



# Convention on the Rights of the Child

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## Committee on the Rights of the Child Eighty-third session

### Summary record of the 2437th meeting

Held at the Palais Wilson, Geneva, on Thursday, 23 January 2020, at 10 a.m.

*Chair:* Mr. Pedernera Reyna

## Contents

Consideration of reports of States parties (*continued*)

*Sixth periodic report of Hungary (continued)*

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

**Consideration of reports of States parties** (*continued*)

*Sixth periodic report of Hungary (continued)* (CRC/C/HUN/6 and CRC/C/HUN/QPR/6)

1. *At the invitation of the Chair, the delegation of Hungary took places at the Committee table.*
2. **Mr. Beneda** (Hungary), replying to questions put at the previous meeting, said that one of the main principles underpinning the social action of the Government since it had come to power in 2010 was that of supporting families. State subsidies for families had doubled and currently represented around 4.8 per cent of gross domestic product, one of the highest proportions in Europe. Studies had shown that children living in poverty were more likely to come from either single-parent families or large families, so the subsidies specifically targeted those vulnerable categories. The effectiveness of the Government's action was confirmed by statistics, which showed that the number of children under the age of 17 who were living in poverty had been halved since 2010.
3. With regard to the Gyöngyöspata case, the Government would respect the ruling of the courts. Negotiations were under way so that the alleged victims could receive due compensation, including in-kind compensation. The Government was currently studying the possibility of signing the Optional Protocol on a communications procedure.
4. **Ms. Szilas** (Hungary) said that the Office of the Commissioner of Fundamental Rights (the ombudsman) had been granted A status in recognition of the fact that it was fully compliant with the Paris Principles. The ombudsman was appointed on the basis of professional merit by the President of the Republic.
5. **Mr. Sörös** (Hungary) said that anti-poverty initiatives for children included the national strategy "Making Things Better for our Children" and the Hungarian National Social Inclusion Strategy. Programmes under the strategies were implemented on the basis of available data, which showed a highly variable national panorama, with different parts of the country facing entirely different socioeconomic issues. The regions of Northern Hungary and Southern Transdanubia, for example, were relatively underdeveloped with respect to the rest of the nation. In addition, some areas had very high concentrations of Roma inhabitants, while others had very few. For those reasons, it was vital for anti-poverty measures to have a regional focus.
6. One child-oriented programme specifically targeted 31 districts with particularly high birth rates and relatively low levels of socioeconomic and infrastructural development; its aim was to improve services for children, including Roma children, who faced multiple disadvantages. In 2019, the Government had launched a programme to promote socioeconomic development and social inclusion in deprived municipalities. Initially, 30 municipalities had been targeted but the programme was due to be expanded to a further 300 over the coming 10 years. The State ran a network of "Safe Start" houses for children up to the age of 3 who lived in disadvantaged environments. There were currently 110 houses in the network but a further 80 were being set up and would begin operating shortly.
7. **Ms. Skelton** (Country Task Force) asked whether the "Safe Start" houses were, in fact, homes for children. If so, why were children placed there rather than being put into foster care?
8. **Mr. Sörös** (Hungary) said that the "Safe Start" houses had been set up in small and disadvantaged communities to provide day care for children up to the age of 3, which was the age that obligatory schooling started. They were not residential centres. They were more akin to crèches or nursery schools, with the difference that children attended in the company of their parents. The houses gave children and their parents access to a range of professional services that were not normally available to inhabitants of small communities. Attendance at the "Safe Start" houses was entirely voluntary and in no way interfered with parental rights.
9. **Mr. Berkes** (Hungary) said that, according to Hungarian law, stateless persons were entitled to a three-year humanitarian residence permit, which could be extended. Cases were

considered on an individual basis, but most stateless persons ultimately acquired citizenship. Foundlings and children born to legally resident stateless parents automatically acquired citizenship. Minors adopted by Hungarian parents were not automatically entitled to citizenship, but they did receive preferential treatment in that regard and could become citizens after three years of continuous residence. Ordinarily, citizens of other States had to have resided in Hungary continuously for eight years in order to acquire citizenship.

10. **Ms. Lantai** (Hungary) said that the authorities strove to avoid having to remove children from their families; however, in some cases such removal was necessary owing to severe neglect or abuse stemming from problems that the child welfare service was unable to resolve. Of the approximately 21,000 children who had been removed from their families, around 70 per cent were in foster care and 30 per cent in children's homes. That was a marked improvement with respect to 1997, the year that the Child Protection Act had entered into force, when 70 per cent of children had been in homes and just 30 per cent in foster families. If it was necessary to remove children under the age of 3 from their families, 87 per cent were placed with foster families.

11. It was forbidden by law to remove children from families solely on the grounds of poverty, and remedies were available for any violations in that respect. Parents were given the opportunity to maintain contact with their children and, in all cases, the removal was reviewed every six months by the guardianship office. Every effort was made to return children to the parental home; where that could not be achieved, the authorities explored other possibilities for placing children with extended family, such as grandparents or uncles and aunts.

12. **Ms. Várai-Jeges** (Hungary) said that cases that came before the family courts in which parents had lost custody of their children were usually initiated by a guardianship office on the grounds that one or both of the parents was suffering from a mental or psychological condition or was incarcerated. Persons wishing to assume the parental role – preferentially, someone from the extended family whom the child already knew – had to demonstrate to the court that they were willing to accept the responsibility and that they were morally, physically, mentally and materially capable of fulfilling it. If the children in question were mature enough to give their opinion, their views were also taken into account.

13. **Ms. Khazova** said that she wished to know if the State had any preventive strategies to support families in risk situations in order to avoid reaching a point where their children had to be removed.

14. **Ms. Lantai** (Hungary) said that such support was provided by the “Safe Start” houses and, more generally, by the child protection and family support system. The guardianship authority also had a procedure whereby it could take children into protection. Under that procedure, the child would remain at home, but the parents would be under an obligation to adhere to conditions set by the guardianship office – for example, participation in rehabilitation treatment for drug or alcohol addiction. If those measures failed, the child might be removed from the family, but removal was only ever used as a last resort.

15. **Ms. AndrÁCzi-Tóth** (Hungary) said that the child protection and family support system had undergone a major restructuring during the period 2016–2017, as a result of which child protection and family welfare services were now fully available across the country. In addition, new services had been incorporated into the system, such as legal aid and psychological support. Families facing housing difficulties could be provided with temporary accommodation where they received support with a view to their eventual return to regular housing.

16. **Ms. Lantai** (Hungary) said that, as of January 2020, foster parents received a new parental allowance from the State, in addition to the fee they received for being foster parents. Financial support was also available to foster parents through a special European Union programme that would enable them, for example, to purchase special equipment needed to care for a child with a disability. Training in the care of children with disabilities was also provided. Around 60 per cent of children with disabilities who were removed from their families were placed in foster families. Their natural parents retained the right to visit them as often as they liked.

17. **Ms. Bíró** (Hungary) said that so-called “baby boxes” existed to save the lives of babies whose mothers were in crisis. In the Government’s view, children’s right to life took precedence over their right to know their parents. The boxes, which were available in around 35 health-care institutions, could be used anonymously. However, district nurses and social workers provided information to expectant mothers about other options, with the result that very few left their babies in a baby box. In 2015, 13 babies had been placed in baby boxes; in 2016, 6 babies, and in 2017, 5 babies.

18. **Ms. Lantai** (Hungary) said that for six weeks after a woman placed her child in a baby box she had the option of changing her mind and reclaiming the child. After that time, the woman was deemed to have given consent for her child to be adopted.

19. **Ms. Kósa** (Hungary) said that the judgment in a recent court case had confirmed that, even after six weeks, a woman who had left her baby in a baby box could still come forward and have her rights as a mother reinstated. That case represented the only case to date in which a woman had expressed the desire to have a legally acknowledged relationship with her child after the six-week window had lapsed.

20. Hungary had a zero-tolerance policy towards child abuse. The abuse of a child by his or her parents called into question the perpetrator’s parental rights. The behaviour of the child could never be invoked as a defence.

21. **Ms. Khazova** said that, while it was good news that only five children had been left in baby boxes in 2017, the fact remained that those five children would never be able to find out their origins. She would like to know whether all maternity clinics and facilities offered the option of confidential birth.

22. **Ms. Ayoubi Idrissi** said that she shared the concerns about children left in baby boxes. The issue was how the right of those children to know their origins could be guaranteed. The State party might consider enacting provisions that would enable a woman to have a confidential birth while at the same time protecting the child’s right to know his or her origins.

23. **Mr. Beneda** (Hungary) said that it could be presumed that women who left their babies in baby boxes were facing tragic circumstances and would likely resort to more drastic measures if the boxes were not available, as a result of which the child might not survive. The Government acknowledged the importance of children’s right to know their origins, but believed that keeping children alive was more important.

24. Like many European countries, Hungary had an ageing population and a low birth rate. In that context, the Government was aware of the need to provide a positive birth experience so that women who were first-time mothers would not be deterred from having more children. It had invested around 10 billion Hungarian forint in providing high-quality birth services and ensuring that babies were delivered in accordance with the mother’s wishes.

25. **Ms. Lantai** (Hungary) said that the State sought to ensure that children for whom the only option was institutionalization were not raised in large institutions, but rather in smaller, more modern supported housing that resembled a family environment as far as possible. Nevertheless, pending alternative arrangements, a few large institutions still housed some 477 children.

26. The Child Protection Act provided specific guidelines on the selection of foster parents, including the psychological conditions they must meet. Children met with their potential foster families in a controlled setting before being assigned to them, and older children had a say in choosing the foster families to which they would be assigned. Under the new child protection guardianship system, guardians remained in contact with the child’s biological family, which made it more likely that the child would be able to return to his or her family. If the natural parents were unable or unwilling to take the child back, the guardian could initiate adoption proceedings, which gave the child another chance to find a family. The statistics showed that the number of children leaving institutionalized care and being adopted in such a way was increasing. Guardians were independent experts who could remove a child from an institution or foster family if they saw fit. If a child had been abused,

for example, the guardian would act to ensure that the child was removed from the situation and placed in a safe environment.

27. **Ms. Ayoubi Idrissi** said that she would be interested to hear more about how the smaller supported housing mentioned by the delegation resembled a family environment. Equally, it would be useful to know how many children were housed together in such facilities. The Committee was concerned that placing children in supported houses or foster families and then moving them to a different house or family, sometimes repeatedly, could create damaging instability. Lastly, she would appreciate more information on what was done to maintain contact with a child's biological family and to ensure that siblings who were removed from their families were kept together.

28. **Ms. Lantai** (Hungary) said that the State generally purchased former family houses for use as supported housing. Detached houses in villages were favoured, and no more than 12 children were accommodated in one house. Living conditions were subject to close professional monitoring. Institutions or children's homes were typically larger and, on average, accommodated 48 children divided into four groups of 12, who lived and shared meals together. Efforts were made to ensure that the same teachers and professionals took care of the same groups in order to give the children continuity of care. In accordance with the Child Protection Act, siblings were housed together whenever possible. In one case, eight siblings had been placed in two neighbouring foster families, allowing regular contact to be maintained among the children, who had also had regular contact with their natural parents. It was indeed unfortunate when a child had to be moved to a new situation, but sometimes it was necessary for the child's sake.

29. **Ms. Andr  czy-T  th** (Hungary) said that, in response to the report by the Mental Disability Advocacy Centre on the Toph  z Special Home, the Ministry of Human Capacities had ordered a review of the establishment by independent experts. The experts had concluded, through visits and interviews with parents, that the accusations of malnourishment, torture and abuse put forward in the report had been unfounded. Some children who appeared to be bedridden owing to malnutrition, for example, had in fact been found to have muscular dystrophy. However, the experts had also found the material and professional standards of the institution to be unacceptable. Consequently, the Ministry of Human Capacities had developed a 30-point action plan to reform the procedures of the institution, accompanied by strict deadlines, which had been enforced.

30. Later, it had been decided to close the Toph  z Special Home and move the children into supported housing as soon as possible. The Hungarian Association of the Order of Malta had been tasked with overseeing that process, which was to be completed by January 2021, and had been given government funding for that purpose. The Order had conducted a needs assessment of the residents and begun preparing them to move. Buildings to house 70 residents had already been bought and were currently being renovated. The first residents were due to move out of the Toph  z Special Home in spring 2020.

31. **Ms. Lantai** (Hungary) said that the Government took measures in response to all inspections and all reports of violence or other mistreatment in State-run children's housing. Through one high-profile case, the Government had learned that would-be directors of children's institutions must be vetted more thoroughly. In response, legislation had been enacted to require directors to disclose more information about their past.

32. Preparing older children in care for independent life was a key objective. Young adults who had formerly been in State care and who wished to continue their studies could, upon reaching the age of 18, request follow-up care that entitled them to housing, financial support and other services. An amendment to the Child Protection Act provided that young people in higher education could stay in follow-up care up to the age of 30, but most remained in care only until the age of 24 or 25.

33. **Mr. Kiss** (Hungary) said that approximately 70 per cent of children with special needs attended mainstream schools, although the percentage varied from region to region and with the level of disability: all children with mild learning difficulties went to mainstream schools, whereas the proportion was lower among children with more severe disabilities. Two thirds of State secondary schools were able to fully accommodate children with special needs. Children who were unable to attend mainstream schools were educated at institutions known

as resource centres, which provided adapted services and resources such as assistive devices. Large urban schools employed trained special needs teachers, whereas smaller schools in rural areas could request support from an external network of mobile special educators.

34. A number of universities offered training courses for special needs teachers to meet growing demand from the country's education system. Incentives such as scholarships were available to boost take-up of such courses, with considerable success: the number of students had doubled over the previous five years. Students studying master's degree courses could specialize in teaching children with specific disabilities. In 2012, Hungary had been the first country in Europe to introduce a course to train teachers specifically on the needs of children with autism. As part of efforts to address the changing educational needs of children, teachers at all schools had the opportunity to receive some form of training on working with children with special needs.

35. The regulatory framework for education had been amended in recent years to accommodate children with disabilities, including additional time for written examinations or the option of taking verbal, rather than written, tests. In some cases, children with disabilities that severely affected their academic performance were exempt from examinations altogether. Another significant change had occurred in 2013, with the restructuring of the pedagogical service, which was a network of institutions that provided services for children with different learning requirements, including special education consulting, career guidance, adapted physical education services, speech therapy and services for gifted children.

36. In the wake of the judgment of the European Court of Human Rights in the case of *Horváth and Kiss v. Hungary*, the test for learning difficulties among children had been changed and new testing standards had been introduced in order to address the high proportion of Roma children who had been placed in classes for students with intellectual or psychosocial disabilities. Meetings had been held with human rights experts to determine whether the changes had borne fruit. In 2012, a law had been introduced requiring all kindergartens, schools and pedagogical service institutions to have psychologists on hand to deal with a range of issues, including aggression and sexual violence aggression.

*The meeting was suspended at 11.40 a.m. and resumed at noon.*

37. **Ms. Bíró** (Hungary) said that family and child welfare services provided counselling on family planning, abortion and pregnancy. Under a 1992 law on the protection of fetal life, district nurses were responsible for providing information and counselling to expectant mothers on issues related to abortion and pregnancy. District nurses in 107 offices across the country gave tailored reproductive health advice to young women and couples. According to data from 2018, 185 young people under the age of 15 and 4,700 people between the ages of 15 and 18 had used their services. School health personnel provided information and counselling on sexual and reproductive health, and students could request private meetings with the school doctor or nurse to discuss any health-related issues.

38. Hungary had been classified by the World Health Organization (WHO) as a country where mild iodine deficiency was prevalent, owing to the low iodine content of the soil and drinking water. To address the problem, catering services at all public institutions, including schools, hospitals and childcare institutions, served food prepared with iodized salt, in accordance with WHO recommendations. Children who ate three meals a day at school received 90 to 100 per cent of the recommended daily iodine intake. While data varied depending on the survey methodology used, Hungary had performed well in tackling childhood obesity compared with other European countries. According to WHO data, whereas the obesity rate had risen elsewhere in Europe, it had remained largely unchanged in Hungary between 2010 and 2016, thanks in large part to regulations on the type and quantity of food served in school canteens, a tax levied on unhealthy food and programmes to encourage sporting activities. Daily physical education classes were compulsory in all Hungarian schools.

39. By law, all Hungarian citizens and migrants with refugee or international protection status were entitled to use the State health-care system. In 2015, the Government had adopted a strategy to improve the quality of health-care services by increasing funding, making structural improvements and enhancing the working conditions of health-care professionals.

Since then, the Government had allocated an extra 10 billion forint a year to improve the quality of services provided by general practitioners, paediatricians and dentists. General practitioners were given support in starting their own practices, and programmes were in place to help graduates in medicine enter the profession. A policy had been introduced to ensure that patients – particularly children – were able to access basic medical services close to home.

40. **Mr. Rodríguez Reyes** said that ending the segregation of children with disabilities was a positive step. However, a distinction should be drawn between integration in mainstream schools – where the children themselves had to make the effort to integrate – and inclusion – where the onus fell on the school to provide reasonable accommodation.

41. **Mr. Kiss** (Hungary) said that a panel of experts comprising doctors and psychologists assessed children with special educational needs and made a recommendation as to whether they should attend a mainstream school or a special education institution. The child's parents then made the final decision as to which type of school the child should attend.

42. **Ms. Orbán** (Hungary) said that compulsory education ended at the age of 16, not 18. The decision to maintain a school leaving age of 16 was linked to the structural reform of public education, in particular the reduction of the time required to complete a vocational programme from five to three years. In addition, the compulsory age for kindergarten enrolment had been reduced from 5 to 3 years of age in September 2015, in line with international and European Union recommendations. Greater emphasis had also been placed on dropout prevention measures. A signalling, or early warning, system had been introduced in 2016 to identify students who were at risk of dropping out. It focused on children from vulnerable social backgrounds, children with special educational needs and students with low success rates. The ratio of students at risk had dropped from 10.8 per cent in 2017 to 7.4 per cent in 2019. The dropout rate had declined from 7.2 per cent in the 2014/15 academic year to 6.9 per cent in 2018/19. A professional pedagogical service linked to the early warning system assisted schools in adopting effective measures to prevent dropout.

43. **Mr. Sörös** (Hungary) said that the National Social Inclusion Strategy included programmes targeting students with the highest risk of dropout. They were generally students suffering from diverse disadvantages, such as low family income and difficulty in accessing high-quality educational services. More than 11,000 students were currently benefiting from a programme that provided mentoring and scholarships at various levels of education. Since 2015, support had been provided for about 1,800 girls from the Roma community under a pilot programme. In addition, the Tanoda (study hall) programme currently provided extracurricular services for 2,500 students.

44. **Mr. Berkes** (Hungary) said that there was a protocol for determining the age of migrants who claimed to be minors. The process included examination of a person's bone formation and dental maturity and analysis of psychological factors. Applicants who disagreed with the results of the age determination process could request a second examination by a forensic expert, with all costs borne by the Asylum Authority. No one had challenged the preliminary age determination process in the previous two years. In any case, the Authority invariably decided in favour of the applicant in doubtful situations.

45. The Child Protection Act applied to unaccompanied minors in transit zones, who were considered, first and foremost, children. The current regulations stipulated that, during the mass migration crisis period, which had been extended to March 2020, unaccompanied minors in the 14 to 18 age group must remain in the transit zone until the refugee determination procedure had been completed. Migration control measures served the interests of minors, since efforts to promote family reunification were preferable to smuggling, which was much more dangerous for the minor. In 2016, 1,408 out of 1,431 children placed in open facilities had left without a permit. All basic provisions of the Convention were guaranteed in the transit zones and the same services were provided as in Hungarian childcare institutions, including education and health services. Fifty social workers, psychologists and special education teachers were currently employed in the two transit zones at the southern border.

46. The Grand Chamber of the European Court of Human Rights had ruled in 2019 that the placement of migrants in transit zones did not qualify as illegal detention. The Court had

also ruled that there had not been a de facto deprivation of liberty. The European Committee for the Prevention of Torture had visited the transit zones and had found that the premises were in a good state of repair and hygiene.

47. There was no evidence to back up the rumours of acts of violence by the security forces at the Hungarian-Serbian border. Sporadic ill-treatment might have occurred in 2015 and 2016, but no incidents had been reported in more recent years. He could assure the Committee that any reports of violence or ill-treatment would be duly investigated by the competent authorities.

48. Some migrant children who arrived alone or with family members had never benefited from formal education in their country of origin. While in the transit zones, they were provided with information about Hungarian and European traditions and attended basic mathematics and language courses. The European Union Reception Conditions Directive stated that access to the education system should not be postponed for more than three months from the date of registration. In practice, children in the transit zones were given immediate access to education.

49. **Ms. Winter** (Coordinator, Country Task Force) said that the arrival of 359 migrant children in the State party in 2018 did not, in her view, constitute mass migration. None of those children had been recognized as refugees and only 151 had been granted subsidiary protection. She would like to know how long it normally took the authorities to reach a decision on whether to grant a child asylum and what happened if the child was denied asylum, given that refoulement was prohibited.

50. The delegation had not yet replied to the Committee's questions concerning the number of unaccompanied asylum-seeking children in the 14 to 18 age group who were not covered by the Child Protection Act, the total number of asylum-seeking and other children in the transit zones, the number of children who had been expelled pursuant to the "eight kilometre rule", the number of asylum-seeking and other migrant children who were attending school and the number who had access to health care.

51. **Mr. Beneda** (Hungary) said that replies to Ms. Winter's questions would be submitted in writing.

52. **Ms. Orbán** (Hungary) said that steps had been taken to prohibit segregation based on ethnicity in the public education system, especially in light of the Nyíregyháza case. The Act on Equal Treatment and the Promotion of Equal Opportunities and the Public Education Act had been amended in July 2017 to prohibit all forms of discrimination and segregation. Explicit desegregation measures had also been implemented.

53. Disadvantaged children had made up 6.8 per cent of pupils enrolled in public primary schools during the 2018/19 academic year and 5.9 per cent of pupils enrolled in church-run schools. Every church-run school was now required to make a declaration confirming that they would admit disadvantaged children. Schools against which legal proceedings had been instituted for segregation were assessed and action plans were drawn up to address any problems identified. Every public education district was now required by law to adopt an equal treatment and opportunity plan, which would be reviewed every three years with a view to monitoring segregation risks. Desegregation groups had also been established in all districts.

54. **Ms. Tóth** (Hungary) said that there were currently no special juvenile courts, but every court had judges who specialized in juvenile cases and who were appointed by the President of the National Office for the Judiciary. Members of judicial panels in such cases must be psychologists or child protection professionals.

55. The minimum age of criminal liability was 14 years. Children aged between 12 and 14 years could be prosecuted in exceptional cases if they had committed one of six violent offences specified in the Criminal Code. However, the court was required to ascertain whether children had the mental capacity to foresee and recognize the result of such acts. If they were found to lack such capacity, the criminal proceedings were terminated. If they were found guilty, the most serious penalty that could be imposed was placement in a reformatory institution.



56. Stricter conditions were applicable to pretrial detention under the new Code of Criminal Procedure and provision was made for alternative measures. Pretrial detention could only be ordered for serious criminal offences and only if less restrictive measures were not feasible; such detention could only take place in a reformatory institution.

57. **Ms. Winter** asked whether reformatory institutions were closed or open facilities.

58. **Ms. Lantai** (Hungary) said that juvenile reformatory or correctional institutions were closed facilities. However, as they formed part of the child protection system, their focus was on child protection and welfare.

59. **Ms. Hirtling** (Hungary) said that the new Code of Criminal Procedure also accorded high priority to the rights of juvenile perpetrators. Vigorous action was taken to ensure fair judgments in criminal proceedings involving juveniles, including through regular in-service training for judges. The guardianship office was frequently involved in providing such training, and alternative solutions and special treatment for juveniles were discussed. The new Criminal Code provided for diversionary measures, such as behaviour agreements. Child victims and witnesses enjoyed special protection and were supported by psychologists. Perpetrators could not be present when such children delivered testimony.

60. **Ms. Skelton** said that she wished to commend the delegation on the detailed and candid information it had provided on the State party's complex set of laws and policies and on the challenges faced in implementing them.

61. **Mr. Beneda** (Hungary) said that written replies would be provided to any unanswered questions and that all the Committee's recommendations would be seriously considered. The Government had been endeavouring since 2010 to build a society in which all families and children enjoyed equality of opportunity. The proportion of children living in poverty had declined from 20 per cent in 2015 to 12 per cent and the proportion of severely deprived children had been halved. Education was seen as a cornerstone of poverty reduction efforts, and resolute action had been taken to reduce disparities in terms of education and social background. Parents who failed to send their children to kindergarten or school were not eligible for family support. As a result, more than 98 per cent of children now attended kindergarten, and unexplained absences from school had dropped by 50 per cent.

*The meeting rose at 1.05 p.m.*