities

(aged 6-19)	absolute
moderate/serious	54,000

Mental disabilities

(aged 4-9)

- slight	2,700 boys	2,300 girls	total 5,000
- moderate/serious	3,500 boys	2,500 girls	total 6,000

Mental disabilities

(aged 10-19)

- slight	8,100 boys	4,800 girls	total 12,900
- moderate/serious	4,800 boys	3,500 girls	total 8,300

Total number of children with disabilities: circa 86,000

Living with parents: almost 80,000 (92%)

##### **b) in institutions**

Total number of children with disabilities: around 86,000

Living in institutions: around 6,750 (8%)

**c) and d)**

**numbers of children attending regular schools and special schools**

Special education is designed to cater on the one hand for children with learning and behavioural difficulties and on the other for children with physical or mental disabilities. Special education is provided by special primary schools, special secondary schools and special education “expertise centres”. Special primary education is the largest of these three categories.

The figures below relate to children who attended schools in receipt of extra funding in 2002. They do not include disabled children who were attending mainstream schools and did not require extra resources.

Children attending special primary schools: 33,000 (23,000 boys and 10,000 girls)

Children attending special secondary schools: 19,000 (13,100 boys and 5,900 girls).

Children attending mainstream schools with peripatetic supervision: 8,400 (primary schools) and 3,400 (secondary schools).

There is no data on the number of ethnic minority children among the disabled school population.

**5.**

**Abducted from or to the Netherlands**

In 2000, 34 requests were made to the Netherlands for the return of abducted children. In 2001 the figure was 55 and in 2002 33. The numbers of such requests made by the Netherlands to other countries were: 37 in 2000, 49 in 2001 and 58 in 2002.

**6.**

**number of reported cases of child abuse**

Cases reported to Advice and Reporting Centres for Child Abuse and Neglect (ARCANs), situation on closure of case

	<b>2000 absolute</b>	<b>2000%</b>	<b>2001 absolute</b>	<b>2001%</b>

Case transferred to another agency	2,402	43.3%	2,279	42.6%
Abuse not confirmed	1,111	20.1%	942	17.6%
Reported by ARCAN to the Child Protection Board	688	12.4%	647	12.1%
Transferred to the Child Protection Board	301	5.4%	407	7.6%
Reported to the Board by another individual/agency	187	3.4%	182	3.4%
Abuse ended	415	7.5%	485	9.1%
No abuse	409	7.4%	356	6.7%
Care order	23	0.4%	23	0.4%
Death from abuse	1	0.0%	2	0.0%
Other	8	0.1%	23	0.5%
Total	5,545	100%	5,346	100%

**6 b)**

**number of cases of child abuse reported to the Public Prosecution Service**

The numbers of cases of child abuse reported to the Public Prosecution Service were in 2000: 1,446, in 2001: 1,492, and in 2002:1,304.

**7.**

**annual data on**

**a- enrolment and completion rates in percentages of the relevant group in pre-primary, primary and secondary schools**

**b- number and percentage of drop-outs and repetitions**

**c- ratio of teachers to students**

**a.**

Numbers leaving **secondary education** with school-leaving qualifications:

2000: 161,100 (percentage of total school-leavers: 77%)

2001: 151,600 (percentage of total school-leavers: 75%)

2002: 150,700 (percentage of total school-leavers: 74%)

Total numbers leaving **secondary education** (i.e. with and without school-leaving qualifications):

2000: 200,200

2001: 193,800

2002: 194,000

Since education is compulsory in the Netherlands between the fifth and the seventeenth birthday, enrolment and completion rates for primary education are virtually 100%.

**b.**

The numbers and percentages of children dropping out of fulltime education were: in 2000: 25,600 (13.2%) and in 2001: 27,600 (14.7%).

The percentage of repetitions in secondary education was: in 2000: 6.2% and in 2001: 6.1%.

Since education is compulsory in the Netherlands between the fifth and the seventeenth birthday, it is virtually impossible for children to drop out of primary education. Repetitions in primary education are also virtually unknown.

**c.**

Pupil-teacher ratio in primary education in 1999: 16.6:1 and in 2000: 16.8:1

Pupil-teacher ratio in secondary education in 1999: 17.1:1 and in 2000: 17.1:1

**8.**

**Infant and child mortality**

Infant mortality (death in first year of life): 5 per 1000 live births.

Child mortality (death in first 5 years of life): 6 per 1000 live births.

*(Source: The Official Summary of The State of the World's Children 2003)*

**Early pregnancy**

The major urban areas have seen a recent rise in the number of teenage mothers, mainly among girls with an ethnic minority background.

(Source: Beets GCN (NIDI), Poppel FWA van (NIDI). *Zijn er in Nederland verschillen naar regio? In: Volksgezondheid Toekomst Verkenning, Nationaal Kompas Volksgezondheid*)

### Sexually transmitted diseases (STD)

The figures below are derived from sample surveys in 39 (2000 and 2001) and 37 municipal health services and two hospital STD clinics.

Diagnoses	2000			2001			2002		
	Male	female	total*	Male	female	total*	male	female	total*
Gonorrhoea	320	86	410	401	138	543	472	185	663
Chlamydia	547	580	1,131	696	867	1,578	831	996	1,847
Syphilis (primary and secondary)	20	8	28	71	23	95	137	25	164
HIV positive	40	15	45	46	15	61	94	35	129
Genital warts	382	335	720	496	345	843	546	396	947
HSV	98	86	186	126	144	270	131	147	280
<b>TOTAL</b>	<b>1,407</b>	<b>1,110</b>	<b>2,521</b>	<b>1,835</b>	<b>1,532</b>	<b>3,390</b>	<b>2,211</b>	<b>1,784</b>	<b>4,030</b>
*inclusive gender unknown									

  

Consultations	2000			2001			2002		
	male	female	total*	Male	female	total*	male	female	total*
STD test	4,193	4,467	8,722	5,063	5,947	11,103	5,411	5,677	11,202
HIV test	1,543	1,162	2,739	1,520	1,244	2,784	1,441	1,141	2,615
Both (STD + HIV)	1,981	2,209	4,208	3,079	3,130	6,249	4,599	4,876	9,536
<b>TOTAL</b>	<b>7,717</b>	<b>7,838</b>	<b>1,5669</b>	<b>9,662</b>	<b>1,0321</b>	<b>20,136</b>	<b>11,451</b>	<b>11,694</b>	<b>23,353</b>
*inclusive									

gender unknown									
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### Youth suicide

Average deaths (per 100,000 and absolute) as a result of self-inflicted injuries (including suicide) per year in the 1997-1999 period, by age and gender

Age	Deaths per 100,000		Absolute number of deaths	
	Male	Female	Male	Female
0-4	-	-	-	-
5-14	1	0	10	<10
14-24	10	4	90	40
Total	11	4	100	<50

(Source: CBS Doodsoorzakenstatistiek 1997-1999)

The figures for the 2001-2003 period are not yet available, but are not expected to be significantly different.

### Drugs

Drug use (in %) in the Netherlands: results of a general population survey (2001)

	Life time prevalence*		Last month prevalence**	
	12-15 years	16-19 years	12-15 years	16-19 years
Cannabis	5.9	28.4	2.2	8.6
Cocaine	0.1	2.7	0.1	0.9
Heroin	0.0	0.1	0.0	0.0
Ecstasy	0.5	5.5	0.2	1.6
Amphetamines	0.2	3.9	0.2	0.7

\*at least once in their lives

\*\* at least once in the preceding 30 days

(Source: Abraham MD et al. Licit and illicit drug use in the Netherlands 2001.

Amsterdam, CEDRO, 2002)

## Alcohol

- By the final year of primary education (age 11-12), one in three children have had some experience of alcohol; in secondary education (age 12-17), the figure rises to two in three. Of 16-19 age group, 92% have drunk alcohol at least once in their lives and this rises to 96% of those aged 20-24 (figures for 2001).
- In the final year of primary education, almost one in ten children have drunk alcohol in the preceding month, while in secondary education (children aged 12-17) the figure is over 4 in 10. Current use figures are 78% for the 16-19 age group and 80% for the 20-24 age group (figures for 2001).
- In primary education, the average amount consumed on each occasion is 1.5 glasses, and in secondary education 5 glasses (current users). For Saturday night drinking, average consumption is 4.6 glasses among males aged 15-25 and 2.5 glasses among females in that age group (figures for 2002).

## Tobacco use in the Netherlands

### Prevalence of non-smoking

In 2002, 69% of the adult population (aged 15 and over) were non-smokers (66% of the males and 72% of the females). The prevalence of non-smoking amongst young people (aged 10-19) was 72% (71% of the males and 74% of the females).

The table below shows that most young smokers acquire the habit after leaving primary school (Annual report, STIVORO for a smoke free future, 2002).

### Percentage of non-smokers (aged 10-19) in 2002

Age	Males	Females
10-12	95	98
13-14	79	78
15-16	55	56
17-19	53	56

### Children and passive smoking

Many children do not smoke themselves but suffer from passive smoking. In 1997 almost half (48%) of all children under the age of 5 were exposed to tobacco smoke. By 2000 the proportion had fallen to 35%. (Source: Hofhuis W, Merkus PJFM, De Jongste

*JC. Nadelige effecten van passief roken op het (ongeboren) kind. Ned Tijdschr Geneeskde 2002; 146: 356-9).* In the same report, the researchers mention that smoking in the presence of infants was still very common (57%).

A survey of respiratory complaints has shown that about 45% of all children aged 7-13 are exposed to tobacco smoke in the home.

*(Source: Aarts FJH, Van Vliet PHN, Janssen NAH, e.a. Nader onderzoek naar effecten van verkeersgerelateerde luchtverontreiniging op de luchtwegen van kinderen wonend nabij snelwegen. Wageningen: Afdeling Gezondheidsleer, 1999)*

### **Staffing trends in the care sector (annual averages) and average annual growth**

Area	2001	2002	Av. annual growth (in %)
Hospital	217,408	222,670	2.20%
Specialists (self-employed)	8,500	8,600	1.50%
Rehabilitation centres	8,200	8,500	4.60%
Mental health services	59,634	59,000	1.00%
Services for disabled	114,244	119,200	5.10%
Geriatric services	213,930	221,200	2.80%
Home-care	182,385	182,647	1.50%
Non-residential	60,901	62,000	1.10%
Pharmaceutical services	15,106	15,800	3.30%
<b>Total</b>	<b>880,308</b>	<b>899,617</b>	<b>2.30%</b>

*(Sources: Prismant, CBS, NVBW, SOMMA, VGN, VRIN, Nivel, NMT, KNMP)*

## **9.**

### **data on children infected or affected by AIDS/HIV**

The figures given below are based on sample surveys in a number of municipal health services and hospital clinics.



Table: HIV-infected children in the Netherlands

HIV-infected children in the Netherlands.	
1982	1
1983	1
1984	0
1985	11
1986	1
1987	5
1988	3
1989	4
1990	7
1991	10
1992	2
1993	10
1994	12
1995	12
1996	16
1997	15
1998	18
1999	15
2000	11
2001	20
2002	23
2003*	12
total	209

Table: Transmission route

		Country of origin of parents	
	transmission route		2000-2001      2002-2003

Mother to child	143		Netherlands/European	0	1			
Haemophilia	12		HIV-endemic area	19	31			
Blood (products)	18		Other	3	2			
Surgery	2							
Sexual contact/abuse	12							
Unknown	22							
Total	209							
Age was only available for 80 children and is therefore not reported								
70% of the children are between 0-6 years at time of HIV diagnosis								

Table: Reasons for testing the child

	Reasons for testing the child		
	up to Nov. 2003		
Child has symptoms of HIV infection	94		
Mother or both parents are HIV+	70		
Other relative is HIV+	5		
Tested after treatment for haemophilia	8		
Screening 'tropics'	3		
Unknown	29		
Total	209		
* data for 2003 reported up to Nov. 2003			
Please note: due to changes in the registration system, data may be incomplete.			

(Source: NSCK, Nederlands signaleringscentrum kindergeneeskunde)

Children infected with HIV are few in number and therefore cause no specific problems. Special schools are available in the Netherlands for seriously ill children, but effective treatment means that most children with HIV can attend mainstream schools. HIV/Aids is generally well accepted by other children and teachers.

***Vertical transmission is prevented by offering HIV tests to all pregnant women in the Netherlands. Until the end of 2003, all pregnant women known to have been at risk are being invited to take an HIV test. This is already proving very effective: the number of children born with HIV is very small. Beginning in January 2004, HIV screening will be offered to all pregnant women in the Netherlands on an 'opt-out' basis. The midwife or obstetrician will routinely offer the HIV test together with other tests, such as syphilis and hepatitis B. The pregnant woman will be able to opt out of any or all of the tests on offer. Special attention is given to good counselling, which includes providing information on the disadvantages as well as the advantages of taking an HIV test. This ensures that women can make an informed choice on whether or not to be tested. When tested positive, mother and child receive all necessary health care, both before and after birth.***

**10 a)**

**number of minors reported to the police for alleged offences**

The figures for HALT assignments (given to children over 12) were: in 2000: 20,732; in 2001: 18,056 and in 2002: 19,363.

For "Stop" assignments (given to children under 12) the figures were: in 2001: 1,639; in 2002: 1,953.

**10 b)**

**Type of punishment or sanctions related to offences**

In 2000, 4,300 minors were fined and 11,764 received an alternative sanction.

In 2001, the figures were 3,406 and 12,826.

In 2002, they were 3,793 and 17,156.

**10 c)**

**Persons under the age of 18 who have been tried as adults**

Cases in which juvenile criminal law was applied: in 2000: 8,545; in 2001: 8,326; in 2002: 9,432.

Cases in which adult criminal law was applied: in 2000: 170; in 2001: 206; in 2002: 204 (in which the defendant was aged 18 or over on the date when judgment was pronounced in 146, 174 and 173 cases).

**10 d)**

**capacity of detention facilities**

Total usable capacity in young offenders' institutions (both detention and treatment centres) was 1,624 places in 1999 and 1,815 in 2000.

**10 e)**

**persons under 18 who have been tried as adults**

No figures available.

**10 f)**

**minors kept in pre-trial detention**

Numbers of minors in detention centres were in 2000: 541, in 2001: 686, and in 2002: 771. Numbers in treatment centres were in 2000: 755, in 2001 785, and in 2002: 838.

Disaggregated by gender: in 2000 there were 66 girls and 474 boys in detention centres and 264 girls and 492 boys in treatment centres.

The corresponding figures for 2001 were 102 girls and 584 boys in detention centres and 291 girls and 495 boys in treatment centres.

In 2002 the numbers were 139 girls and 632 boys in detention centres and 314 girls and 524 boys in treatment centres.

**11a and b)**

data on the number of children involved in sexual exploitation, including prostitution and pornography

Cases reported to the Public Prosecution Service: in 2000: 155; in 2001: 167, and in 2002: 213.

**11c)**

**Number of unaccompanied minors and asylum-seeking and refugee children**

The numbers of unaccompanied minor asylum-seekers recorded by the Immigration and Naturalisation Service (IND) were in 2000: 6,705, in 2001: 5,951, and in 2002: 3,232.

The total numbers of asylum-seekers were in 2000: 44,540, in 2001: 32,579, and in 2002: 18,667. Of these, 30% were children.

## **B. General Measures of Implementation**

1.

With respect to Recommendation 8 (human rights education), see the second periodic report, paragraphs 225 to 227 (inclusive).

With respect to Recommendation 9:

As reported in paragraph 11 of the second periodic report, a consultative group has been established with representatives from ministries and NGOs. NGOs were given the opportunity to study the draft of second periodic report and to comment on it. Likewise, the NGOs involved the ministries in the drafting of the shadow report.

With respect to Recommendation 18 (female genital mutilation), the report indicates in paragraph 125 that the Recommendation has been followed so far as public information measures are concerned.

In 2001, the Minister of Justice wrote to the House of Representatives identifying the problems involved in preventing and combating genital mutilation. Because of the taboos surrounding the subject in the countries of origin of the ethnicities concerned and (to an even greater extent) in the Netherlands, no facts and figures are available. This situation is not unique to the Netherlands, but obtains in many other European countries. For this reason, the Ministry of Social Affairs and Employment commissioned a study in the autumn of 2002. The aim of the research is to investigate the problem that parents from a number of countries and cultural backgrounds have their daughters circumcised in the country of origin or in some other country where female circumcision is a traditional custom and therefore not an offence.

The study, entitled *Strategieën ter voorkoming van besnijdenis bij meisjes, Inventarisatie en aanbevelingen* ('Strategies for preventing female circumcision, Inventory and recommendations'), was completed in October 2003. The Minister of Social Affairs and Employment intends to propose that the Government should produce a response to the report's recommendations and present it to the House of Representatives without delay.

**2.**

As already mentioned in previous reports, the Dutch Government believes that the rights of children under the age of 18 to social security are sufficiently safeguarded through the provision of financial assistance to their parent or parents under the relevant legislation. There is no intention to replace these parental rights to assistance by an independent right to social security for children themselves. The Dutch reservation to article 26 of the Convention will therefore be maintained. Nor is the Netherlands considering withdrawing its reservation to articles 37 and 40.

**3.**

See the answers provided by Aruba.

**4.**

**efforts to coordinate policies for children and the implementation of the Convention**

Problems relating to young people seldom fit neatly within a single area of policy, but tend to cut across policy fields. It is important to identify problems in children's development at an early stage. But this alone is not sufficient. There also needs to be close cooperation between the parties involved in tackling those problems: central government departments, other tiers of government and other institutions. The Government wishes to help ensure such joined-up thinking at both the policy and the practical level. The Coalition Agreement states that "Children and families must not fall between two stools as a result of failures of communication between different ministries, tiers of government or youth care institutions".

Better coordination of planning at central government level will have consequences for the work of the local and provincial authorities. The change heralds a new era in Dutch youth policy (performance-based assessment, early prevention, firm action when problems arise and a stress on proper standards of behaviour). The new, integrated youth policies are reflected in the Youth Agenda, which offers the means to achieve new policy initiatives in this field and a framework that should prove self-learning in consultation with all the parties involved.

To implement these new youth policies and improve the situation of young people in the Netherlands, the relevant ministries have joined forces in *Operatie Jong* (Operation Young People) and are liaising with a range of other parties (other tiers of government, civil society organisations and institutions).

Following the agreements made in New York at the 2002 UN General Assembly Special session (UNGASS) on Children, the Dutch Government is currently engaged in drawing up a National Plan of Action with the assistance of the Dutch NGOs.

5.

**additional information on data collection mechanisms**

The mechanism for collecting data relating to youth policy in the Netherlands is the national youth monitor (*Landelijke Jeugdmonitor*). The purpose of this instrument is to monitor the effects of preventive, curative and repressive youth policies on an ongoing basis and to use the results to ensure the necessary information provision. The processed data are published once every three years.

6.

**additional information on the complaints mechanisms available and accessible to children**

The Youth Care Act (*Wet op de jeugdzorg*) prescribes that every care provider/regional youth care office must have an independent committee to which clients can take their complaints. The complaints committees are answerable via their annual reports both to the provincial authorities and to the client council of the care provider/youth care office concerned. The right of complaint guarantees the “right to an answer”. In 2001, a private member’s bill was tabled in the House of Representatives proposing the appointment of a children’s ombudsman. This is now awaiting consideration by the House.

**Part II**

The Dutch-language text of the Convention will be sent to you in electronic form. The Convention has not been translated into Frisian.



## Part III (New developments)

### Current youth policies

In 2002, the Dutch Government launched “**Operation Young People**” with the aim of improving the situation of young people in the Netherlands. The Government wishes to achieve this by:

- Investing in the young. In its Coalition Agreement entitled “**Commitment, Employment, Deregulation**”, the Government earmarked €100 million for youth care/prevention, €100 million for organised childcare and €800 million for education and research;
- More joinedup thinking at both the policy and the practical level. As the Coalition Agreement states, “Children and families must not fall between two stools as a result of failures of communication between different ministries, tiers of government or youth care institutions”.
- Meeting specific numerical performance targets over the next few years, including:
  - cutting the number of early school-leavers by 30% between now and 2006
  - halving the number of early school-leavers by 2010
  - reducing educational disadvantage among 2 to 6-year-olds by giving half of them access to special early years language development programmes
  - reducing underperformance in language skills among disadvantaged pupils by 25%.

In the course of the operation, the Government will also set concrete performance targets in a number of other areas. These will include: reducing juvenile crime, strengthening the vital role of education, promoting social integration, delivering the right to youth care, taking effective action to combat domestic violence and strengthening prevention.

On 24 June 2003, the House of Representatives approved the **Youth Care Act** (*Wet op de Jeugdzorg*). At the time of writing it is unclear when the Act can enter into force. This will depend on the speed of its passage through the Senate.

In the past, requests for youth care services were assessed by a number of different bodies. Parents and children were often uncertain where to seek help with their problems. To complicate matters further, these bodies frequently referred requests for help onward to individual facilities under their control or in their own sector. As a result, young people often failed to obtain the help they needed. To remedy this situation, it has been decided to establish an independent **Youth Care Office**.

### **Action on juvenile crime**

On 13 December 2002, a policy document entitled 'Youth on Trial' (*Jeugd terecht*) was presented to the House of Representatives. It outlined a programme of action for tackling juvenile crime. The term 'juvenile crime' refers to the actions of a relatively small group of persistent offenders.

The Government is strongly in favour of a policy that takes account of the differences in the nature and seriousness of risk factors among young people. Youth care and law enforcement are complementary and indivisible elements of its approach. Effective youth care will keep vulnerable youngsters off the slippery slope to a career in crime, while effective policing and law enforcement will make it clear to young people threatening to become delinquent that they have to work at improving their behaviour and seize the opportunities offered to them by the education system, the labour market, social services and other agencies. Joined-up thinking and closer cooperation between agencies on the ground can increase the effectiveness both of intervention in individual cases and of the overall approach.

### **Review of funding policy**

The new Government envisages a redistribution of responsibilities in the care and welfare sector. Institutions will be expected to take greater responsibility for the quality and efficiency of their services. Municipalities will be given a greater part to play in the care and welfare of particular target groups. Members of the community will have to take more responsibility for themselves. The role of central government will be reduced. This

redistribution of responsibilities is expected to make care and welfare services more cost-efficient and to ensure that they remain economically sustainable in the future. The funding policy of the Ministry of Health, Welfare and Sport will be reviewed with this in mind.

### **Other new developments**

### **III D Respect for the child's opinion (art. 12)**

The Dutch delegation to the 2002 UN General Assembly Special Session (UNGASS) on Children included a child. The leader of the delegation gave the child delegate half of the speaking time allocated to the Netherlands in the plenary session.

### **V C Separation from parents (art. 9)**

A major re-engineering of the family supervision agencies was launched in 2002. Pilots are being run to see whether new approaches will produce better results.

The advice of relevant specialist bodies has been sought with a view to changing the law on parental access to children. The main aim of the exercise is to ensure that a plan is made prior to divorce settling the arrangements for parental access to the children.

### **V I Domestic violence, sexual abuse of children and neglect (art. 19)**

#### **Action on domestic violence**

Recent research has shown that each year around 100,000 children in the Netherlands witness domestic violence between their parents and that 40% of them are at serious risk of developing behavioural or other problems as a result. A project on the prevention and combating of domestic violence was run in the period between October 2000 and the beginning of April 2001. It involved representatives of five ministries (Justice; Interior & Kingdom Relations; Health, Welfare & Sport; Social Affairs & Employment; and Education, Culture & Science), the Association of Netherlands Municipalities, the police, the Public Prosecution Service and more than sixty organisations and individual experts in the social services, care, probation work and education fields. Together, they identified the action already being taken to combat domestic violence and devised new

measures to address the problem. These measures are described in a Government policy document entitled 'Private Violence – A Public Issue' (*Privé Geweld – Publieke Zaak*) which was presented to the House of Representatives in April 2002 and will serve as the basis for action over the next few years (until the end of 2006).

A similar study is now being conducted into domestic violence in ethnic minority communities.

## **VI B Health and health care (art. 24)**

### **Cooperation with developing countries**

Action to combat HIV/AIDS is now a yet higher priority for the Netherlands. As a result of the intensification of policy to combat AIDS, TB and malaria, expenditure in 2007 will be double what it was in 2002, in line with the Terpstra/Koenders motion (total estimated expenditure approx. €275 million).

The Netherlands continues to be one of the biggest donors in the field of sexual and reproductive health. In 2002, the country was the largest donor to UNFPA.

## **VI D Childcare (art. 18, para. 3)**

### **Childcare provision**

On 1 December 2001, the Work and Care Act (*Wet arbeid en zorg*) entered into force. This new legislation provides for a number of leave entitlements which will allow workers temporarily to adjust their working hours to take account of their current family responsibilities. The Act combines and streamlines the existing leave arrangements (such as parental leave) and two new types of leave (adoption leave and flexible carers' leave).

### **The Basic Childcare Provision Act (*Wet basisvoorziening kinderopvang*)**

Work is proceeding on new legislation, known as the Basic Childcare Provision Bill, designed to improve the childcare system. If parliament approves the Bill, the new Act will enter into force in January 2005. The draft legislation is based on two major

principles: the financial burden of childcare is to be *shared* between parents, employers and government, and the new legislation is to regulate the quality and supervision of childcare services. The aim is to make it easier for parents to combine paid work and family responsibilities.

The overall norm set by the Basic Childcare Provision Act will be that childcare services must contribute to the normal, healthy development of children in a safe and secure environment. This *overall norm* will be supplemented by specific rules in the form of *national regulations*. Such regulations are more flexible than formal legislation and can respond more readily to changes in society. The new Act will make the municipal executive responsible for supervising compliance with national uniform quality criteria. The practical supervision of the quality of the childcare centres and childminding agencies will be in the hands of the municipal health departments.

### **Single parent's tax credit**

In 2001, special basic and supplementary single parent's tax credits were introduced via a special tax plan. These tax credits create a fiscal incentive for single parents to find employment.

Under current legislation, single parents with children under the age of 5 are not obliged to look for work. In 2002, the level of labour market participation among single parents proved to have risen to 51% .

On 1 January 2004, the Work and Social Assistance Act (*Wet Werk en Bijstand*) will enter into force, replacing the present Social Assistance Act (*Algemene Bijstandswet*). Under the new legislation, single parents with children under the age of 5 will also be obliged to look for work.

## **VII Education (art. 28)**

### **Preventing dropout**

New legislation (the *Wet op de Regionale Meld- en Coördinatiefunctie*) which entered into force in 2001 makes it compulsory for young people under the age of 23 to report to

the local municipality if they drop out of education without gaining basic qualifications to enter the labour market. Note that this applies even to young people over compulsory school age (5 – 16 inclusive). In addition, the new Act divides up the country into 39 regions. Within each region, a single municipality is to be responsible for the coordination of action to enforce compulsory school attendance.

### **Safe schools and the Convention on the Rights of the Child**

Considerable advances have been made in the last few years. The taboo on talking about threats to safety in schools has been broken, partly by the 'Safe School' campaign, and safety in schools is now widely discussed. Over the period, the Ministry of Education, Culture and Science has directed its efforts to ensuring that schools are better equipped to deal with the issues internally.

The Education Inspection Act (*Wet op het onderwijstoezicht*) now includes a provision enabling serious forms of physical violence and mental abuse (bullying) to be reported to confidential inspectors, so that they can exert pressure on schools to improve the way they tackle such problems.

Since mid-1999, staff who have reason to suspect that a sexual offence has been committed are under an obligation to report this to the school's competent authority, which then immediately consults the confidential inspector. If the suspicion appears to be well-founded, the competent authority has a duty to report the matter officially to the police.

Since 2002, the Education Inspectorate has had a statutory duty to consider the educational climate of the schools it inspects and the confidential inspectors have been offering support not only to victims of sexual harassment or abuse, but also to children subjected to physical violence or mental abuse (bullying).

### **Cooperation with developing countries in the field of education**

Priority was already given to basic education within Dutch development policy, but in the 2001-2003 period this has been further increased. The Minister for Development Cooperation has given a commitment to strive to raise the proportion of the development cooperation budget devoted to basic education to 15% within the Government's current period in office (which runs to 2007). In recent years, the proportion has increased from 1.9% in 1998 to an estimated 5.5% in 2003.

## **VIII A**

### **1. Refugee children (arts. 22 and 39)**

In November 2002, a pilot project was launched at a centre in Vught with the aim of promoting the return of minors to their countries of origin and preparing them for that event. The pilot involves the creation of a "campus" in which specific rules and standards of behaviour are enforced. The centre runs an intensive full-time programme of organised activities designed to prepare the children for return to the country of origin by developing transcultural competence. If there is no one to care for them in their countries of origin, the children are prepared instead for integration into Dutch society. In any case, the children attend school and are prepared for life in the Netherlands.

### **2. Children in armed conflict (art. 38)**

In early 2004, the Dutch Government plans to table draft amendments to the Military Personnel Act (*Militaire Ambtenarenwet*). Basically, these will set the minimum age for joining the Dutch armed forces at 17 and provide that 17-year-old recruits are to be regarded as trainees and not deployed for full military duties until they reach the age of 18.

## **VIII B. Children in conflict with the law (art. 37b, c and d and art. 40)**

On 13 December 2002, a policy document entitled 'Youth on Trial' (*Jeugd terecht*) was presented to the House of Representatives. This outlined a programme of action for tackling juvenile crime. (See above under "Current youth policies".)

### **VIII C 1 Economic exploitation of children, including child labour (art. 32)**

In February 2002, the Netherlands ratified ILO Convention No. 182 on the immediate elimination of the worst forms of child labour. Dutch national legislation was already largely in line with this Convention. For example, when the ban on brothels was repealed in 1 October 2000, the exploitation of child prostitutes remained an offence and a new offence of performing sexual acts with underage prostitutes aged 16 and 17 was created. Partly in order to implement article 3b of the Convention concerning the meaning of the term “worst forms of child labour”, the sexual offences legislation has been amended by raising to 18 years the age limit given in article 240b of the Criminal Code for using, procuring or offering a person under 18 for prostitution or for the production of pornography or pornographic images (including virtual images), and by inserting into article 250a a new offence of exploiting minors for pornographic performances.

Dutch development cooperation policy is being actively used to eliminate child labour. For example, efforts are being made to combat the worst forms of child labour via partnership programmes with the ILO (2002-2005) and UNICEF (2001-2003). In addition, an increasing emphasis is being placed on the relationship between child labour and education in bilateral and multilateral cooperation (with ILO, UNICEF and UNESCO), and in programmes with national and international NGOs.

In February 2002, the Netherlands organised an international conference on child labour: *Combating child labour – Building alliances against hazardous work*. The event was attended by people representing governments, the social partners, labour inspectorates, international organisations and NGOs from over forty countries.

In 2002 a special help desk for young people (*Jongerenloket*) was opened on the Ministry of Social Affairs and Employment website ([www.minszw.nl](http://www.minszw.nl)). They can visit it to find information about work (holiday jobs, minimum wages and tax) and also about the kind of work they are legally permitted to do at various ages. The website also offers them the chance to put questions to the Minister of Social Affairs and Employment.

### **VIII D Minority language and cultural teaching (art. 30)**



Since the introduction of the Minority Language Teaching Act (*Wet Onderwijs in Allochtone Levende Talen*), there has been a heated debate on this subject in the Netherlands. Opinion is particularly divided concerning the need to provide minority language teaching to alleviate educational underperformance by ethnic minority children. The Government has decided to repeal the Minority Language Teaching Act with effect from 1 August 2004.



***List of issues to be taken up in connection with the consideration of the initial report of Aruba***

**A. Data and statistics**

**1. Number of children under 18 living in Aruba (2000,2001,2002)**

age	Year-end population 2000			Year-end population 2001			Year-end population 2002		
	male	female	total	male	female	total	male	female	total
0	718	675	1393	647	628	1275	574	583	1157
1	684	672	1355	725	670	1395	645	625	1270
2	690	697	1387	681	674	1354	721	664	1385
3	768	699	1467	682	708	1390	684	671	1355
4	726	700	1426	760	701	1461	689	706	1395
5	759	715	1474	721	705	1426	768	698	1466
6	726	696	1422	755	729	1485	725	709	1434
7	721	729	1450	730	698	1429	759	739	1498
8	736	720	1456	724	728	1452	741	702	1443
9	700	688	1388	738	717	1455	726	731	1456

10	696	677	1374	705	688	1393	737	727	1464
11	738	738	1476	698	686	1384	707	693	1400
12	669	660	1329	739	745	1484	698	688	1386
13	637	663	1300	672	660	1332	741	750	1491
14	665	649	1314	640	661	1301	675	663	1337
15	659	695	1353	668	654	1322	641	662	1303
16	635	664	1299	657	704	1361	670	654	1324
17	630	630	1260	631	666	1298	654	698	1351
18	590	580	1170	621	609	1230	609	634	1243
Total pop.	43,708	47,355	91064	44,350	48,286	92,637	44,909	49,013	93,922

### 3. Children deprived of a family environment and separated from their parents

Year **2000** (unaggregated):

Separated from their parents: 101 children  
 Placed in institutions: 59 children  
 Placed in foster families: 32 children  
 There is no record of placement for the rest  
 Adopted in Aruba or through inter-country adoptions: none

Year **2001** (unaggregated):

Separated from their parents: 96 children  
 Placed in institutions: 59 children  
 Placed in foster families: 29 children  
 There is no record of placement for the rest  
 Adopted in Aruba or through inter-country adoptions: 5 children

Year **2002** (unaggregated):

Separated from their parents: 76 children  
 Placed in institutions: 63 children  
 Placed in foster families: 8 children  
 The rest have not been accounted for  
 Adopted in Aruba or through inter-country adoptions: 3 children

### 6. Data on child abuse

#### a. Number of reports received:

Unfortunately, the request for specific data on child abuse other than that already included in Aruba's report to the Committee cannot be complied with. Integrated figures on child abuse, classified according to gravity of the offence, age, sex, origin etc are as

yet unavailable in Aruba. We are however aware of the urgent need for further research. In particular, setting up a Child Abuse Counselling Centre could be of great benefit.

**b. Number of reports that have resulted in a court decision**

Year 2000 (unaggregated)

Number of incoming reports: not registered

Number of reports that have resulted in a court decision: 39

Number of reports that have resulted in a public prosecutor's decision: 26

Year 2001 (unaggregated)

Number of incoming reports: not registered

Number of reports that have resulted in a court decision: 42

Number of reports that have resulted in a public prosecutor's decision: 45

Year 2002 (unaggregated)

Number of incoming reports: not registered

Number of reports that have resulted in a court decision: 39

Number of reports that have resulted in a public prosecutor's decision: 27

## 7. Data on education:

Region Country or territory	Survival rate to grade 4					Survival rate to grade 5						Gross intake rate in last grade of primary (ISCED 1)						
	1998/1999 to 1999/2000			1999/2000 to 2000/2001		1998/1999 to 1999/2000			1999/2000 to 2000/2001			1999/2000			2000/2001			
Aruba	M	M	F	M	M	F	M	M	F	MF	M	F	MF	M	F	MF	M	F
		97	98	97	97	94	100	97	97	96	98	96	100	97	97	96	94	89

Source: Global Education Digest 2003/ UNESCO

### 7.b.

Data on drop-out rates in 2000 (M /F /M+F):

primary education:	6 % /5 % /6 %
lower vocational education:	14% /8% /12%
MAVO <sup>1</sup>	8% /7% /8%
HAVO <sup>2</sup>	10% / 8% /9%
VWO <sup>3</sup>	5% /4% /5%
EPI <sup>4</sup>	23% /18% /20%

data on years repeated in 2000 (M/F/M+F):

primary education:	10% /8% /8%
lower vocational education:	8% /4% /7%
MAVO	16% /13% /14%
HAVO	17% /14% /15%
VWO	9% /8% /8%
EPI	11% /7% /9%

### 7.c.

ratio of teachers to students

2000: 18.1; 2001: 18; 2002: 17.5

## 8. Public health data

Disaggregated data by sex, age group.

*Data classified according to minority and ethnic groups, urban and rural areas are not available or not applicable to Aruba.*

### **2001 infant and child mortality:**

*(data for 2002 are not yet available)*

<sup>1</sup> Junior general secondary education

<sup>2</sup> Senior general secondary education

<sup>3</sup> Pre-university education

<sup>4</sup> Intermediate vocational education

2001 (absolute numbers)	< 1 y.		1 – 4 y.		5 – 14 y.		15 –24 y.	
Causes of death	♂	♀	♂	♀	♂	♀	♂	♀
Communicable diseases	0	0	0	0	0	0	0	0
Neoplasms	0	0	0	0	0	0	0	0
Diseases of circulatory system	0	0	0	0	0	0	0	0
Certain conditions originating in perinatal period	3	0	0	0	0	0	0	0
External causes: injury and poisoning	1	1	1	2	1	0	3	3
All other diseases	1	0	0	0	0	0	2	1
<b>Total</b>	<b>5</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>5</b>	<b>4</b>

CORE DATA	VALUE	YEAR
Reported infant mortality rate (per 1000 live births)	3.9	2001
Absolute number of infant deaths	5	2001
Neonatal mortality rate (per 1000 live births)	2.3	2001
Post-neonatal mortality rate (per 1000 live births)	1.6	2001
Perinatal mortality rate (per 1000 live births)	6.3	2001
Annual number of registered infant (<1y) deaths due to conditions originating in the perinatal period	3	2001

CORE DATA	VALUE	YEAR
Reported infant mortality rate (per 1000 live births)	1.5	2000
Neonatal mortality rate (per 1000 live births)	1.5	2000
Post-neonatal mortality rate (per 1000 live births)	0	2000
Perinatal mortality rate (per 1000 live births)	4.4	2000
Annual number of registered infant (<1y) deaths due to conditions originating in the perinatal period	1.5	2000

### **Early pregnancy:**

If early pregnancy is defined as teenage pregnancy (<18y) certain data are available other than those already mentioned in the initial report (October 2002, page 52). In 2000 a total of 180 teenagers (<20y) were pregnant. Converted into rate per 1000 population, this means there is an increasing incidence of teenage pregnancies in Aruba (data from 1996-2000: Report on Health in the Americas-Aruba; chapter 2, page 14).

### **Youth suicide**

2000 no suicides among children or young adults (<25y) reported  
2001 no suicides among children or young adults (<25y) reported

### **Drug, alcohol and tobacco use**

(no data for children < 16 years available)

Health research in Aruba 2001:

16-24y.           smokers           6.7%, (non-smokers 93.3%)  
                          alcohol use    42.7%

**Number of health professionals working in the health care services for children**

2002:

General physicians 36  
Paediatricians 6  
School physicians 5  
School nurses 7

**Children infected or affected by HIV/AIDS**

Reported HIV cases by age category 1987 – 2003 (August):

	0 – 4 years	15 – 19 years
Female	8	3
Male	6	0

HIV incidence per 10,000 by age category:

	0 – 4 years	15 – 39 years
2000	1.4	5.4
2001	1.4	1.8
2002	3.0	2.9

## 10. Data on juvenile crime

b.

The data given below relate to the Young First Offenders Programme under which the Public Prosecution Service imposes a penalty on minor first offenders instead of bringing them before the courts.

Year	Number	Age	Offences
2000	12	16; 5	property offences; 12
		17; 4	
		18; 2	
		19; 1	
2001	Young First Offenders Programme not in force		
2002	15	14; 3	property offences; 13
		15; 1	crimes of violence; 1
		16; 3	other; 1
		17; 8	

The following data refer to convictions by the courts.

Year	Number	Age	Men	Women
2000	39	12; 1	39	
<b>Country of origin</b>		14; 2	<b>Offences:</b> property offences crimes of violence sex offences	31 6 2
Aruba	26	15; 1		
Colombia	3	16; 6		
Curacao	2	17; 9		
Dom. Rep.	4	18; 6		
Haiti	1	19; 6		
Netherlands	2	20; 7		
Venezuela	1	21; 1		

Year	Number	Age	Men	Women
2001	44	13; 1	43	1
<b>Country of origin</b>		14; 1	<b>Offences:</b> property offences crimes of violence sex offences narcotics	28 13 1 2
Aruba	31	15; 6		
Bonaire	1	16; 9		
Colombia	5	17; 7		
Dom. Rep.	2	18; 8		
Haiti	1	19; 3		
		20; 4		

Netherlands	2	21; 5	
Venezuela	2		

Year	Number	Age	Men	Women
2002	46	13; 2	41	5
<b>Country of origin</b>		<b>14; 3</b>	<b>Offences:</b>	
Aruba	30	15; 6	property offences	30
Bonaire	1	16; 13	crimes of violence	13
Colombia	1	17; 16	sex offences	2
Curacao	1	18; 6	narcotics	1
Dom. Rep	6		other	1
Jamaica	2			
Netherlands	3			
St. Martin	1			
Venezuela	1			

c. In the last three years one minor was tried as an adult for attempted homicide.

d./e. The Aruban Correctional Institution (KIA), Aruba's only prison, has a wing reserved for young offenders (capacity: 30 detainees). There are ten cells that can each hold three people.

The age limit for young offenders in the KIA is 23. Most of them are there for offences such as robbery with violence. Sentences vary from nine months to three years. There is one young man who received a sentence of 12 years for manslaughter. Another is serving a four-year sentence for attempted homicide.

Most of the prison population come from Latin American countries. There are a number of minors found guilty of transporting drugs who come from Suriname, the United States, Venezuela and the Netherlands.

Female minors are placed in the wing for adult women as the KIA has no separate wing for them. In 2000, 2001 and 2002 three female minors were imprisoned. These are girls between the ages of 13 and 19. The offences concerned were robbery with violence, assault and a contravention of drugs legislation.

There are no male minors in the adult wing.

The aim is to begin construction on a new prison in early July 2004. The young offenders' wing will be built first, after which the age limit will be reduced to 21.

f. Not applicable. Young people are not held in pre-trial detention in the KIA. They are automatically placed in the young offenders wing. After being sentenced, they remain there.



## **B. General Measures of Implementation**

3. Aruba is a party to a number of conventions on the recognition and the enforcement of foreign judgments. It is a signatory to the *Hague Convention of 1958 on the recognition and enforcement of decisions relating to maintenance obligations in respect to children* and the *Convention of 1961 concerning the powers of authorities and the law applicable in respect of the protection of minors*.

With regard to Hague Conventions No. 28 and No. 33, Aruba has indicated that it wishes to extend the application of these Conventions to Aruba. However, the necessary legislation implementing the Conventions needs to pass through parliament first.

4. The national committee on the rights of the child presented the initial report to the Council of Ministers in October 2002. On 20 November 2003 the committee held an informative session for government agencies and non-governmental organisations to publicise the Convention and to discuss its findings following the report. The committee will incorporate recommendations from the organisations in its report to the government.

The period from 2001 to 2005 relates to the present government's term of office. The government stated in its programme what it wishes to achieve during this period in respect of young people. As pointed out in the report, there is no structured youth policy. Ministries, directorates, committees and organisations coordinate and implement sectoral policy in a specific domain. One of the major recommendations of the committee is therefore to formulate an integrated, coordinated youth policy. In addition, formal structures and procedures must be established for monitoring and evaluating implementation.

5. Statistical data on the welfare of children in Aruba is obtained through the Population Census. Certain other administrative data are collected by the Population Registry and the Hospital. Statistics on education come from the Department of Education, which has its own statistics unit. Data on sports and youth, and children's health were obtained from a large-scale health study.
6. There have been no initiatives to set up an independent body, such as an ombudsman, to receive and investigate children's complaints.

Although an official translation of the Convention does not yet exist in Papiamentu, the national committee on the rights of the child has prepared a leaflet in Papiamentu on the Convention and the rights it protects, aimed specifically at children of primary school age.

### **Update**

**Development cooperation:** As part of Dutch-Aruban development cooperation, a long-term programme has been formulated focusing on four priorities: quality of government, sustainable economic development, public health and education.

#### Language of instruction in restructured primary education

As part of the project for the restructuring of nursery, primary and special education, the Proyecto di Inovacion di Enseñansa Basico (PRIEBEB) proposed that Papiamentu, the language spoken by the majority of the population, should be introduced in primary education as the language of instruction. At present the language used is Dutch. If the government agrees to the proposal, existing legislation will have to be amended.

#### Youth participation

A Youth Council was established on 28 April 2003, on which a maximum of 60 young people between the ages of 15 and 23 may sit. At present, 48 schools and voluntary organisations have a representative on the Council. The plan is for representatives for the Youth Parliament to be elected from among the Council members on 28 November 2003.

#### Care services

As indicated in the report, the Minister of Social Affairs and Infrastructure (SZI) set up a programme starting in January 2002 to chart the needs of children and young people and the gaps and problem areas in the care services, together with the relevant government agencies and private organisations. In order to implement the Ministry's social policy, the Social Affairs Directorate established teams of care-providers in six districts of Aruba in February 2002. Each district team consists of a social worker, a community worker, a youth worker and a welfare worker. The aim is to improve welfare within the districts on the basis of a holistic, integrated approach.

#### Childcare facilities

As stated in the report, the government plans to pass legislation regulating the quality of childcare facilities. The draft National Childcare Facilities Ordinance is almost ready to be put before parliament.