



Convention on the Rights of the Child

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Summary record of the 2377th meeting

Held at the Palais Wilson, Geneva, on Thursday, 16 May 2019, at 10 a.m.

Chair: Mr. Pedernera Reyna

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The meeting was called to order at 10.05 a.m.

Consideration of reports of States parties (*continued*)

Combined third to sixth periodic reports of Malta (continued) ([CRC/C/MLT/3-6](#), [CRC/C/MLT/Q/3-6](#) and [CRC/C/MLT/Q/3-6/Add.1](#))

1. *At the invitation of the Chair, the delegation of Malta took places at the Committee table.*
2. **Ms. Scerri Ferrante** (Malta) said that the Minister of the Family, Children's Rights and Social Solidarity had the authority to issue care orders in respect of children deemed to be exposed to serious moral danger, not under parental control or not in receipt of a reasonable standard of parental care and guidance. Such children were placed either in residential homes, hostels or similar institutions commonly referred to as "homes" or under the care of a relative or foster parent. In addition to the homes run by the Catholic church, there were two State-supported homes run by a foundation.
3. The Minister could issue an interim order if it was in the best interests of the child that he or she be taken immediately into care. Interim orders were valid for 21 days, after which the Minister had to decide whether to issue a care order. The Children and Young Persons' Advisory Board advised the Minister on each case and held regular sittings to review cases, at which it heard from all parties involved in the child's care, including the child, social workers and the biological parents.
4. Parents were entitled to visit their child, under supervision if necessary, provided direct contact was not deemed harmful to the child. Care orders were valid until the child reached 18 years of age, but could be revoked at any time. Placing a child in care was intended to serve as respite until adoption became possible. Both the parents and the child had the right to make a complaint at any time during the period in care.
5. With regard to monitoring, the Social Care Standards Authority was authorized to issue licences and warrants for social welfare service providers, set regulatory standards for such services in the public and private sectors, investigate complaints, caution service providers who did not observe the regulations and help service providers improve the quality of their services.
6. **Ms. Giordimaina** (Malta) said that the proposed Minor Protection (Alternative Care) Act would allow the director responsible for the protection of minors at risk to issue an emergency order for a child's immediate removal if there was reason to believe that the child was suffering significant harm. Domestic violence was an ex officio offence, meaning that victims could be removed against the wishes of their parents. The bill provided that, following the removal of the child, the director must submit an application to the magistrate for the provisional validation of the child's removal. The magistrate would then notify the relevant authorities and the child's parents of the application. While currently the Minister of the Family, Children's Rights and Social Solidarity was responsible for issuing care orders, the bill would grant the court sole authority over such decisions. During the examination of the case, the court would hear from all concerned parties, including the child, to whom an advocate would be appointed. The court could also instruct the director to conduct an investigation and produce a report and a care plan. During the proceedings, which could take up to 30 days, the child would remain in alternative care.
7. The bill also contained provisions concerning the establishment of the Children's House, which was based on the Icelandic model. The Foundation for Social Welfare Services had already started to provide training on forensic interviewing for social workers. While the Children's House was not yet fully functional, good progress was being made. In addition, the bill provided for the construction of a secure therapeutic centre for minors deprived of their liberty. Once the bill was adopted, it would be mandatory for all persons, including clergy, to report offences against children and the Government intended to incorporate mandatory reporting into its national policy.
8. Alternative care was an essential tool in the protection of minors: care and protection were interdependent concepts. The bill provided for the appointment of both a

director for the protection of minors and a director for alternative care, the ultimate aim being to protect all minors from significant harm.

9. **Ms. Vella** (Malta) said that the Foundation for Social Welfare Services provided a wide range of services in communities and residential facilities to directly and indirectly protect children's rights. Aġenzija Appoġġ, the main government agency for child welfare, also offered many services, including fostering schemes, and Child Protection Services for abused or neglected children.

10. In 2018, Child Protection Services had provided care for 746 children and 75 care orders had been issued, primarily in response to abuse and neglect. In the same year, the Foundation for Social Welfare Services had employed 244 social workers, 191 of whom were working in Aġenzija Appoġġ. On average, each social worker had a caseload of 25 children.

11. **Mr. Silvio** (Malta) said that the Government was encouraging more individuals to become foster carers by offering support through training and home visits, increasing the foster care allowance to €100 per week and conducting educational media campaigns across a wide range of platforms. As a result, there had been an 86.6 per cent increase in the approval rate for foster parents and a 28.2 per cent increase in the number of children placed in foster care.

12. **Ms. Khazova** (Country Task Force) said that she wished to know why certain institutions were referred to as "homes" and whether children were ever punished for making complaints about their care. Given that the previous legislation on child protection and the proposed Minor Protection (Alternative Care) Act were both only partially operational, she asked which law was currently valid and when the proposed law was expected to be adopted.

13. **Mr. Jaffé** said that it would be useful to know whether children who wished to submit a complaint were given assistance or legal advice and who the members of the Children and Young Persons' Advisory Board were.

14. **Ms. Ayoubi Idrissi** said that she wished to know whether the State party was taking any measures to combat domestic violence in the home; what it was doing to ensure that children placed in foster care maintained contact with their biological families; and whether siblings were placed together in foster families.

15. **Mr. Gudbrandsson** (Country Task Force) said that the introduction of training on forensic interviewing was commendable. He invited the delegation to provide statistics on the number of children placed in alternative care disaggregated according to the reason for their removal, as well as figures for the number of children placed in "homes". It should also explain how "homes" differed from institutions and from foster care. It would likewise be useful to know whether the Government had considered using any proven support programme models to help parents provide appropriate care for their children and thus pre-empt the need to remove them from their family environment.

16. **Ms. Marisa Scerri** (Malta) said that the Government provided an extensive range of child services to cover a variety of situations, on which the delegation would provide greater detail in writing. To provide support for parents, the Government had adopted the National Strategic Policy for Positive Parenting 2016–2024 and had created a committee to monitor its implementation. The Commission for Domestic Violence oversaw the provision of care for children who were both direct and indirect victims of domestic violence. The Social Care Standards Authority ensured that the highest possible standards of care were set according to the needs of each target group. It had replaced the former Department of Social Welfare Standards in order to make the regulation of service provision more independent.

17. **Ms. Scerri Ferrante** (Malta) said that children in care had ample opportunity to make complaints. Children were always heard and were never punished for complaining. Certain care facilities were referred to as "homes" as they were more family-oriented and had fewer residents than institutions or orphanages. The members of the Children and Young Persons' Advisory Board were all professionals with a knowledge of the field and came from a range of backgrounds.

18. **Ms. Vella** (Malta) said that the specific aim of the National Strategic Policy for Positive Parenting, launched in 2006, was to build and sustain a positive culture and infrastructure for both parents and children and to provide support for parents who were encountering difficulties. The Office of the Commissioner for Children was also conducting an intense awareness-raising campaign through public media in order to promote positive parenting. With regard to domestic violence, support services were available to both victims and perpetrators.

19. **Ms. Marisa Scerri** (Malta) said that every effort was made to keep siblings together when placing them in residential care; it was not always immediately possible, but was a primary consideration. As to the increase in the number of foster placements, the Government considered that it was better to place children in foster homes than in residential care if they needed care and support that could not be provided by their biological families.

20. **Mr. Gudbrandsson** said he agreed that it was better to place children in foster care than in residential care, but noted that the majority of children in alternative care in Malta were placed in residential homes. He would welcome further information about the various types of residential homes and whether children with severe behavioural problems, including anti-social behaviours, were placed alongside children who were essentially victims of their parents' inability to take care of them. It was crucial that children should be placed according to their problems and needs, as research had shown that placing low-risk children with high-risk children in residential care could be detrimental to their well-being.

21. **Ms. Marisa Scerri** (Malta) said that children were placed in the type of care most suited to their needs and that there were special residential services for children with severe behavioural problems. The delegation would send the Committee specific information on the criteria used to place children in alternative care, the various types of residential homes, the specific services provided by the homes, and the number of children living in each. The Foundation for Social Welfare Services tried to keep the number of children living in each home fairly low, so that the environment felt less institutional and more homely. There may be instances in which children could not be immediately placed in the type of care most suited to their needs, but the priority was to remove children from abuse and danger. Every case was different and monitored closely by social workers.

22. **Ms. Vincenti** (Malta) said that all children who were refugees, had been granted humanitarian protection or were in the process of applying for refugee status were entitled to free health care and medication. Mental Health Services worked with the Ministry of Education and Employment to provide confidential mental health support in schools, where students received support through counsellors who would refer them to a psychologist or psychiatrist if necessary. In the event of an emergency, a child could be immediately seen by a psychiatrist, but there was a waiting list for non-emergency referrals due to a shortage of psychologists. The recruitment and retention of psychologists would be addressed under the mental health strategy.

23. Children with attention deficit hyperactivity and similar disorders received treatment from a multidisciplinary team, which included a psychiatrist, psychologist, nurse and occupational therapist. Medication was included in their treatment and used when appropriate. Public awareness of autism had been raised and a number of autism-friendly initiatives had been implemented. Obesity, especially in children, was a major public health issue in Malta. Accordingly, the Government had made tackling childhood obesity a priority and had introduced a number of legislative changes and initiatives that affected, inter alia, food procurement in schools. Recent data from the World Health Organization (WHO) European Childhood Obesity Surveillance Initiative had shown encouraging results, as obesity among boys aged from 6 to 9 years old had plateaued and there were signs of a trend reversal. There was also a good uptake of services and residential programmes for the treatment of various types of eating disorders, including anorexia and morbid obesity.

24. Abortion was illegal in all instances as the Government of Malta did not accept the interpretation that the right to sexual and reproductive health services included the right to abortion. The right to life was paramount. The morning-after pill was available in

pharmacies and could be sold without a prescription; however, it was recommended that girls under the age of 16 years old should be referred to a general practitioner or gynaecologist before purchasing the pill. A clinic offered free and confidential services to test and treat sexually transmitted diseases. Appointments could be made anonymously over the phone and did not require a referral, irrespective of the patient's age. The Health Promotion and Disease Prevention Directorate continued to conduct awareness-raising campaigns on sexual and reproductive health in schools. Lastly, as to the harmful effects of air pollution on children's health, Malta participated in the European Environment and Health Process, one of the priorities of which was to tackle air pollution.

25. **Mr. Rodríguez Reyes** asked whether the mental health policies and strategies being developed sought to prevent the excessive use of medication and placement in mental health centres; whether the State party had invested in the early diagnosis and treatment of children with psychosocial problems and mental health conditions; whether a system was in place to compile data on breastfeeding; whether the National Breastfeeding Policy and Action Plan 2015 was being implemented nationwide, including in rural communities; whether the State party envisaged ratifying the International Labour Organization Maternity Protection Convention, 2000 (No. 183); how many hospitals were considered baby-friendly; and what the scope of application of WHO Updates on HIV and Infant Feeding was.

26. **Ms. Todorova** (Country Task Force) said that she would like to know whether the policy on children with disabilities was based on a medical approach or on a human rights approach that focused on their full inclusion in society. She would also welcome information on disability assessment and early intervention; the support provided to families of children with disabilities to avoid their institutionalization; and the achievements, challenges and obstacles encountered in inclusive education.

27. **Ms. Khazova** asked whether non-medical treatment was provided to children with attention deficit hyperactivity disorder and whether parents were aware of the non-medical alternatives for treating children with behavioural problems.

28. **Ms. Vincenti** (Malta) said that the consultations on mental health policies and strategies had only recently been concluded and that the comments received were still being collated. The final draft of the strategy would nevertheless be presented soon. The Government was aware that changes were needed and was moving away from institutionalization towards community-care solutions for persons with mental health problems. It was also investing in an acute mental health-care facility that would form part of the State hospital and was consulting a large number of experts in order to ensure that the mental health services ultimately provided were state-of-the-art. Not all mental health patients who were currently institutionalized would return to the community, but some might be placed in halfway houses or interim residences. The mental health strategy would also focus on prevention and early diagnosis.

29. The Health Promotion and Disease Prevention Directorate had recently undertaken an ambitious health improvement project, using the assessment tool of the World Breastfeeding Trends Initiative to gather information on breastfeeding practices in the country. The assessment, which was the first of its kind in Malta, had been carried out between January and May 2018. It had served to identify shortcomings and highlight areas for improvement in the practices of parents and health-care professionals with regard to breastfeeding. The results of the assessment varied: high scores had been achieved in respect of national policy, breastfeeding and HIV but the system had scored poorly for implementation of the Baby-Friendly Hospital Initiative. However, although no hospitals in the country had received baby-friendly accreditation from WHO, some of the criteria were met.

30. **Ms. Aho Assouma** said that she wished to know whether there were any programmes to prevent the mother-to-child transmission of HIV and, if so, how accessible those programmes were to mothers living with HIV. She would be interested to hear what provisions had been made to raise awareness of pregnancy among adolescent girls and what care was given to girls who had undergone clandestine abortions.

The meeting was suspended at 11.30 a.m. and resumed at 11.50 a.m.

31. **Mr. Silvio** (Malta) said that the country adopted a social rather than medical approach to disability in accordance with the Convention on the Rights of Persons with Disabilities, which it had ratified in 2012. No complaints had been lodged against Malta under the Optional Protocol to that Convention. The country was a party to other relevant human rights instruments and mechanisms, including the European Social Charter.

32. Efforts were made to ensure that parents, even when they had only partial custody, played as extensive a role as possible in their children's lives, taking into account the best interests of the child. Parents of children with disabilities received appropriate support from social workers and other professionals. Agenzija Sapport provided services and supplied assistive equipment to persons with disabilities, including children. Emotional and psychological support was provided by the Child Development and Assessment Unit and National School Support Services. As part of his Government's commitment to deinstitutionalizing care for all persons with disabilities, services and support were made available to them at the community level and adequate assistance was given to the parents and extended families of children with disabilities. Initiatives had also been taken to assist adolescents with disabilities in the transition to adult life. Given that the negative perception of disability constituted one of the main barriers to social inclusion, awareness-raising campaigns had been conducted in schools and among parents in collaboration with non-profit organizations such as the President's Foundation for the Well-being of Society.

33. **Ms. Marisa Scerri** (Malta) said that life-course care plans for persons with disabilities were in the early stages of development, in collaboration with physiotherapists, occupational therapists, social workers and psychologists. Under the plans, disabilities would be identified at or before birth, allowing the necessary provisions to be made for the long-term care of the infants concerned, such as the training of professionals and the allocation of the resources required to cater for their future needs. Information-sharing and other measures had been adopted to reduce overlaps and gaps in the services provided to persons with disabilities by the Ministry for Health, the Ministry for Education and Employment, and the Ministry for Family, Children's Rights and Social Solidarity.

34. **Ms. Erika Scerri** (Malta) said that the Maltese educational authorities sought to cater for the different developmental capacities of children by establishing multisensory rooms and adapting classroom environments for children with autism. National School Support Services assisted children with their physical, social and linguistic development as well as with their numeracy and literacy skills. The Maltese Government was working with special needs centres to help students with disabilities who had not obtained a school-leaving certificate to acquire a formal introductory level certificate in independent living skills through the Learning Outcomes Framework. A new policy on inclusive education in schools has been drafted following public consultations and was expected to be launched during the 2018/19 school year. The policy rejected the one-size-fits-all approach and embraced the concept, values and principles of inclusive education in responding to different learning needs. The Government had invested in resource centres to help tailor teaching to students' abilities.

35. **Mr. Madi** (Coordinator, Country Task Force) said that he would appreciate further information as to how the inclusive approach to education was being implemented on the ground. More specifically, how many schools accepted children with disabilities, how many were currently enrolled in inclusive education, and at what grade?

36. **Ms. Erika Scerri** (Malta) said that all mainstream schools accepted and provided learning support to students with disabilities, most of whom were enrolled in such schools. Children were only placed in special schools when it was not in their best interest to attend mainstream educational institutions. The statistics requested would be provided to the Committee in writing.

37. In 2016 a dedicated unit had been set up to address the issue of early school abandonment and a strategy had subsequently been launched. As a result, the proportion of Maltese students who left school early had decreased in the period to 2018. The aim of the Strategic Plan for the Prevention of Early School Leaving in Malta was to move from a one-size-fits-all system to one that catered for the individual needs and capacities of all students. A new comprehensive learning initiative allowed students to choose a

combination of academic, vocational and applied subjects according to their interests and needs. The Government had invested heavily in training teachers on the new system. The initiative was intended to promote inclusion, reduce the number of early school leavers by making education relevant to more students, and prepare them for an evolving labour market. The Ministry for Education and Employment had invested in providing educational opportunities to gifted children through the National Sport School and the Malta Visual and Performing Arts School. Free school exams and revision classes were offered to assist children from low-income families.

38. The Government had undertaken numerous measures to implement the Migrant Integration Strategy. In Malta, migrants were regarded as an asset to society and policies were therefore designed to ensure equal access to mainstream education for all students. The Migrant Learners Unit had been set up to provide schools with knowledge and tools to foster newcomers' integration into the education system and assist migrant students in the school enrolment process. At the start of the 2018/19 school year, the Unit had organized meetings at which migrant students and their parents had the opportunity to learn more about the Maltese education system. In December 2017, the Ministry for Education and Employment had been accepted as a full member of the SIRIUS policy network, the purpose of which was to identify, share and encourage best practices in the area of migrant education.

39. Age-appropriate health and sex education was taught to children between 8 and 16 years of age as part of the personal, social and career development syllabus. The course content had been developed with parents' input and was accessible online. Under the syllabus, a programme was run for students in the third year and the parents of pupils in the first year of secondary school to challenge misconceptions surrounding sex and sexuality. Specialist teachers worked to raise awareness on the prevention of child abuse among primary and secondary school pupils, teaching staff and parents. At the primary school level, children were taught how to recognize when they felt unsafe and whom to speak to if in danger. In secondary schools, the focus was on identifying healthy and unhealthy relationships. Support was provided to pregnant adolescents through counselling sessions designed to help them to find a balance between their responsibilities as young mothers and their needs as adolescents.

40. The aim of the Safe Schools Programme was to educate children and young people about the risks of tobacco, alcohol and legal and illegal substance abuse through classes, seminars and interactive teaching methods including role play. School guidance counsellors and the police were involved in raising awareness as part of the programme. An anti-bullying service was available to support pupils at primary to post-secondary education levels and to raise awareness among students, teachers and parents about how to prevent bullying.

41. **Ms. Damato** (Malta) said that police officers from the Cyber Crime Unit regularly visited schools to give talks on cyberbullying, sexting and safe use of the Internet. A strategy covering the period 2014–2020 was aimed at identifying the challenges posed by new technology, including offences such as cyberbullying. The Criminal Code addressed all of the offences listed in the Optional Protocol on the sale of children, child prostitution and child pornography. Malta had also ratified the Council of Europe Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse.

42. Although there had been only two cases of child trafficking in recent years, one in 2004 and the other in 2018, the Government was mindful of the need to prevent and combat such offences. To that end, priority was given to combating child trafficking in the current action plan against human trafficking and a budget for implementation of the plan had been allocated to the Ministry for Home Affairs and National Security. Experts from abroad provided training to stakeholders involved in combating human trafficking.

43. **Ms. Mousu** (Malta) said that several initiatives had been taken to promote children's involvement in culture and the arts. For instance, the annual ŽiguŽajg international arts festival was organized specifically for children and young adults, and all schoolchildren in grades 1 to 11 were given an entrance pass that entitled them to free entry to any heritage site or museum managed by Heritage Malta. All children under 6 years of

age enjoyed free access to cultural sites, and free activities were made available for children attending special schools, children with disabilities and children participating in the Core Curriculum Programme. The National Literacy Agency also staged free activities for students. Arts Council Malta organized various schemes and incentives for young persons, including a young artists' development programme aimed at promoting artistic creation among children aged between 14 and 17 years old. The Young Talent Fund supported the participation of artists aged between 8 and 22 years old in international festivals, competitions, exhibitions and performances and was also open to young persons working in technical and commercial roles in the creative industries. Financial incentives in the form of tax deductions had been given to the parents of children under the age of 16 years old who had attended cultural or creative courses in 2018.

44. Although the age of majority was 18 years, the Juvenile Court Act defined a child as a person under the age of 16 years. When a person aged 16 years or over was brought before the Juvenile Court, the magistrate was empowered by the Juvenile Court Act to assess the maturity of the defendant and, depending on the outcome of the assessment, either to continue the proceedings or to adjourn the case and refer it to the competent magistrates' court. National law criminalized any person who sold alcoholic drinks to minors, purchased alcoholic drinks on their behalf or served them such drinks in a public place. It was unlawful for minors to procure, attempt to procure, or be in possession of alcoholic drinks in a public place. Police officers were empowered to stop and question any person whom they suspected of being in breach of the laws governing the consumption or possession of alcohol.

45. **Ms. Todorova** said that it was still not clear whether the Government considered it appropriate that persons under the age of 18 years could be tried in an ordinary criminal court. It would be interesting to learn whether any discussions were taking place in Malta about the possibility of reviewing its treatment of minors in conflict with the law.

46. **The Chair** said that the Committee wished to know whether any measures were being taken to ensure that no person under the age of 18 years could be tried in an adult court.

47. **Ms. Mousu** (Malta) said that, under the Criminal Code, the penalties imposed on minors were less severe than those imposed on adults, irrespective of whether the minor was appearing before the Juvenile Court or a magistrates' court.

48. **Ms. Winter** said that, under the Convention, minors should never be tried before adult courts and judges should never be empowered to refer minors to such courts. The Committee therefore wished to know whether the Government would consider amending the legal provision that made it possible for minors to be tried in adult courts.

49. **Ms. Marisa Scerri** (Malta) said that the delegation would consult with colleagues in the capital and submit information on the Government's position on the treatment of minors in conflict with the law within 48 hours.

50. The Government had established a national interministerial policy on alcohol consumption that set out a number of preventive measures and actions to be taken in the event that laws on such consumption were breached. Steps were being taken to monitor the implementation of the policy and report on its outcomes.

51. **Ms. Scerri Ferrante** (Malta) said that two members of the clergy had been prosecuted for committing acts of sexual abuse against minors. The defendant in the first case had been found not guilty while the second case was still ongoing.

52. **Ms. Giordimaina** (Malta) said that the Government had established a number of mechanisms, including a free, confidential hotline, to enable children to report acts of violence and abuse. According to the records in the delegation's possession, there were no cases of minors having been held in pretrial detention.

53. Non-governmental organizations (NGOs) that rescued vessels carrying migrants did not face criminal prosecution. In fact, the Government had allowed such vessels to bring migrants to Malta even in cases where international law had not required it to do so. In one case, however, a boat operated by an NGO had been held for reasons related to its

registration and not in order to punish the NGO for its activities. The three minors who had arrived on the ship *Elhiblu 1* had been assessed and moved to a section for young offenders after six days. The police officials responsible for dealing with the migrants involved in the hijacking of the *Elhiblu 1* were following the procedures set out in law. The most vulnerable migrants who had arrived on that ship had been transferred immediately to open centres without having to pass through the Initial Reception Centre. All other migrants who had arrived on the *Elhiblu 1* were now living in open centres.

54. On two occasions, the Office of the United Nations High Commissioner for Refugees had commended the Government of Malta for its treatment of vulnerable migrants. Migrant minors who arrived in Malta underwent an assessment to determine their ages and whether they had been involved in armed conflict. The Agency for the Welfare of Asylum Seekers had begun participating in a European Union-funded project aimed at screening migrants for signs of abuse, post-traumatic stress disorder and similar conditions. The procedure used to assess the age of migrants involved a psychosocial interview that was sometimes followed by a bone density examination. When it was not possible to determine whether a migrant was the age that he or she claimed to be, the migrant in question was always given the benefit of the doubt. Interpretation services and free legal aid were provided to persons who wished to appeal against the assessment of their age. Individuals claiming to be minors were placed in a special section of the Initial Reception Centre until the age assessment procedure was completed. Persons claiming to be minors who had initially claimed to be adults were also placed in a special section of the Centre.

55. An audit of the services provided by migrant reception centres had found that the centres required additional human resources. Accordingly, five additional social workers had recently been recruited. The Government acknowledged that conflicts of interest arose from the fact that social workers were sometimes also the guardians of unaccompanied minors. In order to address that situation, a further 22 support workers would shortly be recruited. Plans were in place to begin the construction of a new initial reception centre.

56. **Ms. Khazova** said that the recommendations made by the Committee in its concluding observations would most likely focus on the areas of birth registration; nationality; the treatment of migrant, refugee and asylum-seeking children; and juvenile justice. The Committee noted that, although acts of violence continued to be committed against children, such violence no longer appeared to be an issue that required urgent attention.

57. **Ms. Marisa Scerri** (Malta) said that the discussion had been an enriching one that had helped the delegation to assess the current state of children's rights in Malta, take stock of achievements in that area, and identify the actual and potential challenges facing the Government. The Committee's comments had given the delegation a better understanding of the Government's obligations under the Convention. The delegation welcomed the Committee's appreciation of the good work that the Government was doing to promote and protect children's rights.

The meeting rose at 1 p.m.