



Convention on the Rights of the Child

Distr.
GENERAL

CRC/C/SR.1102
24 January 2006

Original: ENGLISH

COMMITTEE ON THE RIGHTS OF THE CHILD

Forty-first session

SUMMARY RECORD OF THE 1102nd MEETING (Chamber A)

Held at the Palais Wilson, Geneva,
on Wednesday, 18 January 2006, at 3 p.m.

Chairperson: Mr. DOEK

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GE.06-40155 (E) 200106 240106

The meeting was called to order at 3.05 p.m.

CONSIDERATION OF REPORTS BY STATES PARTIES (continued)

Second periodic report of Hungary (continued) (CRC/C/70/Add.25; CRC/C/HUN/Q/2 and Add.1)

1. At the invitation of the Chairperson, Mr. Aáry-Tamás, Ms. Ágoston, Ms. Blazsek, Ms. Buzás, Mr. Daróczi, Mr. Gáspár, Ms. Kovács, Mr. Lévy, Mr. Mesterházy, Ms. Nyitrai, Ms. Révész, Ms. Rózsa, Mr. Somfai, Mr. Szelei Kiss, Mr. Takács, Ms. Tausz, Ms. Tóth and Ms. Weller (Hungary) resumed places at the Committee table.
2. Ms. BUZÁS (Hungary) said that intensive preparations for ratification of the two optional protocols to the Convention had been under way for some time, and her Government hoped to ratify them soon.
3. Ms. KOVÁCS (Hungary) said that there were between 15 and 25 cases of infanticide each year in Hungary; the mothers concerned were between the ages of 15 and 40 and about half of them lived with a partner. The reasons for infanticide included economic difficulties, lack of sexual knowledge and social stigma. The incubator system had been introduced in order to provide mothers with a place where they could leave their newborn babies safely and anonymously. That system, which had already saved lives, would be expanded to ensure that incubators were available in hospitals outside the capital. Hungary's suicide rate - the sixth highest in the world - had been decreasing since treatment for depression had become available. Measures to combat child suicide included the introduction of a children's health programme that had been developed in conjunction with health professionals. New children's psychiatric wards were to be opened in four cities outside Budapest, which would represent a significant increase in the availability of child psychiatric care. Hungary hoped to achieve the European Union target of 0.6 psychiatric beds per 10,000 inhabitants by 2010.
4. The Hungarian medical profession was of the opinion that contraceptive pills should be provided free of charge to persons under the age of 18. Drug use was less of a problem in Hungary than alcohol or smoking, and a number of anti-smoking campaigns had been targeted at young people. Doctors were required by law to notify the competent authorities of cases of child abuse.
5. Ms. AL-THANI requested additional information on HIV/AIDS in Hungary and on measures to improve mental health services for children and adolescents.
6. Ms. KOVÁCS (Hungary) said that Hungary had a very low HIV/AIDS infection rate, and there had been only two new cases of children infected with HIV in the past two years. The promotion of condom use among young people was part of the strategy for preventing the spread of HIV. Efforts to reduce suicide rates and address mental health problems focused on expanding the provision of psychiatric care and improving schools' counselling systems. Schools employed full-time nurses.

7. Ms. RÉVÉSZ (Hungary) said that, under new legislation, schools were no longer obliged to employ a child protection officer. Although the requirement had been lifted because it had been considered that child protection should be the responsibility of all teachers, she considered the change to be a step backwards. She hoped that schools would be open to implementing other child protection schemes. Doctors, educational institutions and the police had a legal obligation to serve the best interests of the child and to notify the competent authorities of cases of neglect or abuse. However, health professionals and schools sometimes chose not to report such cases for fear of jeopardizing their relationship with the child's family. Consequently, cases tended to be reported only when they were of a serious nature, and when it was often too late to help families.

8. The significant increase in the number of children being supervised by child welfare services was considered to be the result of improvements in detection and reporting. Child welfare statistics showed that 80 child welfare services provided on-street services. Child welfare services included measures to remove children from the streets and encourage them to enter day centres and institutions. In placement reviews for children who had been taken away from their families, the role of the child welfare service was to help families get their children back. The "blue line" was to a toll-free helpline that could be called from fixed-line telephones or public telephone booths. Child welfare services in larger cities had an obligation to provide a 24-hour telephone service. The blue line had an expert-to-expert line that enabled professionals working with children to receive advice. In 2004, the blue line had received 337 complaints of domestic violence.

9. Mr. KRAPPMANN asked whether the Government had considered using the mediation model to deal with bullying in schools, and whether any attempt had been made to involve children in peer mediation programmes. He wished to know whether the views of the child were taken into account during placement reviews.

10. The CHAIRPERSON expressed concern about the practice of children's home directors assuming legal custody of children in their care, since the directors had a financial incentive to keep the children in the institution. He was also concerned at the number of children aged 3 and under in institutions. He wished to know how long children stayed in institutions, whether they subsequently returned to their parents, and what opportunities there were for adoption or foster care if children could not be returned to their parents. He noted that most placement reviews for children in institutions did not result in any change in the child's situation.

11. Ms. RÉVÉSZ (Hungary) said that mediation, and particularly peer mediation, could be a useful tool for combating bullying in schools. All children, except the very young, were given the opportunity to express their views in placement reviews. However, the extent to which the views of the child were taken seriously varied. The adults involved in such reviews often communicated in a manner that made it difficult for children to understand the proceedings.

12. Mr. GÁSPÁR (Hungary) said that, although the number of children aged 3 years and under in institutions remained high, it was considerably lower than the number of such children in institutions a decade earlier. Each year, approximately 85 per cent of children in institutions were returned to their parents, placed in foster care or adopted. It was true that directors of children's homes might not want children to be returned to their parents because the directors

had a financial interest. However, it was generally recognized that it was in the best interests of the child to be cared for in a family setting. Consideration was being given to amending the rules on care and control so that parental rights would be taken away only in serious cases, such as when one or both of the parents committed a criminal offence against the child.

13. Mr. KOTRANE asked whether decisions regarding the removal of a child from his or her family were taken by a judge.

14. Mr. MESTERHÁZY (Hungary) said that decisions to remove children from their families were taken by the State guardianship authority.

15. Ms. NYITRAI (Hungary) said that, although it was preferable for children to be raised in two-parent families, a child raised by a single parent was not automatically considered to be at risk. Single mothers in crisis received support, including the financial support they needed to be able to look after their children. Children under the age of 14 could be separated from their parents only in extraordinary circumstances. Temporary accommodation was usually provided in order to enable children to remain with their mothers.

16. Hungarian law did not recognize the concept of illegitimacy; children born out of wedlock had the same rights as children whose parents were married. The concept of the “imaginary father” stemmed from the disadvantages that illegitimate children had suffered in the past, which had led to the practice of putting the name of an “imaginary father” on the birth certificate in cases where the mother would not reveal the name of the biological father. Pregnant women could make a statement to the effect that they wished to give their child up for adoption after the birth of the child; such statements could be withdrawn up to six weeks after childbirth, in which case the baby was returned to its birth mother.

17. Two forms of adoption existed in Hungary. In the case of open adoption, the biological parents and prospective adoptive parents jointly applied to the authorities for approval of the adoption; in such cases, the child was placed with the adoptive parents for a trial period of at least one month, after which a decision was taken whether or not to allow the adoption. In the case of closed adoption, the biological parents made a statement to the effect that they did not wish to know the identity of the adoptive parents.

18. The CHAIRPERSON asked whether a child had the right to know the identity of his or her biological parents in the case of a closed adoption.

19. Ms. NYITRAI (Hungary) said that, once they reached the age of 14, children who had been adopted in closed adoptions had the right to ask for and receive information about the identity of their biological parents. The consent of the adoptive parents was required when the child was between 14 and 18 years of age but was not required once the child reached the age of 18.

20. Mr. KOTRANE requested clarification of the requirements that a child must meet in order to be entitled to Hungarian nationality, particularly in the case of adoptive children or of children born in Hungary to foreign parents who had received a residence permit.

21. Ms. ORTIZ asked whether Hungary had taken steps to bring its legislation on adoption into line with the 1993 Hague Convention on Protection of Children and Cooperation in respect of Intercountry Adoption. She considered that the harmonization process required more work in such areas as the best interests of the child, non-discrimination and the right of the child to a family environment. She enquired how the rights of Roma children awaiting adoption were protected. It was her understanding that Hungarians often did not want to adopt Roma children.
22. While she commended the use of incubators in order to prevent infanticide, she pointed out that saving children's lives was not enough. A system that truly protected the rights of children in general would also ensure their right to life.
23. Ms. RÉVÉSZ (Hungary) said that adopted children had the same rights as biological children. In Hungary, the rule of *jus soli* did not apply. If a child was adopted, he or she was naturalized almost immediately on the basis of a simple procedure.
24. Hungarian legislation on adoption had already been brought into line with the Hague Convention. Family legislation provided that children could be adopted abroad only if they could not be adopted in Hungary.
25. While birth certificates did not indicate whether or not a child was of Roma origin, the Government was powerless if someone refused to adopt a child who did not have blond hair and blue eyes. Efforts were being made to encourage Roma foster parents to adopt Roma children in order to preserve their cultural roots.
26. The CHAIRPERSON asked whether the phenomenon of the so-called "imaginary father" was still common. Apparently, some people in Hungary had been given names so as to create the impression that the identity of their father was known. He wondered whether it was possible for a person to have his or her name changed to that of the mother.
27. Ms. RÉVÉSZ (Hungary) said that the mother's name was often used from the outset. In such cases, the child's name did not need to be changed, and the section in the birth certificate for the father's name remained blank. The mother could give her child her name or the family name of the maternal grandparents. However, that procedure was impractical and should be discontinued.
28. The CHAIRPERSON said that the problem of children born out of wedlock was that legally the father did not exist unless he was willing to recognize the child, or unless the mother filed a paternity suit. He enquired whether such cases were common in Hungary.
29. Ms. RÉVÉSZ (Hungary) said that the real problem was that sometimes the mother did not want to disclose the father's name. There was no question of imposing administrative measures to force women to name the father.
30. The CHAIRPERSON said that it appeared that a mother could prevent her child from having a legal father. Even if the mother did not want to reveal the father's name, the father might want to be legally registered as such. Even if the mother did not know who the father was, it was possible to establish paternity by means of a DNA test.

31. Mr. MESTERHÁZY (Hungary) said that a man had the right to initiate a paternity procedure in order to prove that he was the father and to remain in contact with the child.
32. Ms. NYITRAI (Hungary) said that the courts were closely involved with the question of child support. The judge set the amount of child support, and the courts enforced compliance with rulings on the payment of child support. If child support was not paid, the person entitled to such support could apply to the authorities for advance payment of alimony. Advance payments could last as long as three years and could be extended for another three years if the alimony could not be recovered. The local government was responsible for making the advance payments and could apply to the national authorities for reimbursement. The financial situation of the person required to pay child support was also taken into consideration.
33. The Child Protection Act and the Family Act contained specific provisions that allowed children to express their views. Parents must ask the opinion of children of legal capacity about issues of concern to them. In a number of situations, the age limit of 14 was important because it also served as the age limit for restricted capacity to act. In some cases, legislation permitted children in State care to keep in touch with their separated parents. In general, the law required that the opinions of children with legal capacity should be taken into account, and the social and child protection authority was making every effort to ensure that that right was implemented in practice.
34. Parents or legal guardians were sometimes barred from a hearing at which children were allowed to express their opinions, in order to prevent such persons from influencing the children. Psychologists or other experts were usually present at the hearings. The decisions of the public administration were subject to judicial review by a special court.
35. Mr. LÉVAY (Hungary) said that Hungarian legislation, including the Child Protection Act, defined the term “child” as a person under the age of 18. “Childhood”, a term employed in criminal law, denoted persons under the age of 14. The term “minor”, which was commonly used in family law, the Civil Code and administrative law, referred to persons under the age of 18, both persons under the age of 14, who had no legal capacity, and persons between the ages of 14 and 18, who had limited legal capacity. The Criminal Code, the Code of Criminal Procedure and the Prison Code used the term “juvenile” to mean a person over 14 but under 18. “Young adult” was a further category and was employed in the Child Protection Act for persons between the ages of 18 and 24; while the Criminal Code and the Code of Criminal Procedure did not use the term “young adult”, under the Hungarian Supreme Court sentencing guidelines that age category should be taken into account as a mitigating circumstance.
36. All the rights of the child continued to apply to children who married before the age of 18. Such persons were eligible for family allowances, but did not have the right to vote.
37. The CHAIRPERSON asked whether a married 17-year-old who committed a crime was treated as a juvenile.
38. Mr. LÉVAY (Hungary) said that a married 17-year-old would be treated as a juvenile. Under the Criminal Code, the minimum age of criminal responsibility was 14. Children under the age of 14 could not be prosecuted. The Juvenile Criminal Code did not use intellectual and moral development as a criterion for determining criminal responsibility.

39. The Hungarian juvenile justice system was relatively independent. While it was part of the criminal court system, it applied a number of different rules. There were no special requirements for the appointment of juvenile judges and prosecutors. The national judiciary committee, which was an independent body, was responsible for appointing judges.
40. Following the amendment of the Code of Criminal Procedure, the maximum length of pretrial detention in juvenile cases had been set at two years. In 1995, Hungary had amended its Criminal Code and Code of Criminal Procedure to bring them into line with the Convention on the Rights of the Child. That same year, it had been decided that juvenile offenders could be held in pretrial detention in special institutions. However, owing to financial constraints, logistical problems and the insufficient number of such facilities, Hungary had introduced a section in the Code of Criminal Procedure that allowed the judge to order that a juvenile offender should be held temporarily in a police cell.
41. The CHAIRPERSON urged Hungary to give serious consideration to shortening the two-year period of pretrial detention for juveniles.
42. Mr. LÉVAY (Hungary) said that, in the Hungarian system, hearings involving juveniles were public. The judge could decide to exclude the public if it was in the interest of the juvenile offender.
43. Although the age of sexual consent - 14 - might seem low, Hungarian society had accepted that limit. However, the Criminal Code provided that any adult who had sexual intercourse with a child under the age of 14 committed an offence that was regarded as rape and was punishable by up to five years' imprisonment.
44. Ms. RÓZSA (Hungary) said that, under the Criminal Code, trafficking in persons was a punishable offence. The penalties prescribed were in conformity with the Palermo Convention. Nine types of criminal conduct were deemed to constitute a form of trafficking in persons, and traffickers were often prosecuted for related offences, including physical abuse of the victim, sexual enslavement, abduction, sexual violence, forced labour, and use of children in the production of pornographic material.
45. The CHAIRPERSON requested additional information on the reporting of child abuse and ill-treatment.
46. Ms. RÉVÉSZ (Hungary) said that reporting cases of suspected child abuse was mandatory. Depending on the nature and seriousness of the abuse, reports could be filed with the police, the health authorities or child welfare services. A circular describing the methods to be used in drawing up child abuse reports had been distributed to doctors and district nurses.
47. Mr. DARÓCZI (Hungary), replying to a number of questions about the situation of Roma children, said that overcoming marginalization was not simply a matter of identifying and registering the Roma as a separate category of citizens with special needs. The Government's efforts must focus on providing equal access to existing services. Although Hungarian legislation in the area of education was not discriminatory, in practice Roma children were often denied equal access to education. Poverty and their parents' low level of education affected

Roma children disproportionately. The shortage of kindergarten places in poor rural areas, where most Roma lived, further exacerbated educational disadvantages. As a result, the number of Roma children who completed their secondary education or went on to higher education was significantly lower than that of their non-Roma peers. The Roma were also over-represented in schools for children with disabilities.

48. Such shortcomings in the education system affected not only the Roma community but society as a whole. Measures to improve the integration of Roma children into the education system included efforts to close early learning gaps during the first three years of primary education; provisions to give preferential treatment to disadvantaged children, including Roma, in the allocation of kindergarten places; and the provision of free school meals.

49. Ms. Yanghee LEE enquired whether the practice of segregation in schools might be among the reasons for the low number of Roma children who completed secondary education.

50. Mr. DARÓCZI (Hungary) said that, although legislation stipulated equality in the quality of education, in practice many teachers assigned to Roma-only classes lacked the requisite knowledge or professional qualifications. Consequently, the quality of education provided to Roma children was inferior and they often failed to meet the admission requirements for further education. Segregated education had become increasingly common in recent years and efforts were being made to reverse that trend.

51. The over-representation of Roma children in special needs education was also cause for concern. In the past, no distinction had been made between different forms and degrees of disability. Recently, measures had been taken to create financial incentives for the integration of children with minor learning difficulties in regular classrooms.

52. Mr. SIDDIQUI asked what had been done to increase Roma representation in Government and decision-making bodies.

53. Mr. KRAPPMANN enquired whether the State party had introduced targeted early childhood development programmes for disadvantaged children. Increasing the number of kindergarten places was also crucial to preventing early learning gaps.

54. Mr. DARÓCZI (Hungary) said that there were Roma representatives in various ministries and in Parliament. However, discrimination could not be eliminated simply by involving members of the Roma community in decision-making; the most serious barrier to equal participation was everyday discrimination. The Government had therefore created an early warning system for discrimination, with the participation of Roma parents, civil society representatives, lawyers and the Government bodies concerned. The most important institution working in that field was the recently established equal treatment authority attached to the Ministry of Children, Youth and Sports. The Equal Treatment and Equal Opportunity Act was relatively new and its effectiveness was currently hampered by a lack of experience.

55. The CHAIRPERSON asked why the impressive number of programmes and policies to improve the situation of the Roma had produced such limited results.

56. Mr. DARÓCZI (Hungary) said that many factors contributed to the Roma's social exclusion. With the demise of communism, full employment and integrated education had been replaced by a system that made it difficult for disadvantaged sectors of society to compete. The implementation of programmes in poor rural communities, where two thirds of the Roma population lived, was hampered by limited human resources. The problems affecting the Roma community in the area of education were interrelated with other factors, such as poverty, inadequate housing and lack of access to public services.

57. Mr. KRAPPMANN asked whether the budget for children's programmes had decreased or increased over the past few years. He wished to know how many children left school before graduating and what opportunities were available to such children.

58. Mr. DARÓCZI (Hungary) said, that under new legislation, education was compulsory up to the age of 18. Young people over the age of 18 who had not graduated could enrol in a vocational school to complete their studies. The number of children enrolled in schools in Hungary was decreasing yearly, while the number of Roma schoolchildren was increasing. While budget allocations for education were increasing annually, however, it was difficult to determine the precise breakdown of those allocations since the central Government provided approximately three quarters of the necessary funding for schools while the rest was provided by local governments.

59. The CHAIRPERSON asked whether the rising illiteracy rate could explain the decrease in the number of schoolchildren. He enquired whether children with learning difficulties were integrated into mainstream schools.

60. Mr. DARÓCZI (Hungary) said that 4 per cent of all pupils in Hungary and 8 per cent of Roma pupils did not complete the eighth grade. He would forward information concerning the functional illiteracy rate to the Committee in due course.

61. Ms. ORTIZ said that there were apparently not enough professionals at either the local or central Government level to attend to the needs of unaccompanied child asylum-seekers. In addition, child asylum-seekers who applied for family reunification were restricted by the failure of the regulations to include extended family members as persons with whom such children could be reunited. Persons who had not been granted refugee status but who were authorized to be in Hungary were not eligible for family reunification unless they had a residence permit, which often took several years to obtain.

62. Mr. KOTRANE asked the delegation to explain the reasons for the declining birth rate in Hungary. It was difficult to understand why the birth rate was declining when the maternity leave granted to Hungarian women was among the most generous in Europe.

63. Ms. RÓZSA (Hungary) said that, despite the enactment of legislation governing child asylum-seekers, the child protection authority was finding the task of receiving and caring for children who spoke different languages very difficult. Nevertheless, such children were entitled to numerous benefits, including medical and psychological care. Moreover, an amendment to the Asylum Act that had entered into effect on 1 January 2006 would ease some of the requirements for an unaccompanied minor to apply for family reunification.

64. Mr. GÁSPÁR (Hungary) said that, in 2021, the population of Hungary was expected to drop below 10 million. It was therefore important for Hungary to begin taking measures to encourage population growth. As a member of the European Union, Hungary was implementing the Lisbon Strategy, which identified the risk factors and described the tools needed to address the issue of the ageing of the population. Hungary's National Development Plan had been prepared in accordance with that strategy. On 1 January 2006, a unified family support system had entered into effect. The new system offered many advantages to families, including a more generous family allowance, free day-care services, free textbooks and free school lunches. Although some results had been achieved, efforts to reverse the population trend had not had a sufficient impact.

65. Mr. LÉVAY (Hungary) said that no amount of Government support was enough to motivate some people to start a family. The data in Hungary for the past 20 years mirrored the trends in the rest of Europe: a decline in the number of marriages, an increase in the number of divorces and postponement of childbearing by approximately a decade.

66. Mr. KRAPPMANN (Country Rapporteur) said that many positive and constructive changes had taken place in Hungary since the Committee had considered Hungary's initial report in 1998. Such changes had included amendments to legislation, the ratification of numerous international agreements and the establishment of a variety of institutions. However, no progress in addressing the issue of the Roma minority could be achieved until basic attitudes towards the Roma changed. The Roma should be accepted as having a distinct culture and as full-fledged members of society who were entitled to the same human rights as other Hungarians. Such a change in attitudes should begin at school, where human rights education should not only be taught but also practised.

67. It was important that civil society organizations in Hungary should be informed of Hungary's second periodic report and of the Committee's concluding observations on the report. He suggested that the Government should organize a follow-up seminar to discuss action to be taken to implement the Committee's recommendations.

68. Mr. MESTERHÁZY (Hungary) said that the effectiveness of programmes for the advancement of minorities was influenced by people's attitudes, particularly the attitudes of the persons responsible for implementing the programmes. Changing people's attitudes was difficult and could sometimes take many years.

69. There had been much controversy surrounding a recent amendment to the Minority Act, which stipulated that the right to vote and to stand as a candidate in minority self-government elections could be enjoyed only by members of national minorities who declared that they belonged to the respective minority and were registered as such. In the context of debates on the amendment, all 13 minority groups in Hungary had rejected the registration of their voters because they feared that such information would be misused. Cooperation between local governments and minority self-governments in Hungary was unique in Europe.

70. The Roma issue was extremely complex, and comprehensive measures were needed to deal with the problem. Although the Government did not collect statistics on the Roma as such, it formulated programmes for the Roma based on certain distinguishing features of the communities in which the Roma lived.

71. Efforts were being made to improve the implementation of human rights education in schools. In 2006, the Government would launch a programme to promote democratic values, tolerance, and respect for differences among children. Also in 2006, the Parliament would consider a youth bill, which would address such issues as leisure activities and youth rights. He thanked the Committee for its constructive comments and looked forward to receiving its concluding observations.

The meeting rose at 6.05 p.m.