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COMMITTEE ON ECONOMIC, SOCIAL AND CULTURAL RIGHTS

Twenty-eighth session

SUMMARY RECORD OF THE 13th MEETING

Held at the Palais Wilson, Geneva,
on Tuesday, 7 May 2002, at 10 a.m.

Chairperson: Ms. BONOAN-DANDAN

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The meeting was called to order at 10 a.m.

CONSIDERATION OF REPORTS (agenda item 6) (continued)

(a) REPORTS SUBMITTED BY STATES PARTIES IN ACCORDANCE WITH ARTICLES 16 AND 17 OF THE COVENANT (continued)

Fourth periodic report of the United Kingdom of Great Britain and Northern Ireland (continued) (E/C.12/4/Add.5, E/C.12/4/Add.7 and E/C.12/4/Add.8; E/C.12/CA/UK/2 and E/C.12/CA/UK/2/Add.1; E/C.12/Q/UK/2; HR/CESCR/NONE/2002/4; HRI/CORE/1/Add.5/Rev.2 and HRI/CORE/1/Add.62/Rev.1)

1. At the invitation of the Chairperson, the members of the United Kingdom delegation resumed their places at the Committee table.
2. The CHAIRPERSON invited the members of the United Kingdom delegation to begin by replying to the questions asked at the previous meeting.
3. Mr. FIFOOT (United Kingdom) said that 40 per cent of the National Health Service (NHS) budget was allocated to persons over the age of 65. The aim of the National Service Framework for Older Persons was to improve the quality of services available, to root out age discrimination, to develop the system of providing medical care at home and to give greater choice to older persons regarding the health services available to them. Another aim was to help older persons to look after their health and to participate in society. On the issue of public hospitals, the United Kingdom wanted to ensure that health care for older persons was completely free of charge, particularly so that patients requiring a lengthy hospital stay did not have to sell their possessions in order to receive care, as, unfortunately, was sometimes the case. Proposals were being prepared whereby the most elderly patients could be hospitalized for a period of at least 12 weeks without having to worry about the cost of their stay. With regard to cancer control, the NHS ran 34 specialist networks which provided care in hospital and at home. One of the priorities for 2004 was to develop palliative care services and to provide training in that specific field of care for over 10,000 district nurses. He emphasized that there was no discrimination in the selection process for medical students. Labour legislation prohibited all forms of discrimination on any ground, and applied to the medical sector as well as to other sectors.
4. With regard to prison overcrowding, there were rules governing the maximum number of prisoners in a cell and the minimum amount of space in a cell in order to meet basic health requirements. The incidence of HIV/AIDS in prisons was essentially due to drug addiction among prisoners. The problem was particularly intractable: as the prison authorities prohibited drug abuse in prisons there could be no question of distributing clean syringes. Prisoners could, however, make whatever use they wished of the disinfectant tablets provided to them, including to clean syringes. Employment and remedial education programmes were available to inmates so as to facilitate as far as possible their reintegration into society on release from prison. Lastly,

he noted that prisons in Northern Ireland were not run by the same authorities as those in the United Kingdom. Programmes were, however, the same, although conditions were generally better in that there was often only one prisoner per cell.

5. Where the rights of children were concerned, the United Kingdom was intending to establish the post of a Children's Commissioner, as it had already done for Wales. A similar proposal had also been submitted for Northern Ireland. The Commissioner's functions were set out in paragraph 10.47 of the report (E/C.12 /4/Add.8). With reference to the protection of children placed in homes, the Protection of Children Act 1999 provided that only responsible and well-balanced adults should be employed in children's homes. Potentially dangerous individuals were named on a list managed by the central authorities, which could be consulted by the establishments in question when staff were recruited. When the courts decided to place a child in a foster family or in a home, their decision was based on the need to ensure the child's well-being above all and not only on the parents' income, contrary to what had been said. They were also required to take account of the child's wishes.

6. With reference to the major problem of teenage pregnancies, the United Kingdom had provided statistics and detailed information on the steps taken to remedy the situation in its reply to question 21 in the list of issues (E/C.12/Q/UK/2). He wished to add that the Government had initiated a huge media campaign to encourage awareness among young people and had prepared new guidelines on sex education. He also confirmed that the Abortion Act did not cover Northern Ireland and that the British authorities had no intention of making any imposition whatsoever on the population and authorities of Northern Ireland.

7. As for housing, the competent services were responsible for determining to whom accommodation should be assigned on a permanent basis. They based themselves solely on the economic situation of the applicants and under no circumstances on other criteria such as race, sex or age. No discrimination existed in the allocation of accommodation. In addition, in order to find a solution to the problem of fuel poverty - the impossibility for millions of poor households to keep their homes adequately warm - the Government had implemented various building and housing energy efficiency improvement programmes.

8. Lastly, in reply to a question on the differences, particularly in terms of quality, between the British health system and health systems in the Overseas Territories, he stressed that the latter were different jurisdictions, which implemented the health, social and education policies they deemed necessary to improve the living conditions of their population. The United Kingdom had no intention of imposing service quality standards on its Overseas Territories. It should be pointed out that no international instrument imposed obligations of that nature.

9. Ms. KILPATRICK (United Kingdom) informed the members of the Committee that the United Kingdom would legislate to prohibit organized trafficking in human beings for economic or sexual purposes. It had, moreover, ratified ILO Convention No. 182 concerning the Prohibition and Immediate Action for the Elimination of the Worst Forms of Child Labour. A report was being prepared on the implementation of the Convention in the United Kingdom.

A national action plan on the elimination of the worst forms of child labour had been adopted and other measures would be taken on the basis of the report's conclusions. As for the strategy for combating child poverty, she was surprised that its efficacy could be called into question in that 1.2 million children had been able to escape poverty as a result of the action undertaken by the public authorities. The goal established by the United Kingdom was to halve the number of poor children by 2010. In order to do so it had taken a broad range of measures to increase family incomes and to encourage parents to keep their children in education as long as possible by offering them tax credits.

10. Ms. DRIVER (United Kingdom) said that the funds available for the education budget in prisons could not be used for purposes other than those for which they had been intended. They were due to increase by 50 per cent between 2002 and 2004.

11. There were currently 9,000 permanent exclusions from school out of 3 million primary and secondary schoolchildren. In its concern not to jeopardize the future of those children, the Government had set up special schools where they could receive full-time education and receive help from educators. The School Inspectorate had observed that levels of teaching in those schools were improving yearly. The fact that the majority of such children came from minorities continued to be a matter of concern, and an overall programme had been adopted to attack the root causes of the problems which had led to those exclusions.

12. Where access of minorities to medical studies was concerned, universities were encouraged to select candidates on the basis of their ability and their potential, without reference to their sex and racial or ethnic origin or the educational institution from which they came. The Council of Deans of United Kingdom Faculties of Medicine had made a study of the selection methods used by universities, which had led to the creation of a list of principles to be complied with by all faculties of medicine for the admission of new students. There were also programmes aimed at facilitating access by students of any social or ethnic origin to faculties of medicine, at which places had been increased. Some faculties had undertaken innovative initiatives by introducing shorter courses of study and increasing contacts with ethnic minorities in areas where they accounted for a large proportion of the population, so as to encourage access by their members to medical studies.

13. Mr. KISSACK (United Kingdom) said that the suggestion of standardizing the level of health services provided in the United Kingdom and the Crown Dependencies was not acceptable, since it was tantamount to denying the right of the Dependencies to determine their public services independently. Furthermore, if the Isle of Man were to bring its health services into line with the rest of the United Kingdom, there would be numerous areas in which it would have to cut them back. There was virtually no duality in the health system in the Isle of Man, since doctors in the private sector also worked in public hospitals.

14. In answer to the question of use of corporal punishment, he said that the practice was not permitted either in the judicial system or in schools. The Government had no intention, however, of taking steps to prohibit it in the family context, since that would be perceived as an intrusion into private life.

15. Mr. ROBILLIARD (United Kingdom) said that in Guernsey hospitals were managed by the Government but that health care was provided by doctors in the private sector, of whom there were 93 for the island's 60,000 inhabitants. Primary health care was partially covered by the State. A health insurance programme had been implemented since 1995, as a result of which all patients could be cared for free of charge by specialists. Under the new arrangements negotiated recently, waiting time for an operation, which was less than in the United Kingdom, could be reduced still further.

16. Mr. ROBERTS (United Kingdom), referring to standardizing the level of health care, said that it would be wrong to believe that the level in the United Kingdom should serve as a point of reference. In some areas the Overseas Territories and the Crown Dependencies were more advanced than United Kingdom. Where corporal punishment was concerned, the position of the Guernsey authorities was the same as that of the British Government. It was unlikely that corporal punishment within the family would be prohibited by law in the near future. The minimum age of criminal responsibility was set at 10 years of age. Based on his experience as a magistrate, however, he could affirm that in judicial practice children of that age were never prosecuted.

17. Ms. BISMILLAH (United Kingdom) said that where corporal punishment was concerned, the situation was the same in Jersey as in the Isle of Man. Going on to the question of the access of minorities to health care, she said that the health insurance system in Jersey was based on the family unit. The law provided that the payment of contributions by the head of the family for a minimum period of six months gave the right to medical services for the whole family. Persons with very low incomes had access to free care and medicines. Projects had been implemented to meet the needs of minorities, in particular the Portuguese minority, which was the largest in Jersey. The right to physical and mental health was an integral part of the overall health and social services strategy. To combat drug addiction, a syringe exchange and methadone distribution programme had been implemented. A programme had also been initiated to combat alcoholism and smoking.

18. Where mother and child health was concerned, a child health and monitoring programme and a screening plan for breast and cervical cancer had been implemented while Jersey had an obstetrics clinic providing free care.

19. Mr. STEELE (United Kingdom), referring to the question of the standard of health care, said that the Overseas Territories and the Crown Dependencies were free to choose the means they used to implement article 12 of the Covenant, namely, the right to enjoy the highest attainable standard of health, and that they did not need instructions from United Kingdom in that regard. He specified that private health services did not exist in the Falkland Islands, St. Helena and Pitcairn.

20. As for corporal punishment, it had been abolished in all the Overseas Territories, at least within the judicial system. It had also been abolished in schools nearly everywhere and, in territories where it was still permitted, it was not used in practice since the general trend was to do away with it. No territory had taken steps legally to prohibit corporal punishment within the family and the United Kingdom was not pressing them to do so.

21. Mr. BODDEN (United Kingdom) said that in the Cayman Islands, private health services were managed by an independent government body. The standard was excellent and the services were accessible to all citizens, whatever their financial means, as a result of an insurance system.

22. Ms. TODD (United Kingdom) said that in Bermuda, 98 per cent of the population sought care from private medical services. Medical insurance was mandatory. As far as oversight of the private services was concerned, the Government exercised indirect supervision only, by registering health professionals and regulating medical practice.

23. Ms. WHEATLEY (United Kingdom) said that in the British Virgin Islands, private medical services were concentrated in the largest island, Tortola, where there were 10 clinics specializing in various fields. Supervision was exercised directly by a senior Ministry of Health official.

24. Mr. CEAUSU asked what the situation in respect of the Covenant was for citizens of the Overseas Territories and the Crown Dependencies in Great Britain and whether they profited from the same services as British citizens when it came to educational subsidies and health care. He further requested details of the situation of the population of the island of Montserrat, which had been affected by a volcanic eruption in the mid-1990s, and whether moving the population to another island was envisaged.

25. With reference to the question of poverty affecting children, he stressed that children were particularly vulnerable to the influence of the consumer society, with the result that they were prompted to purchase superfluous articles like cigarettes and alcohol. The consequences were particularly serious in the case of poor children, who ended up without money for basic necessities. The authorities had a responsibility to take stringent measures to protect children, for example, by prohibiting the sale of alcohol in the vicinity of schools.

26. Mr. RIEDEL asked whether the State party planned to withdraw the numerous reservations - which had become obsolete for the most part - concerning the Overseas Territories and Crown Dependencies it had entered in ratifying the Covenant.

27. Mr. HUNT pointed out that the argument advanced by the State party for not regulating the question of corporal punishment within the family - that it would be a serious intrusion by the State into private life - was identical to the argument which in its time had blocked the criminalization of domestic violence, which had become enshrined in international humanitarian law.

28. He asked whether, if there were a flagrant difference in the quality of the care dispensed to persons suffering from HIV/AIDS in Great Britain and in one of the Overseas Territories, the British Government would have the obligation to furnish aid to the territory in question to enable it to dispense a level of care equal to that in Great Britain.

29. Mr. SADI asked whether the Overseas Territories were informed about the Covenant and the obligations stemming from it, whether they took them into account in drawing up their health policies and whether they based themselves on the Committee's General Comments in implementing those policies. He recalled that the Territories were also bound by the Covenant in that they were dependencies of the United Kingdom.

30. Mr. AHMED was concerned that no follow-up had been given to the Committee's recommendation when the previous periodic report had been considered whereby the State party would favour placement of children in difficulty in children's homes rather than with foster families, in which there was a particularly large number of cases of ill-treatment. He asked whether the delegation could provide further information on the subject. He also wished to know why 9,000 children, belonging mainly to the Afro-Caribbean community, had been permanently excluded from the school system.

31. Mr. MARTYNOV asked how much disability pensions were worth and where that amount stood in relation to the cost of living and the poverty threshold. He also asked how much sickness benefits came to.

32. Mr. PILLAY said that it was not so much a matter of knowing whether the conditions of health, housing or education in the Overseas Territories were of the same quality as in Great Britain but of ensuring that those conditions corresponded to the minimum standards defined in the Covenant. If that was not the case, as, for example, in the Turks and Caicos Islands, it was clearly a matter for Great Britain to remedy. He was convinced of the need for closer relations between the British Government and local Governments. Lastly, he wished to know whether the United Kingdom intended to adopt a human rights-based approach in the context of its anti-poverty strategy.

33. Mr. FIFOOT (United Kingdom) admitted that health facilities were not necessarily the same in Great Britain and in the Overseas Territories and Crown Dependencies. In keeping with the principle of self-government, the different jurisdictions had competence in certain spheres and "central" Government did not always have a say in the matter. It should not be forgotten, however, that the contracting party was the United Kingdom and as such the British Government would be held responsible for any major malfunctioning or failure to meet the obligations contracted under the Covenant.

34. Lastly, he said that if a resident of the Overseas Territories applied to the medical services in Great Britain he could claim the same types of health treatment as any other visitor to the country.

35. Ms. DRIVER (United Kingdom) said that the 9,000 children referred to by Mr. Ahmed had not been permanently excluded from the school system, but expelled from the establishment they attended. She added that, generally speaking, those children were subsequently taken in charge by a special authority responsible for providing teaching and ensuring a change of

attitude, the ultimate aim being to reintegrate them into the traditional education system or direct them towards vocational training programmes if they were old enough. Grounds for the exclusion of pupils were generally acts of extreme violence, serious aggression against a staff member or any other person, drug trafficking or possession of weapons on the school premises.

36. Ms. KILPATRICK (United Kingdom) said that sickness benefits amounted to £62.20 per week. That said, the amount could be the subject of prior negotiations between employer and employee.

37. She assured Mr. Pillay that the British Government, in the context of preparing its national anti-poverty strategy, had taken account of the provisions of the Committee's statement on the subject and the various human rights instruments to which the United Kingdom was party. Generally speaking, before finalizing strategies in any sphere, the Government conducted wide-ranging consultations, targeting the needs of the populations concerned.

38. Mr. FIFOOT (United Kingdom) said that, in order to combat the ill-treatment of children in foster families, the new Protection of Children Act made provision for investigating morals and ensuring that persons responsible for looking after those children were above suspicion.

39. Mr. STEELE (United Kingdom) said that the situation in Montserrat, which had been devastated some years previously by a volcanic eruption, was improving steadily in the north of the island where the infrastructure was being rebuilt, as a result in particular of the financial efforts made by the United Kingdom. Despite the material damage, all children on the island were able to receive full-time education.

40. He acknowledged that the reservations by the State party were obsolete and announced that the United Kingdom had initiated a review process of all reservations formulated on signing the various international human rights instruments. He assured the members of the Committee that the authorities of the Overseas Territories were perfectly aware of their obligations under the Covenant and referred constantly to the Covenant and to the Committee's General Comments before drawing up their policies, programmes and laws.

41. Mr. WIMER ZAMBRANO asked whether it was true that students from the Overseas Territories were not given full citizenship and for that reason were obliged to pay much higher matriculation fees in British universities than British nationals.

42. Mr. MARTYNOV wished to know the results of the negotiations of the high-level working group with the representatives of pharmaceutical companies on the issue of making affordable medicines available to developing countries. He asked what the Government's position was on that subject.

43. Mr. FIFOOT (United Kingdom) said that a fourth meeting between the working group in question and the pharmaceuticals industry should be taking place in the very near future. The State party would not fail to provide additional information on the subject.

44. Mr. STEELE (United Kingdom), replying to the question on matriculation fees, said that students from the Overseas Territories were neither better nor less well treated than nationals of other countries who did not reside in Great Britain. They were therefore not discriminated against in that respect.

Articles 13-15 of the Covenant

45. Mr. KOLOSOV requested details of the content of the citizenship education course, which, according to paragraph 13.41 of the report (E/C.12/4/Add.8), was to be introduced as a compulsory part of the National Curriculum for secondary school pupils from 2002. He wished to know whether the subject would also be included in the primary curriculum. He had also noted, from reading paragraph 13.26 of the report, that the proportion of mixed schools was smaller in secondary education than in primary education. He asked whether that was deliberate government policy.

46. Mr. THAPALIA asked whether the children of Traveller populations, especially the Roma, and children with special needs, in particular disabled children, benefited from equality of access to education.

47. Mr. WIMER ZAMBRANO said that he would like details of the effects of the British authorities' new higher education policy.

48. Mr. SADI noted that there was in effect segregation in education in Northern Ireland based on religious belief. Although the reality of the situation in the region could not be denied, it was indisputable that the promotion of peace and harmony began at school. He therefore thought that the authorities should initiate a vigorous campaign to end segregation in schools.

49. Mr. HUNT recalled that the British Government had recently extended an invitation to the Special Rapporteur on the right to education, who had subsequently conducted a mission to the United Kingdom. He asked whether her recommendations following the mission had been implemented. In 1998 a new, income-related system for calculating tuition fees had been introduced. According to non-governmental organizations, a considerable drop had been observed in the number of students in higher education from the least privileged sectors of the population for the first academic year in which the system had been implemented. He asked whether that information was correct and, if so, what steps were planned to mitigate the consequences of implementing the new system.

50. The Nationality, Immigration and Asylum Bill, which Parliament was currently considering, made provision for setting up accommodation centres for asylum-seekers, which would be equipped with educational facilities specifically intended for the children of asylum-seekers. A measure of that nature was liable to result in the isolation of such children and de facto inequality in terms of access to education. He asked how the British Government proposed to limit those risks. The same Bill further proposed payments to asylum-seekers equivalent to only 70 per cent of the minimum wage, which was well below the poverty threshold. He wondered whether a measure of that nature would not be contrary to the principle of non-discrimination contained in article 2, paragraph 2, of the Covenant.

51. Mr. MARTYNOV said that, according to the information transmitted to him by NGOs, the children of minority ethnic groups allegedly had fewer opportunities for admission to university than other children, or, when they were admitted, of gaining a distinction on completing their degree. For that reason he would like to know what steps the British authorities intended to take to ensure equality of access to higher education without distinction on the basis of ethnic origin. He also wished to know why the authorities had decided to do away with the Assisted Places Scheme, mentioned in paragraph 13.57 of the report (E/C.12/4/Add.8), and whether a replacement system was planned.

52. Mr. CEAUSU said that he would like details of the numbers of children attending schools where Irish was taught and asked who decided on the number of schools, classes and places for education in that language. It would also be interesting to know whether cultural activities organized by minorities in the United Kingdom received public subsidies.

53. Mr. FIFOOT (United Kingdom) said that causes should not be confused with consequences in the case of Northern Ireland. In fact it was the parents who demanded “segregation” in education; Roman Catholic parents wanted their children to attend Roman Catholic schools and Protestant parents wanted their children to attend Protestant schools. “School segregation” was therefore neither imposed nor encouraged by the State, but applicable human rights standards required parents to be able to guide their children in matters of religious education.

54. Ms. DRIVER (United Kingdom) confirmed that citizenship education would become compulsory in secondary education as from the start of the next school year and said that it would also be included in the primary curriculum, but would not be compulsory. Depending on the age of the pupils concerned, the course dealt with democracy, human rights education, political institutions, introduction to the history and origins of the different religions, national and ethnic minorities in the United Kingdom, mutual respect, the functioning of the economy and the media and the links between the United Kingdom, the European Union, the United Nations and the Commonwealth.

55. The fact that the proportion of mixed schools was smaller in secondary education than in primary education reflected parental choice and was not a deliberate policy on the part of the authorities. Traveller children and children with special needs benefited from equal access to education in the United Kingdom. It should further be noted that a special service was responsible for the special needs of Traveller children and ensured that they attended school in the locality in which they settled as soon as they arrived.

56. It was true that children from certain minority ethnic groups seemed to experience more difficulties in education than the rest. Various measures were being taken to overcome those difficulties. Substantial resources in particular were allocated to schools in disadvantaged areas where there was a larger proportion of such minorities, or jobs were created for teachers or classroom assistants to help those children overcome their learning difficulties. It should also be mentioned that the Race Relations Act, as amended, required each educational establishment to address the question of equality of access to education of children of different origins and to

remedy any inequalities. An increase had recently been observed in the number of students from minorities in higher education. It should be mentioned that 45 per cent of students in higher education were currently exempted from tuition fees under the new income-related system for calculating fees.

57. Mr. FIFOOT (United Kingdom) thanked the members of the Committee for the in-depth review they had conducted. He was persuaded that their comments and their criticisms would help the United Kingdom to improve still further the implementation of economic, social and cultural rights.

58. The CHAIRPERSON thanked the British delegation and declared that the Committee had completed its consideration of the fourth periodic report of the United Kingdom of Great Britain and Northern Ireland.

The meeting rose at 1.05 p.m.