



Convention on the Rights of the Child

Distr.: General
20 March 2012
English
Original: French

Committee on the Rights of the Child Fifty-eighth session

Summary record of the 1649th meeting

Held at the Palais Wilson, Geneva, on Friday, 23 September 2011, at 3 p.m.

Chairperson: Mr. Zermatten

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

Consideration of reports of States parties (*continued*)

Combined third and fourth periodic reports of Iceland on the implementation of the Convention on the Rights of the Child (continued) (CRC/C/ISL/3-4; CRC/C/ISL/Q/3-4; CRC/C/ISL/Q/3-4/Add.1)

1. *At the invitation of the Chairperson, the delegation of Iceland took places at the Committee table.*
2. **Mr. Cardona Llorens** said that the State party had not specified in its report (CRC/C/ISL/3-4) whether there were early learning centres open to children with disabilities from birth to 18 months, at which time they were eligible for preschool. He asked whether preschools provided early learning for children with disabilities or whether such activities were offered in specialized centres.
3. He also wished to know whether the State party had data on the effective implementation of the legal provisions for including children with disabilities in the mainstream education system, what human and financial resources had been allocated to implementing the principle of inclusion and how many children with disabilities were schooled in the mainstream public system. He further enquired whether schools specialized in particular types of disability and whether the crisis had resulted in cutbacks to the human and financial resources allocated to mainstream schools for the purpose of catering to children with disabilities. He also wished to know whether children with disabilities had the right to be heard when decisions were taken that concerned them, whether information intended for children was accessible to all children with disabilities and whether children with disabilities had access to complaints mechanisms. In the case of separated parents, social services provided the custodial parent with the means necessary to care for the child, which meant that the other parent might not have sufficient means to do so. He asked the delegation whether the State party had given thought to ways of not limiting a child's right to live with both parents.
4. **Ms. Nores de García** asked whether studies had been conducted on the reasons behind the high abortion rate among young girls. She wished to know what kind of sex education was given in schools and what contraceptive means were available to adolescents.
5. **Ms. Varmah** noted that, despite providing a large quantity of statistical data, the State party's report did not broach the question of data collection per se. Since no systematic assessment of progress achieved or difficulties encountered in implementing children's rights had been carried out by the State party, it would be interesting to know if the Icelandic Government was considering steps in that connection. She shared the concern raised by Ms. Al-Asmar about the January 2009 ruling by the Supreme Court that spanking was permitted insofar as the Child Protection Act did not explicitly prohibit corporal punishment.
6. **Mr. Kotrane** expressed concern about the discrepancy between the end of compulsory education at the age of 16 and the minimum age for employment, which was set at 15. The State party's report mentioned cases of children working at a very young age, often in harsh conditions, and it would be useful to know what measures the State party was considering to definitively align legislation and practice in that area with the provisions of the ILO Minimum Age Convention, 1973 (No. 138) and article 32 of the Convention on the Rights of the Child.
7. He noted that the age of sexual consent had been raised to 15, which he still considered too young. He asked whether legal persons could be prosecuted for offences

under the Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography, and whether children involved in prostitution were considered offenders or victims. Lastly, he wondered whether the State party was planning to repeal the requirement of dual criminal liability stipulated in the Criminal Code in order to exercise its extraterritorial jurisdiction in cases of offences under the Optional Protocol.

8. **Ms. Gunnarsdóttir** (Iceland) said that the new Constitution would include measures to better protect children's rights. The draft constitution was currently before Parliament.

9. A child born to an Icelandic mother received Icelandic nationality at birth, as did a child born to a foreign mother and Icelandic father, provided they were married. If the foreign mother and Icelandic father were not married, an application needed to be filed and the process was slightly longer. Since Icelandic nationality could not be revoked, a mixed couple's divorce caused no problems for the children in that respect.

10. Iceland did issue residency permits on humanitarian grounds and the children of asylum-seekers were entitled to attend school. The law had been amended in 2010 to introduce the notion of subsidiary protection and a special law on unaccompanied minors had been adopted. However, it was extremely rare that migrant children should arrive alone in Iceland given the country's geographic isolation.

11. **The Chairperson** asked how much time elapsed between the moment asylum-seekers filed their applications and the moment their children were admitted to school.

12. **Ms. Gunnarsdóttir** (Iceland) said that it took at most a few days. Iceland did not have armed forces and it was prohibited for Icelanders, whether minors or adults, to enlist in foreign armed forces.

13. The draft amendment to the 2003 Children's Act covered the issue of divorce and custody of children and provided for greater reliance on mediation as a means of improving relations between parents in the best interest of the child.

14. **Ms. Sandberg** (Country Rapporteur) had understood that the budget allocated to mediation services had been reduced and asked whether the State party would be in a position to finance greater reliance on such services.

15. **Ms. Gunnarsdóttir** (Iceland) said that the cutbacks were one of the reasons why the bill had not yet been adopted, given that the new law would entail additional costs. Once the major difficulties linked to the crisis were overcome, the bill would be pushed forward.

16. A law, modelled after Swedish legislation, had recently been adopted to prohibit payment for sex services, including from adults. Sex workers, whether minors or adults, were never prosecuted but pimping was prohibited.

17. Iceland had started the ratification procedure for the Council of Europe Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse. The associated bill was ready and was awaiting consideration by Parliament.

18. The new school curricula included sex education for girls and boys alike.

19. **Ms. Sandberg** asked what concrete measures the State party was taking to lower the abortion rate, particularly among adolescent girls.

20. **Ms. Björnsdóttir** (Iceland) said that the Ministry of Welfare strove to increase awareness of that issue in schools through teachers and school nurses. It had also created a web page on reproductive health where adolescents could post questions. The Ministry was also considering submitting a bill to enable midwives and nurses to prescribe contraceptives to adolescent girls.

21. **Ms. Wijemanne** said that education and online information were insufficient. The only way to prevent unwanted pregnancies was to ensure that adolescents had access to reproductive health services.
22. **Ms. Bjarnadóttir** (Iceland) said that corporal punishment was prohibited under Icelandic law. The Government had reacted to the January 2009 ruling by the Supreme Court and had drafted a bill to amend the Child Protection Act.
23. The Criminal Code explicitly prohibited female genital mutilation and Iceland had established its extraterritorial jurisdiction over that offence. The period provided for under the statute of limitations on such acts did not start to run until the child reached the age of 14.
24. **Ms. Sandberg** asked whether the condoning of corporal punishment by the Supreme Court in its January 2009 ruling more likely stemmed from a loophole in the Criminal Code, in which case might it not be more appropriate to amend the Code instead?
25. **Ms. Bjarnadóttir** (Iceland) said the Supreme Court had deemed that the Criminal Code did not apply to the case at hand, and it was thought that the Child Protection Act did not afford children adequate protection from that standpoint. That was why the authorities had decided to amend the Act.
26. **The Chairperson** asked whether Iceland's extraterritorial jurisdiction in matters such as female genital mutilation and offences under the Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography was subject to the requirement of dual criminal liability.
27. **Mr. Kotrane** asked whether article 5 of the Criminal Code, requiring dual criminal liability in order to prosecute a criminal offence, had been amended to allow action to be brought against an Icelander who, while abroad, committed acts that constituted criminal offences under Icelandic law, including acts related to sex tourism.
28. **Ms. Bjarnadóttir** (Iceland) explained that children were allowed to visit their parents in so-called "open" prisons, and mothers who gave birth in prison could keep their children with them up to the age of 18 months.
29. **Ms. Björnsdóttir** (Iceland) said that the country had made every effort to maintain the effectiveness of the health-care system and services for children despite the financial crisis which had affected the country and the adjustments resulting from budget cuts. Scheduling and staff management had been reviewed, wages reduced, the cost of medicines streamlined and training costs curtailed. The entire country, in a spirit of solidarity, had joined forces to achieve the spending targets. As the ill-effects of the crisis were beginning to wear off, budgetary restrictions should be limited in 2012.
30. In 2007, the State had put in place an action plan for improving services to children and youths with behavioural and mental problems. Since then, the waiting period for psychological health services had been reduced and there were currently 80 children awaiting outpatient treatment at the department of psychiatry for children and youths of the main university hospital. The waiting time for admission to the public treatment and diagnostic centre was very short for children aged 0 to 3 and a little longer for those aged 4 to 12.
31. **The Chairperson** requested information on the treatment available to youths suffering from behavioural problems, such as hyperactivity.
32. **Ms. Björnsdóttir** (Iceland) said that the public treatment and diagnostic centre was responsible for diagnosing youths over 12 suffering from attention deficit and hyperactivity. The proclivity to prescribe Ritalin for children suffering from hyperactivity was hotly debated in medical circles. The authorities were currently taking steps to increase

the number of psychologists in health centres and were formulating guidelines on the range of treatments to offer in cases of Attention Deficit Hyperactivity Disorder, with an emphasis on psychological support to limit reliance on medication.

33. **Ms. Wijemanne** drew attention to the fact that overmedication was a question of diagnosis and would therefore not be resolved by increasing the number of psychologists. Effective treatment of behavioural problems was a matter of early identification of the causes and accurate diagnosis. The relevance of Ritalin-based treatments was worth evaluating by independent experts.

34. **Ms. Björnsdóttir** (Iceland) said the matter was currently being examined and that only paediatricians and child psychiatrists were authorized to prescribe Ritalin to children.

35. **The Chairperson** asked for further information on the measures taken to promote breastfeeding.

36. **Ms. Björnsdóttir** (Iceland) said that Iceland tried to follow the recommendations of the World Health Organization Global Strategy for Infant and Young Child Feeding. New mothers were systematically advised to exclusively breastfeed for the first six months after birth, and nurses made regular follow-up visits to their homes to ensure that the advice was properly followed. Most new mothers breastfed their children immediately after birth and approximately half continued to do so for the first 12 months.

37. **Ms. Wijemanne** noted that sex education classes in schools also taught adolescents how to use a bottle, which was a form of conditioning.

38. **Ms. Björnsdóttir** (Iceland) said that thanks to campaigns to promote physical activity and various measures to raise awareness of the importance of a balanced diet, the child obesity rate had been falling markedly in recent years.

39. **Mr. Guðbrandsson** (Iceland) said that, as part of the steps taken to merge all the bodies overseeing social and health organizations into a single entity, the Ministry of Social Affairs and Social Security had taken over from the Government Agency for Child Protection the responsibility for ensuring that foster homes for children were run properly.

40. Services to persons with disabilities were subject to a three-tier monitoring system. Firstly, the human rights monitoring body attached to the Ministry of Social Affairs and Social Security was responsible for overseeing and monitoring that the rights of persons with disabilities were respected. Second, seven guardians ensured that persons with disabilities, including children, received adequate service. Third, the guardians appointed spokespersons to help persons with disabilities assert their rights.

41. Training in children's rights was given to police officers, health-care professionals and social workers, as well as to various other professionals likely to have contact with children. University symposiums on child protection were organized and the lectures and presentations were then made available online.

42. Great progress had been made in the area of the participation of children in decisions concerning them, but much remained to be done. Social workers and teachers received training in that regard.

43. Domestic violence was often mistakenly reduced to spousal abuse and as a result, the fate of child witnesses or victims was largely ignored, as borne out by the low numbers of interventions by social services intended to protect children. Many studies had revealed that little or no heed was paid to children during such interventions; therefore, they could not express their anxiety or be heard when significant decisions were made that had repercussions on the family structure. Accordingly, a pilot project had been implemented in Reykjavik to assign a child protection expert to police intervention units in order to record the views of children and ensure that they received post-trauma psychological support.

44. Iceland had set up several Children's Houses for child victims of sexual violence, which had inspired other Nordic countries. The Houses were inter-institutional centres that provided comprehensive medical, legal and psychological services for victims, sparing them the traumatic effect of being shunted from one centre to another. The concept behind the Houses had been taken up by the Council of Europe in its Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse and its guidelines on child-friendly justice, adopted on 17 November 2010.

45. The Houses, that had been in place for roughly a decade, made it possible to gather statistical data to better gauge the extent of the problem and provide a tailored response, thanks to public information and awareness-raising campaigns. There was no Government body explicitly mandated to prevent sexual violence, but programmes had been designed and implemented to handle young sexual delinquents, whom studies showed were very likely to reoffend.

46. **Ms. Al-Asmar** (Country Rapporteur) asked why the Government had established only a temporary consultative committee to consider the recommendations made by the Committee on the Rights of the Child in January 2003 instead of a permanent commission.

47. **Ms. Gunnarsdóttir** (Iceland) said that the mandate of the consultative committee, formed in 2007, was to coordinate the Parliament's preparatory work on adopting the Plan of Action to improve the situation of children and young persons. It was also responsible for ensuring follow-up to the Committee's January 2003 recommendations. There had never been plans for an inter-ministerial body to coordinate efforts by all levels of government to implement the Convention on the Rights of the Child, but Act No. 83/1994 had assigned to the Ombudsman for Children responsibility for overseeing the implementation of binding international instruments to which Iceland was party and improving the lot of children.

The meeting was suspended at 4.35 p.m. and resumed at 4.50 p.m.

48. **Ms. Gunnarsdóttir** (Iceland) said that alcohol consumption by adolescents in Iceland was the lowest in Europe, so that the Committee's data were incorrect. The practice did nonetheless exist and warranted action.

49. **Ms. Bjarnadóttir** (Iceland) said that the principle of dual criminal liability applied to all offences under the Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography.

50. **Mr. Olgeirsson** (Iceland) said that national awareness campaigns had been conducted in collaboration with municipalities and teachers' unions to combat violence in schools. It was the duty of school principals to prevent violence but they were free to choose the appropriate strategy to do so.

51. Secondary school enrolment of young migrants remained low. A study would be conducted shortly, in collaboration with the Organization for Economic Cooperation and Development and involving teachers' unions, parent and student associations and the Ombudsman for Children, to examine the Icelandic education system and attempt to explain why the policy for academic integration of immigrants had failed.

52. For the past decade, arts, trade and vocational training had been offered to students of 16 and over who had neither the grades for, nor interest in, pursuing secondary studies. The training had so far produced very good results.

53. A child's right to play was guaranteed in Iceland, particularly in preschool education where play was a very effective learning tool.

54. **Ms. Sandberg** asked if persons with disabilities took part in leisure activities.

55. **Mr. Olgeirsson** (Iceland) said that schools were obliged under the law to provide leisure activities to all children. There were sometimes obstacles to fulfilling that obligation, since children with disabilities required extra assistance which schools did not always have the means to provide.

56. **Mr. Cardona Llorens** asked what the proportion of special education teachers was in pedagogical centres and how many children with disabilities there were per special education teacher.

57. He wished to know whether children with disabilities were directed to different centres according to the nature of their disability, or whether they were all in the same classroom, irrespective of disability. What was the maximum number of children with disabilities per classroom and what resources were allocated to integrating them?

58. He asked whether there was a single diagnostic centre for the entire country to which parents had to travel with their children, or whether municipalities were given the means to assess children.

59. **Mr. Olgeirsson** (Iceland) said that Iceland was currently working with Eurostat and the European Free Trade Association on establishing disability indicators. Most children with disabilities attended mainstream schools. In small towns and villages that did not have the means to set up several classes, children with different disabilities could be placed in the same class. Approximately half of secondary schools had centres for students with disabilities aged 16 to 20. That system had been greatly improved in recent years and produced very good results.

60. **Mr. Guðbrandsson** (Iceland) confirmed that Iceland had only one diagnostic centre, located in Reykjavik, and that parents had to travel there with their children. The cost of the travel was reimbursed by the State. Persons working with children also played an active part in detecting disabilities. There were currently only eight children living in specialized units across the country. All the others lived with their parents, who received grants to finance home assistance for their children.

61. **Ms. Gunnarsdóttir** (Iceland), in reference to the appeals body for asylum-seekers, said that given Iceland's small size and limited administration, it was sometimes more difficult to establish a new body than to strengthen existing ones.

62. **The Chairperson** asked whether Iceland had judges specialized in juvenile cases and whether those were part- or full-time positions.

63. **Mr. Guðbrandsson** (Iceland) said that the court system had special procedures for child victims, witnesses and offenders. Child protection services were responsible for children up to the age of 15. Those aged 15 to 18 who were arrested by police could not be interrogated without a representative of child protection services present. The prosecutor could defer indictment and request mediation.

64. There were no juvenile courts in Iceland, owing to the country's small size and the limited number of cases involving children; such cases were handled by family court judges. There was obviously room for improvement of the existing system, and Iceland was awaiting new European Union guidelines on juvenile justice before designing a training programme for police and the judiciary.

65. **Ms. Sandberg** thanked the members of the Icelandic delegation for their frankness regarding the obstacles facing the country.

66. Having noted the explanations about the way budget cuts affected children, she expressed the hope that Iceland would continue to prioritize children, especially the most vulnerable. She expressed regret at the lack of a coordinating body for child policy and said that there should be increased participation of children in decisions that concerned them.

67. Lastly, Iceland should find a solution to the problem of funding mediation services.

68. **Ms. Al-Asmar** expressed the hope that the country would soon overcome its economic problems and would be in a position to implement all the intended activities regarding children.

69. **Ms. Gunnarsdóttir** (Iceland) thanked the Committee for the relevance and preciseness of its questions, which had given the delegation the opportunity to thoroughly reflect on those matters.

The meeting rose at 5.50 p.m.