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COMMITTEE ON THE RIGHTS OF THE CHILD

Forty-third session

SUMMARY RECORD OF THE 1184th MEETING (Chamber B)

Held at the Palais Wilson, Geneva,
on Wednesday, 20 September 2006, at 3 p.m.

Chairperson: Ms. KHATTAB

CONTENTS

CONSIDERATION OF REPORTS OF STATES PARTIES (continued)

Second periodic report of Ireland (continued)

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

CONSIDERATION OF REPORTS OF STATES PARTIES (agenda item 4) (continued)

Second periodic report of Ireland (continued) (CRC/C/IRL/2, CRC/C/IRL/Q/2, CRC/C/IRL/Q/2/Add.1, HRI/CORE/1/Add.15/Rev.1)

1. At the invitation of the Chairperson, Ms. Bannon, Ms. Canavan, Mr. Drumm, Ms. Faughnan, Mr. Fleming, Ms. Flood, Ms. Herbert, Mr. Kavanagh, Ms. Kirwan, Mr. Lenihan, Mr. MacAodha, Ms. Nic Aongusa, Mr. O'Connell, Mr. Power, Ms. Sheehan, Mr. Synott and Ms. Walshe (Ireland) resumed places at the Committee table.
2. Mr. LIWSKI asked whether, after entitlement to the Maternity and Infant Care Scheme had been exhausted, there was another scheme that entered into operation to provide care for children and their mothers in the initial years following the child's birth. The delegation should comment on the long waiting times required for some services, which reflected an inability to meet the demand for treatment in those areas. He inquired whether children from the Traveller community had the same access to health care as other children in Ireland. He wished to know what were the prevalent health problems among school-age children. He asked whether the professionals involved in delivering the child health surveillance programme were trained to carry out diagnoses and draw up recommendations regarding children's behaviour or whether they were limited to performing physical check-ups.
3. He wished to know what measures had been taken to address the concerns expressed by the Working Group on Child and Adolescent Psychiatric Services in its 2001 report. He asked what results had been achieved following implementation of the Strategic Action Plan for Suicide Reduction and whether it should be revised so that it could meet its stated objectives. He inquired what steps had been taken to deal with the widespread tendency of young people in Ireland to begin drinking alcohol at an early age. He would appreciate additional information on the measures that had been taken to address nutritional problems, in particular, the problem of obesity. It would be useful to know whether any specific policies had been adopted to address the housing shortage, which meant that many children and their families did not have decent housing.
4. Mr. POLLAR asked how many children living in Ireland had come from countries in the southern hemisphere that were affected by armed conflict. He wondered whether the Government considered the number of such children to be high, and thus a cause for concern. He inquired whether, in deciding which countries would receive Irish international cooperation, the Government took into account the plight of children in countries affected by armed conflict.
5. The CHAIRPERSON requested additional information on child pornography in Ireland. She asked whether any steps had been taken to implement the recommendations of the Committee on the Elimination of Discrimination against Women in its concluding comments on Ireland's combined fourth and fifth periodic report (CEDAW/C/IRL/CO/4-5), particularly as to the lack of legislation and a comprehensive strategy to combat the trafficking of women and girls into Ireland.

6. Mr. LENIHAN (Ireland) said that, although spending on education in relation to gross domestic product (GDP) appeared to be lower in Ireland than in other European countries, it should be borne in mind that Ireland's GDP had been somewhat inflated by profit repatriation transfers. Since 1995, educational spending had increased by 50 per cent in real terms. Educational attainment levels had also risen: 79 per cent of those in the 25- to 34-year-old cohort had completed upper secondary education.
7. An important aspect of the Irish primary education system was that, although schools were supported and regulated by the State, they were nevertheless able to mobilize high levels of volunteer participation from parents and churches.
8. Mr. POWER (Ireland) said that, in the period since the consideration of Ireland's initial report by the Committee, much progress had been made in establishing student councils in second-level schools throughout the country. The Education Act of 1998 had provided that the schools' boards of management should facilitate and assist student councils. In order to support such efforts, the Department of Education and Science had produced guidelines on the establishment and operation of student councils and was currently engaged in implementing the recommendations of a working group set up by the Minister for Children, which were based on a study of aids and impediments to the establishment of student councils. One of the most important outcomes of the efforts to establish school councils was that the Department of Education and Science Inspectorate had consulted student councils and taken their input into account in conducting school evaluations. There were plans to set up student councils in primary schools once implementation of the initiative had been completed in secondary schools.
9. The problem of bullying was handled by each school individually; however, the Department of Education and Science provided numerous supports, including a code for behaviour and discipline; guidelines for countering behaviour that led to bullying; and a procedure for dealing with allegations of bullying. In broad consultation with stakeholders, including students, the National Education and Welfare Board was currently considering a code of behaviour to be followed in schools. A module on bullying had been included in the Social, Personal and Health Education programme in order to raise awareness of the issue among children. A relationships and sexual education component was one of the core elements of the programme and was being taught at the primary and lower secondary levels; curricula for the senior secondary level were currently under examination by the National Council for Curriculum and Assessment. Guidelines, curricula, classroom materials and teacher training for sexual education were supplied at all levels of primary and secondary education, and full-time professionals were available to provide support services.
10. Children of asylum-seekers had full entitlement to health and educational services up to the age of 18. In addition, a range of other services was provided, including language support. Some 800 new teachers had been employed for that purpose over the recent period.
11. The Education of Persons with Special Needs Act had been promulgated in 2004; it was based on the principle that, wherever possible, children with special needs should be educated in an inclusive environment. Children with severe disabilities were taught in special classes at mainstream primary and post-primary schools or at 1 of the 107 special schools located throughout the country. A National Council for Special Education, which had become operational in 2005, coordinated all forms of support for the education of children with special

needs. Section 16 of the Education of Persons with Special Needs Act provided for the establishment of an individual education plan for each child with special needs to ensure that the services outlined in the plan were locally available for that child. There were currently 80 special needs officers who coordinated with local health managers to prepare the individual education plans and to determine the type of health-related support needed for each child. The “Access for All” policy ensured that newly built schools and school renovations provided facilities for physical access by disabled children.

12. Ms. NIC AONGUSA (Ireland) said that children with disabilities required a range of health supports in order to benefit fully from the right to education. From that perspective, the Government recognized the need for close cooperation between the Department of Education and Science and the Department of Health and Children. Consequently, the Education of Persons with Special Needs Act and the Disability Act - which was its health-related counterpart - should be implemented in tandem. In its sectoral plan for giving effect to the Disability Act, the Government had outlined proposals for initiating implementation of the Act for children under the age of 5 in June 2007 and for children aged 5 to 18 concurrently with implementation of the Education of Persons with Special Needs Act. In preparation for giving effect to those two Acts, an intersectoral team had been established that consisted of a senior official from each of the two departments concerned, as well as a senior official from each of the corresponding executive agencies: the National Council for Special Education and the Health Service Executive. The approach that would be taken in implementing the Acts over the next five years would be for the four agencies mentioned to work in close cooperation with each other.

13. Mr. LENIHAN (Ireland) said that, in the period since the consideration of Ireland’s initial report by the Committee, the Government had intensified its efforts to solicit children’s participation and consultation. One of the messages it had received from the under-12 age group was that there were not enough playgrounds in Ireland. After undertaking a survey to assess the number and location of existing playgrounds, it had found significant disparities between various parts of the country. In 2004, after consultation with children, the Government had launched the National Play Policy, which was accompanied by a substantial investment of funds. In the last few years, the policy had resulted in a dramatic increase in the nation’s playground infrastructure. The National Play Policy did not exclusively concern playgrounds; it also examined ways in which the planning process could make spaces child-friendly.

14. Mr. O’CONNELL (Ireland) said that the planning regulations had been adapted to address the understandable fear that urban development was reducing recreational spaces. The key objective of the planning regime was to reserve adequate land for community purposes, through the preservation and extension of recreational amenities, and the inclusion of community spaces, including play areas for children, in housing development plans. The guidelines on residential density had been reviewed to ensure the provision of community and social facilities, pedestrian and cycle paths, and to take account of the need for quality open spaces. The new housing policy framework that had been published in December 2005 would develop during 2006 to include guidance on how residential development could be effectively linked to the provision of social and community amenities. The Department of the Environment, Heritage and Local Government funded a programme for the development of recreational areas for children, which provided grants to local authorities to buy playground equipment and to build skateboard parks. Since 2004, 10 million euros had been spent on the programme, which had been

supplemented by funds from other government departments and the local authorities themselves. Emphasis had been placed on maximizing access to recreational facilities for disadvantaged children. The Government's play policy had resulted in a dramatic improvement in the provision of playground facilities. County play plans were being developed by local authorities in cooperation with parents, childcare professionals and community groups, in order to improve play facilities.

15. Mr. LENIHAN (Ireland) said that one county had conducted a successful project based on liaison between the National Youth Council of Ireland and the local municipal council, to assess the needs of children and young people.

16. Ms. NIC AONGUSA (Ireland) said that an expert group on mental health had published a report in January 2006 on mental health services for all age groups, which had included a detailed chapter on child and adolescent mental health care. The report had identified a serious shortage of inpatient beds, and a lack of mental health personnel. The report contained proposals for the development of mental health services, which had been accepted by the Government as the basis for the improvement of mental health care. A system of community mental health teams was being established, comprising social workers, psychologists, psychiatrists, speech and language therapists and play therapists. The Government had taken account of the recommendations contained in the report, and would augment budget allocations to the health service in order to increase the number of hospital beds for children and improve the provision of mental health care. The Government had acknowledged that the expansion of community mental health teams would be the most appropriate way of addressing the problems of attention deficit disorder and attention deficit hyperactivity disorder among children. Since 2001, the number of approved child and adolescent consultant psychiatrists had increased considerably. The lack of qualified speech and language therapists, and occupational therapists, posed a challenge in terms of the overall level of human resources in the mental health-care sector. In order to increase staff availability, the number of university courses and other training facilities had been increased. Particular efforts had been made to increase recruitment of mental health professionals to fill vacant specialist posts.

17. Mr. LIWSKI asked how mental health care was being integrated into schools, in order to deal with mental health problems that manifested themselves in the classroom.

18. Ms. NIC AONGUSA (Ireland) said that the establishment of links between community mental health teams and schools was considered an essential part of the treatment of children with mental health problems.

19. Mr. PARFITT asked whether there was any time delay in the provision of special mental health treatment for children who required it.

20. Ms. NIC AONGUSA (Ireland) said that the time frame for the provision of special mental health treatment for children varied considerably across the country. The efforts to recruit mental health professionals had aimed to reduce the delays in the provision of services. Emergency situations were dealt with immediately.

21. Ms. SMITH asked whether the psychological problems and suffering of asylum-seeking children were taken into account.

22. Ms. NIC AONGUSA (Ireland) said that asylum-seeking children had the same rights of access to mental health care as Irish children.

23. Mr. PARFITT asked whether the Social Services Inspectorate visited asylum-seeking children in institutions.

24. Ms. CANAVAN (Ireland) said that negotiations were currently under way between the Social Services Inspectorate, representatives of the Health Service Executive and staff of the Office of the Minister for Children on standards that should apply to children in residential care, particularly asylum-seeking children. The Social Services Inspectorate would apply those standards when they had been finalized.

25. Ms. SMITH asked whether measures were taken to ensure that asylum-seekers had enough money to pay for clothes and medicines.

26. Ms. FAUGHNAN (Ireland) said that when the European Union had been enlarged, Ireland had not placed any restrictions on the number of European Union citizens who could enter the country to work. In order to safeguard its social welfare system, the Government had introduced a habitual residence condition, which restricted access to means-tested social system payments and child benefit for persons who were not economically active or did not have an established connection with Ireland. Persons who had been granted asylum were considered habitually resident, and were therefore entitled to receive benefits. Asylum-seekers were provided with full board accommodation, laundry facilities and medical support. Education, including preschool education, was provided for asylum-seeking children, and all asylum-seekers were given English language training, access to a dietician and an allowance for personal requisites of €19.10 for adults and €9.60 for children. On top of that allowance, exceptional needs payments were made to cover any travel costs, prams, baby baths, nappies and toiletries, school uniforms and clothes that were necessary.

27. Ms. NIC AONGUSA (Ireland) said that the Government recognized that the placement of minors in adult psychiatric wards was neither desirable nor appropriate, and was therefore taking measures to minimize that practice. The Expert Group on Mental Health had recommended that children should be admitted to psychiatric units only as a last resort. The provision of mental health services in family and school environments reduced the need for admission to psychiatric institutions. Since inpatient admission for children was sometimes necessary, efforts were being made to address the shortage of hospital beds and to build new psychiatric units. The Government had provided funding for the purchase of beds in the private sector. Under the Finance Act, private operators building inpatient facilities for children with psychiatric problems were exempt from tax. Children aged 16 and 17 were considered adults under the 1945 Mental Treatment Act and were therefore admitted to adult psychiatric units. In its report, the Expert Group had recommended that measures should be taken immediately to transfer 16- or 17-year-old inpatients to children's facilities. In cases where it had not been possible to make that transfer owing to a lack of beds in children's units, special nursing supervision was provided for children in adult facilities, and where possible they were given private rooms.

28. The Government had published an action-oriented strategy for suicide prevention in 2005 and a National Office for Suicide Prevention had been established. The strategy encompassed a

range of measures, particularly targeting young men, for implementation in family and school environments. An anti-stigma and positive mental health media campaign had also been developed, to which the Government allocated specific funding.

29. Mr. LENIHAN (Ireland) said that legislation had been drafted to give effect to the Hague Convention on Protection of Children and Cooperation in Respect of Intercountry Adoption. The draft legislation would be submitted to Parliament for adoption, and must enter into force before Ireland could ratify the Convention. Ireland's bilateral agreements on intercountry adoption were in line with the Hague Convention. All applications for intercountry adoptions were screened very carefully.

30. Mr. ZERMATTEN asked what structure was in place to ensure that the best interests of the child were at the forefront of decisions on domestic and intercountry adoptions.

31. Mr. LENIHAN (Ireland) said that the best interests of the child were always taken into consideration in adoption decisions. The majority of adoptions that took place in Ireland were overseas adoptions, and adoption agencies were mainly concerned with reuniting adopted children with their biological parents.

32. Ms. SHEEHAN (Ireland) said that the Children Act had been enacted in 2001. The Act, much of which had already entered into force, constituted the basis of the juvenile justice system in Ireland and reflected many of the provisions of the Convention on the Rights of the Child and the United Nations Standard Minimum Rules for the Administration of Juvenile Justice. It provided for the protection of children in police custody, introduced restorative justice measures, set out principles for proceedings in the children's and other courts, and provided for the establishment of a special residential services board to advise on detention issues. The two sections of the Act that remained to come into force dealt with detention provisions and alternatives to detention. Any child suspected of having committed an offence was referred to the juvenile section of the police, who decided if the offender could be admitted to the Garda Juvenile Diversion Programme. If the offence was not serious, and the child admitted to it, he or she would be admitted to the programme. Over 75 per cent of juvenile offences were dealt with under the programme. The offenders were cautioned by a liaison officer specifically trained to work with children. Some of the cautions were restorative and involved meeting the victim of the offence. The Garda Juvenile Diversion Programme did not involve prosecution or conviction and was governed by privacy, so that it could not be invoked in court proceedings.

33. Children who were repeat offenders or had committed serious offences did not go through the Diversion Programme, but were in most cases prosecuted in a special Children's Court. The powers and guiding principles of the Children's Court were set out in the Children Act. The Court had the power to divert children, prior to conviction, into a restorative family conference, which would result in a court-ordered action plan. That plan could include meeting the victim of the offence, as well as reparations. It was also possible at that stage of the proceedings for the court to refer the child to the social services, if it believed that the offence involved social rather than criminal justice issues. Within the coming 6 to 12 months a range of alternatives to detention would be introduced for young offenders, including a mentoring service, training and activities, education orders, day-centre orders and residential orders involving hostels rather than detention, all of which would be supervised by the Probation and Welfare Service.

34. Ms. ALUOCH asked whether Children's Court judges and judicial officers received specific training.

35. Mr. LENIHAN (Ireland) said that a judicial studies institute had been established to provide courses and lectures for judges. The Children's Court was an arm of the District Court, and judges must be able to deal with all cases that came within the remit of the District Court. In rural areas, juvenile cases, which were few in number, could appear on the general list of the District Court, where they were dealt with by judges not specialized in juvenile justice. Discussions were currently under way with the President of the District Court on how to develop a corps of specialized Children's Court judges, particularly in urban areas, where juvenile crime rates were higher.

36. Mr. ZERMATTEN asked for further information on the "higher courts" mentioned in table 12.6 of the written replies to the Committee's list of issues (document CRC/C/IRL/Q/2/Add.1). He wondered whether those were adult courts, to which children were referred.

37. Mr. FILALI asked whether children were placed in the Garda Juvenile Diversion Programme by the police or by a judge, and asked what the criteria were for the placement of children in that scheme.

38. Mr. LENIHAN (Ireland) said that an independent corps of juvenile liaison officers within the national police force administered the Garda Juvenile Diversion Programme. Ordinary police did not have recourse to the diversion scheme which was administered by specially trained officers. However, all officers received detailed training in youth justice, a subject area introduced into the curriculum in recent years. A police officer must determine whether a youth was suitable for the diversion scheme, which was used in a large number of cases. There had been a considerable decline in the number of older juvenile offenders, testifying to its success. Of course, the diversion scheme failed when the offender could not be diverted and persisted in offending.

39. Young offenders whose crimes were considered too serious to be handled by the Children's Court were sent to the Circuit Court for trial by jury, and more rarely to the High Court. The Children's Court functioned within the District Court, a summary rather than jury court, which could not impose a sentence of more than one year and a limited fine. It was left to the discretion of the Children's Court judge to determine whether a case was serious enough to merit being referred to the Circuit Court for trial.

40. Ms. SMITH asked whether a Guardian ad Litem as well as a lawyer represented the child in both civil and criminal proceedings.

41. Mr. FILALI inquired whether the Circuit Court judge, when hearing the case of a child who had committed a serious offence, applied special juvenile laws or if the child was tried as though he were an adult. When the offender was a child, the emphasis should be on rehabilitation and social reintegration.

42. Mr. LENIHAN (Ireland) said that a child prosecuted in a criminal case was provided with legal representation. Only in childcare proceedings - where a child was taken into care by the health authorities - was a Guardian ad Litem appointed. In emergency care cases, which were handled by the High Court, a special guardian was also appointed to advise the court of the best interests of the child. New legislation, not yet brought into effect, would provide a Guardian ad Litem in all custody cases. In fact, in all matrimonial proceedings involving the welfare of a child, the judge was counselled by a Guardian ad Litem. Proposals under preparation would make it possible to appoint Guardians ad Litem in certain custody cases, subject to specific criteria being met.

43. Under the new Children Act, which would come into force the following year, criminal proceedings involving a person under 18 would adhere to a comprehensive new sentencing regime. The diversion scheme was the first option, community sanctions the second; detention would be imposed only as a last resort. Under current legislation, children over the age of 16 were tried as adults; the judge had the discretion to decide whether the age of the offender should be taken into account.

44. Mr. PARFITT noted that there was a difference between representing the child's best interests and representing the child; comments would be welcome. He also inquired what sort of training was received by Guardians ad Litem.

45. Ms. ALUOCH asked whether the cost of the Guardian ad Litem was borne by parents.

46. Mr. LENIHAN (Ireland) said that of course the child should be represented rather than his best interests, but it was in the best interests of the child to have a Guardian ad Litem. Guardians ad Litem were provided by non-governmental organizations (NGOs) that in his view applied reasonable standards. The Government was considering proposals for the establishment of a board to oversee the work of the Guardians ad Litem. The issue of cost did not arise in childcare proceedings, in which the State bore the cost of representing the child. In a custody dispute, however, an order to pay costs was made by the court; the danger was that the cost of the Guardian ad Litem would swell the already high cost of matrimonial proceedings in Ireland.

The meeting was suspended at 4.35 p.m. and resumed at 4.55 p.m.

47. Ms. SMITH asked whether persons interviewing child asylum-seekers were trained to be sensitive to the needs of children, and whether they provided children with sufficient information to enable them to ask the right questions and give the right answers. She had met several child asylum-seekers on her recent mission to Ireland; despite proper health care, education, and pocket money, their lives seemed difficult and even miserable. In that regard, she would like to know what measures were being taken to resolve the problem of the disappearance of child asylum-seekers.

48. She asked, moreover, whether there was a minimum age for the purchase of alcoholic beverages and whether human rights education was a mandatory part of school curricula. Turning to the matter of violence against children, she inquired whether genuine support was available to families seeking assistance, and in particular whether individuals were required by law to report any suspected cases of child abuse.

49. Mr. PARFITT asked whether emergency assistance was available on a 24-hour basis for abused children and children at risk of abuse. He also wished to know if children could seek such assistance without parental consent, and what measures were taken if another child was the abuser.

50. Mr. LENIHAN (Ireland) said that that social workers dealing with child asylum-seekers were fully qualified, with degrees in the social sciences. They assisted children in the preparation of asylum applications and conducted the asylum interviews. It should be pointed out that even highly qualified social workers often had difficulty determining a child's real wishes.

51. Turning to the matter of child disappearances, he said that the principal objective of a child social worker was the reunification of a child with his or her family. Every missing child was registered on a template with a photograph and a physical description, which was provided to the local *Gárda* station, the *Gárda* National Immigration Bureau, the manager of the Reception and Accommodation Centre, the childcare supervisor in the Asylum Seekers Unit and the Office of the Refugee Applications Commissioner. Unless the Government resorted to full detention of child asylum-seekers, he did not see how runaway situations could be prevented. Standards for residential care were being prepared; those would include aftercare, which was particularly relevant in cases of missing persons. Health and educational services were provided; income maintenance was, however, given directly on a discretionary basis.

52. Mr. POWER (Ireland) said that there were two main programmes offering human rights education in the schools: the Social, Personal and Health Education (SPHE) programme, at the primary and early post-primary levels, and the compulsory Civic, Social and Political Education (CSPE) programme, also at the post-primary level, which was based on the Universal Declaration of Human Rights and emphasized building a foundation of skills, values, attitudes and understanding. NGOs had provided programme resources for CSPE.

53. Mr. LENIHAN (Ireland), returning to questions raised during the previous meeting, said that the Children Act had very recently been amended to ensure confidentiality in all criminal cases involving children. Until now, proceedings in the higher courts had been open to the public. However, to meet a requirement imposed by the European Court of Human Rights, discretion was given to the trial judge to permit publicity in certain limited cases. Provisions pertaining to antisocial behaviour had been carefully drafted to ensure that a court order would be invoked only as a last resort; other arrangements must be attempted first.

54. Ms. CANAVAN (Ireland) said that the policy approach to child welfare and protection was undergoing a shift from residential care to foster care, and in particular to foster care within the extended family. Health-care workers were obliged to take into care any child who needed protection. There was a presumption, however, both in law and in practice, that the best place for a child was with his or her parents; at all stages, a child's situation was reviewed to determine whether a return to the parents would be possible. The National Standards for Foster Care set out best practices for placing children in foster care with the extended family, and established strict guidelines. Relatives who provided care received foster-care allowances as would any other foster-care provider, and must abide by the same standards.

55. Turning to the question of care planning, she said that the Social Services Inspectorate had determined that such planning should be standardized throughout the country and made subject to regular reviews. Children were given a role in the care planning process, and had the right to complain about their treatment while in care. The Government supported the Irish Association for Young People in Care, a forum for teaching children better to articulate their concerns and for familiarizing them with their rights.

56. Ireland had made a policy decision not to introduce mandatory reporting of child abuse; the reasons were described in the report. It had instead introduced Children First: National Guidelines for the Protection and Welfare of Children, which laid down reporting guidelines for persons working in public or private organizations. A review of the Guidelines was in progress to determine whether they were appropriate and whether they were being implemented; recommendations were expected soon. On balance, the Guidelines appeared to embody sound principles; the real issue was whether they were being implemented, and whether they would be more effective if they were mandatory.

57. Mr. LENIHAN (Ireland) said that the key question was whether making childcare professionals criminally responsible for failure to report instances of child abuse would be useful. He suspected that it would create more rather than less difficulty in obtaining the information necessary for handling such cases. A major inquiry into sexual abuse in an Irish diocese had been conducted the previous year, and the Government had accepted the resulting recommendation that “a reckless disregard to the risk of child abuse” should be made a crime. That was a step towards making reporting mandatory.

58. Ms. CANAVAN (Ireland) said that the report of the Ombudsman for Children specifically raised the issue of the responsibility of authorities to report abuse, and the findings of that report would form part of the review of Children First.

59. Turning to the matter of teenage pregnancy, she said that the Crisis Pregnancy Agency had been established in 2001, with a view to helping children and young people; it provided a variety of promotional materials, and worked with schools under the SPHE programme to educate young people, especially girls, in reproductive health. The Agency was also conducting research on sexual activity, in particular on why such activity increasingly tended to start at an early age; that study would be concluded and published in the near future.

60. Both the National Health Promotion Strategy and the National Health Policy paper entitled “Quality and Fairness: A Health Strategy for You”, published in 2001, took the view that problems such as drug use, alcoholism and obesity were caused by a variety of factors and must be handled on the basis of a multisectoral approach. A consultative committee on young people’s health promotion had done considerable work on the ways in which children communicated and accessed information regarding their own health.

61. There was, moreover, an adviser within the Department of Health and Children whose role was to provide technical and policy advice with a view to integrating youth health policies into the health agenda. In addition, a range of partnerships had been forged between such entities as the Department of Education and Science, the National Youth Council of Ireland, the

Irish Sports Council and the food industry, aimed at helping children and young people. Recent policies in the area of alcoholism, drugs, suicide prevention, nutrition and mental health all identified the specific needs of young people.

62. Mr. LENIHAN (Ireland) said that alcoholism was a serious and growing problem in Ireland, despite high taxes imposed on liquor sales, strict licensing regimes and promotional campaigns depicting the dangers of alcohol consumption. Restrictions had been placed on the domestic advertising of alcohol, but there were many overseas advertising programmes over which the Government had no control. Although Ireland had banned tobacco advertisements in the late 1970s and had been the first European country to ban smoking in pubs (2004), cigarette smoking continued to be a major problem, despite a drastic decline in consumption.

63. Mr. LIWSKI said that high alcohol consumption was linked to economic incentive: in some Latin American countries, for example, alcohol was cheaper than milk, because milk taxes were six times higher than liquor taxes. He wished to know what measures were in place to discourage alcohol consumption.

64. Mr. LENIHAN (Ireland) said that the State had raised taxes on whisky and spirits. Since the ban on smoking in pubs had gone into effect, more people were drinking in the home, facilitating children's access to alcohol. More 16 to 18-year-olds had joined the workforce and thus had disposable income to purchase alcohol.

65. The CHAIRPERSON asked whether the Government had acted on the concluding comments of the Committee on the Elimination of Discrimination against Women (CEDAW/C/IRL/CO/4/5).

66. Ms. SHEEHAN (Ireland) said that she could not comment on that point; however, legislation had been passed in 1998 providing for terms of up to life imprisonment for trafficking children under 17 into, through and outside Ireland for purposes of sexual exploitation, and efforts were under way to raise the threshold to 18 through new draft legislation which, in line with the Convention on the Rights of the Child, would allow for ratification of the Optional Protocol and would implement various European Union framework decisions.

67. Ms. ALUOCH wished to know what protective measures were taken by the State and what facilities were provided for the accommodation of child victims of trafficking.

68. Ms. VUCKOVIC-SAHOVIC asked whether there was a database on child victims of trafficking or exploitation and requested additional information on the issue.

69. The CHAIRPERSON inquired whether there was a database indicating the number of children used in child pornography.

70. Mr. LENIHAN (Ireland) said that statistics were sketchy owing to limited information on the topic.

71. Mr. SYNOTT (Ireland) said that all child-specific forms of persecution were considered to be grounds for granting refugee status. Therefore, child victims of trafficking would be

afforded protection. Gardaí (members of the Irish police force) were taking part in the work of a group funded by the Department of Justice and entitled “Ireland on Line”, that was researching trafficking for purposes of sexual exploitation, including trafficking in children.

72. Ms. VUCKOVIC-SAHOVIC suggested consulting with NGOs to assess the situation and find solutions for victims.

73. Mr. LENIHAN (Ireland) stressed that the bill relating to ratification of the Optional Protocol was before Parliament and would be enacted in the near future.

74. The CHAIRPERSON urged the delegation to implement the Committee’s recommendations even before ratification, if possible.

75. Mr. LENIHAN (Ireland) said that children were given high priority in development assistance. The Irish Government strongly supported the United Nations Children’s Fund (UNICEF), contributing more than 15 million euros in 2005 for specific programmes and emergency responses. Direct aid was given to the Irish Aid Civil Society Fund, supporting 20 child health and primary health education projects in 12 countries, and emphasis was placed on providing resources to combat HIV/AIDS. According to the White Paper of 19 September 2006 outlining how the Government could reach the 0.7 per cent GNI (gross national income) target by 2012, some 1.5 billion euros, or twice the current amount, would be spent on overseas development. With regard to concerns raised about the impact of the Northern Ireland conflict on children, the Government funded projects and NGOs engaged in reconciliation, victim support, counselling and conflict resolution, with particular emphasis on children’s needs.

76. The Irish Constitution did not confer child custody, guardianship or access rights on the natural father; his rights depended on statutory law. The Registration of Births and Deaths Acts, 1863 to 1996, entitled the natural father to have his name included in the birth register of the child with the mother’s consent, and further amending legislation had been enacted giving the father the right to contest any veto exercised by the mother in court. The Children Act of 1997 provided that a father who was not married to the child’s mother could be appointed guardian with the mother’s agreement. If such agreement was not forthcoming, guardianship could be the subject of court proceedings. In most cases involving custody disputes, custody was generally awarded to the mother, but the final decision rested with the courts whose main consideration was the best interests of the child. The State encouraged the early settlement of disputes through a family mediation service.

77. The CHAIRPERSON requested information on the father’s visiting rights.

78. Mr. LENIHAN (Ireland) said that the courts favoured access, but that practical obstacles were often encountered.

79. Mr. PARFITT wished to know whether children were represented independently in disputed custody cases and how often that occurred.

80. Mr. LENIHAN (Ireland) replied that they were not. A 1997 law providing for such representation had not yet come into force.

81. Ms. CANAVAN (Ireland) said that Traveller health was a concern, especially since most Travellers did not fare as well as the rest of the population. The Department of Health and Children had allocated more than 11 million euros to Traveller services and the implementation of the national Traveller strategy since 1997. Initiatives included the establishment of Traveller health units operating in Home School Community Liaison scheme (HSCL) areas in partnership with local Traveller organizations, a public health nurse programme for Travellers involving Travellers in the design and organization of primary care services and training programmes for Traveller women to enable them to work as community health workers in primary care units. An ethnicity pilot project had been launched to determine the feasibility of gathering ethnicity data as a routine feature of health information systems, and a study had been commissioned by the Department of Health and Children and the Department of Health, Social Services and Public Safety of Northern Ireland, in consultation with Traveller organizations, on the health status of Travellers.

82. Efforts were under way to reduce waiting times for hospital services for children through the National Treatment Purchase Fund, established in 2002. Eleven per cent of the Fund, representing 5,000 children, had been directed specifically to children to improve access to medical services by removing them from waiting lists and providing public services in other parts of the country, or purchasing private services. Progress had been made in reducing waiting times from 6 months or 1 year to an average 2 to 14 weeks in paediatric hospitals.

83. Female genital mutilation was considered to be a harmful traditional practice that constituted an assault causing serious harm to girls and women and an offence under the Non-Fatal Offences against the Person Act, 1997, but would not be covered specifically by the Children Act, 2001.

84. Ms. SMITH said that female genital mutilation should be criminalized and made subject to extraterritorial jurisdiction.

85. Mr. LENIHAN (Ireland) concurred, stressing that male circumcision had recently posed a problem as well. In response to other questions, he said that it was difficult to enforce the criminal law against begging, but that an initiative had been launched by an NGO, the Irish Society for the Prevention of Cruelty to Children (ISPCC) to try to deter people from the practice. The age of consent with regard to medical procedures and sexual health was 16. However, parental consent was required in cases involving the mental health of children aged up to 18. The age of sexual consent was 17.

86. Ms. NIC AONGUSA (Ireland) said that a five-year strategic action plan had been published in October 2000. A Health Service Executive implementation group had been formed that included the National Breastfeeding Coordinator. A National Breastfeeding Week was observed yearly to promote awareness of the benefits of breastfeeding, focusing in 2006 on garnering support from grandparents and family members to encourage mothers to breastfeed their children.

87. Mr. PARFITT wished to know whether there were any procedures for ensuring the proper investigation of child deaths, not only by the coroner, but also by the Ministry of Health.

88. Ms. CANAVAN (Ireland) said that all deaths, in particular unnatural, unexplained or unexpected deaths, or any deaths giving rise to concern, had to be reported to the coroner who then decided whether or not to proceed with a post-mortem or an inquest. Overall, child mortality rates were not high in Ireland and were declining, although they were still higher than in certain other countries, which could be explained by the fact that abortion was not legal in Ireland. One third of child deaths were due to congenital abnormalities.

89. Mr. FILALI asked for information on paedophilia in Ireland.

90. Mr. LENIHAN (Ireland) said that the Ferns Report on sexual abuse by members of church organizations had focused on the need to establish groups involving the social services, Garda Síochána and church authorities to assess the information available on risk of abuse. The Government was proceeding to set up such structures and to ensure that adequate child protection procedures were in place in all religious organizations, since they were the main patrons of primary schools in Ireland.

91. Ms. CANAVAN (Ireland) said that she would provide figures to the Committee Secretary in relation to the number of reported cases of child abuse and the number and percentage of reports that had led to court decisions or other types of follow-up.

92. Ms. SMITH (Country Rapporteur) expressed admiration for the progress achieved by the Irish Government in the area of children's rights in a short period of time. She urged the Minister for Children to push for constitutional reforms that would include provisions on the rights of the child. It was to be hoped that further provisions relating to children's rights would be incorporated in domestic law. With regard to asylum-seeking children, she referred the delegation to the Committee's general comment No. 6 (2005) on the treatment of unaccompanied and separated children outside their country of origin and requested that it be distributed to all staff working with asylum-seeking children.

The meeting rose at 6 p.m.