



Convention on the Rights of the Child

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Committee on the Rights of the Child Seventy-sixth session

Summary record of the 2231st meeting

Held at the Palais Wilson, Geneva, on Friday, 15 September 2017, at 3 p.m.

Chair: Ms. Winter

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The meeting was called to order at 3 p.m.

Consideration of reports of States parties *(continued)*

Fifth periodic report of Denmark (continued) (CRC/C/DNK/5; CRC/C/DNK/Q/5 and Add.1)

1. *At the invitation of the Chair, the delegation of Denmark took places at the Committee table.*
2. **Ms. Nónklett** (Denmark-Faroe Islands) said that discrimination was prohibited both in the labour market and in wider society in the Faroe Islands. Danish legislation prohibiting racial discrimination was implemented in the Faroe Islands and discrimination on the basis of race, national or ethnic origin, sexual orientation or religion was illegal under the Faroese Criminal Code. There were currently no plans for more general legislation in that regard.
3. Abortion was permitted in the Faroe Islands in cases where the life or health of the mother was at risk, pregnancy was the result of a sexual offence or the fetus showed severe malformation. In all other cases, the prior approval of two authorized doctors must be obtained. The procedure was carried out free of charge in hospitals. In 2016, there had been 26 cases of abortion, of which 3 had involved girls or young women aged between 15 and 19 years. In total, in the same year, there had been 688 births, of which 16 had involved mothers aged between 16 and 19 years. There was currently no majority support in parliament for substantial amendments to the existing long-standing legislation on abortion, although discussions in that regard were ongoing.
4. In order to fully implement the Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography, the Faroe Islands authorities had amended the Administration of Justice Act in 2014 and had launched several initiatives regarding rehabilitation and treatment for child victims of sexual abuse.
5. **Ms. Nordendal** (Denmark-Faroe Islands) said that the NGO running the child abuse hotline in the Faroe Islands had recently had its funding increased, and consequently the service had not been shut down. Children seeking help and advice could make anonymous calls to the child protection service at any time. The service had a duty to assist victims of sexual abuse. In 2013, a special children's house similar to those established in Denmark had been set up.
6. Data disaggregated by sex and age collected on child poverty and violence against and sexual abuse of children showed a decrease in the number of children affected by those issues in 2016. In that year, there had been 11 cases of child sexual abuse and five cases of violence against children. In 2016, 10.1 per cent of girls and 9.4 per cent of boys had been at risk of poverty, which represented a total of 1,190 children.
7. Measures were currently being taken to increase the disposable incomes of households with children. The number of children living in poverty had fallen between 2009 and 2015. A 2013 study had revealed that 40 per cent of children at risk of poverty had at least one parent who was receiving a student grant, a fact which had a negative impact on statistics in that regard in the short term.
8. **Ms. Olesen** (Denmark-Greenland) said that the Government of Greenland was currently considering the possibility of setting up a central body responsible for coordinating the implementation of the Convention.
9. The Government of Greenland would be presenting a national report on poverty and equality, including among children, to the Greenlandic parliament in the near future and was currently examining the issue of establishing a poverty line.
10. The recently adopted Act on Child Support provided for the collection of data on children; an improved data collection system was scheduled to be put in place in late 2017.
11. All citizens, in particular professionals working with or for children, were legally obliged to inform the authorities of cases of child abuse or neglect. Child victims of such mistreatment could turn to any adult, call a hotline for counselling or contact the

Greenlandic child-care services, which had been reorganized taking into account geographic constraints. In addition, all municipal social service units had set up 24-hour hotlines for children. Work was currently ongoing to develop an overall national strategy providing victims of sexual assault, including children, with support, counselling and treatment and offering treatment to the perpetrators of such offences and potential offenders. Existing hotline services were being consolidated, upgraded and provided with increased funding. Those services would be available from 4 p.m. to 10 p.m. every day.

12. **Ms. Bonde** (Denmark-Greenland) said that the Act on Child Support had entered into force on 1 July 2017. The Act was designed to improve case management, strengthen the enforcement of the rights of the child under the Convention, clearly set out the competencies of the various agencies operating in the field, reduce the number of children placed in care, return minors already in institutions to their biological parents and boost parenting skills. Domestic legislation on support for adults and children with disabilities was currently being overhauled and a specific act in that regard would be submitted to the Greenlandic parliament for approval in late 2017.

13. **Ms. Sandberg** said that there had been reports of cases in which the Greenlandic authorities had failed to properly hear children prior to taking them into alternative care, consult them regarding where they would subsequently be placed or prepare individual care plans in their regard. Information would be welcome any training provided in Greenland and Denmark to social workers to ensure that they took into account children's opinions.

14. **Mr. Cardona Llorens**, supported by **Mr. Koltrane**, said that it was clear from the replies to the list of issues (CRC/C/DNK/Q/5/Add.1) that a disproportionate number of children with disabilities had been placed in alternative care in Greenland. He asked what measures had been put in place regarding their deinstitutionalization. He was concerned at the fact that resources were being channelled towards institutional care, rather than towards efforts to ensure that children with disabilities could remain with their families.

15. **Ms. Olesen** (Denmark-Greenland) said that, in Greenland, children with disabilities whose parents were unable to look after them properly were placed in specific facilities according to the nature of their disabilities. The facilities in question were appropriately equipped and staffed and could provide a level of specialist care that few foster families were in a position to match. Furthermore, a new centre would be opened in late 2017 that would provide advice and guidance to persons with disabilities, their families and care professionals, as well as physical therapy facilities for persons with disabilities. The specialist staff of the centre would also carry out assessment and therapeutic activities at the community level and carry out home visits.

16. **Ms. Aho Assouma** asked what care was provided for child victims of domestic violence and sexual abuse in the Faroe Islands and what prevention programmes had been put in place in that regard. Information on any domestic legislation explicitly prohibiting the use of corporal punishment would be welcome.

17. **Ms. Nónklett** (Denmark-Faroe Islands) said that corporal punishment and other types of degrading treatment of children in all settings in the Faroe Islands had been prohibited under Royal Decree No. 228 of 15 March 2007.

18. **Ms. Nordendal** (Denmark-Faroe Islands) said that the Faroe Islands Children's House provided children victims of domestic violence or sexual abuse with necessary health care, treatment and assistance with police interviews carried out by video link. Subsequently, the social services provided the entire family concerned with support. Child victims could be removed from the family home in cases where they were still living under the same roof as the perpetrator. A campaign had been launched under which perpetrators and potential offenders could request and receive treatment on a confidential basis.

19. **Ms. Aho Assouma** asked whether specific measures had been put in place to provide physical and psychological care and rehabilitation for child victims of violence and sexual abuse and, if so, whether such treatment was provided free of charge.

20. **Ms. Nordendal** (Denmark-Faroe Islands) said that child victims received initial treatment in the Children's House, with specially trained psychologists providing them and

their families with follow-up support at home for one year. No fees were charged in that regard.

21. **Ms. Møller** (Denmark) said that children were not heard by national courts prior to their parents being sentenced. However, the personal circumstances of convicted defendants and their families were fully taken into consideration by courts when determining sentences.

22. **Ms. Rasmussen** (Denmark) said that the best interests of the child were given absolute priority under paragraph 2 of the Executive Order on the Danish Adoption (Consolidation) Act. Under paragraph 18 of the Executive Order, an adoption decree could be revoked in cases where both the adopter and the adopted child so agreed; the adopted child was aged under 18 years, the adopter and the original parents so agreed and revocation was in the best interests of the child; the child was at least 12 years old, had undergone an interview process and received information on revocation and had given his or her prior consent in person before the State authorities; the child was under 12 years of age and information had been obtained on his or her wishes to the extent warranted by the age and maturity of the child and the circumstances of the case, with those wishes being considered to the greatest possible extent. In addition, revocation could be agreed where an adopter had been found guilty of serious misconduct towards, or failing to discharge his or her parental duties in respect of, an adopted child, or where, for any other reason, it was found to be of fundamental importance to the welfare of the child. Where the child was, by reason of insanity, mental deficiency or any similar condition, incapable of managing his or her own affairs, revocation proceedings must be initiated by the child's legal guardian, his or her original father or mother, or by the National Social Appeals Board. In all other cases, children could initiate proceedings themselves.

23. The Danish adoption authorities collected as many data as possible about adoptees' backgrounds, which could be accessed by parents and adopters on behalf of adopted children. Adopted youth aged 18 years or over could access the information in question themselves.

24. **Ms. Jensen** (Denmark) said that, in line with the Convention and the European Convention on Nationality, children born stateless in Denmark were entitled to Danish citizenship. However, such children must be resident in Denmark and have completed the corresponding application procedure before reaching the age of majority.

25. **Ms. Krogh** (Denmark) said that, as a matter of priority, the Government attempted to place children who could not live with their parents in a family-like environment, such as a foster home. The number of children placed in foster care had risen, as had the demand for foster families, including those willing to accept children with complex needs. In order to ensure that potential foster families were able to care for children properly, all families were required to complete a course before they could foster a child. The municipalities were required to ensure that all foster families were given any necessary supervision and further training in accordance with their needs and with the amount of care to be provided. Any specialized treatment required by foster children, such as psychological treatment, had to be provided in parallel with foster care.

26. **Ms. Drøhse** (Denmark) said that, in 2015, amendments to the Act on Social Services had been adopted that made it harder for children to be moved from one foster family, or placement facility, to another. The consent of the child and the custodial parent had to be obtained before he or she could be moved. If certain conditions were met, however, a municipal authority could decide to move a child without obtaining his or her consent.

27. The municipalities were responsible for delivering social services in accordance with the legislation in force. If any individual suspected that a municipality was not complying with its obligations in that regard, he or she could make a complaint to the National Social Appeals Board. In order to address cases in which municipalities were failing in their duty to provide children with appropriate care, a special task force, dedicated learning teams and a legal hotline had been set up. Furthermore, additional training and assistance were provided to municipal case workers and a network to enable best practices to be shared among the municipalities had been set up. In recognition of the challenging

nature of certain cases, the Government had provided funding to enable case workers to receive special training in how to communicate with children and ensure that they were included. A permanent fund had been established that enabled free, independent, third-party assistance to be provided to any child who had dealings with social services.

28. The municipalities were responsible for ensuring that sufficient services and placement facilities were available for children and young persons. When placing a child in a particular facility, the municipalities were required to ensure that it would be suited to the needs of the child in question.

29. **Ms. Rasmussen** (Denmark) said that the State provided a general municipal block grant that was extended every year in accordance with the “extended total balance principle” to ensure that local authorities were compensated for changes in their responsibilities and obligations. Every year, the block grant was adjusted to ensure that the municipalities had sufficient financial resources to meet their responsibilities. Less favoured municipalities benefited from redistribution that took place in accordance with the principle of equalization between municipalities.

30. **Ms. Wagner** (Denmark) said that a new act on adult responsibilities had been adopted in January 2017 that regulated the use of forcible measures in facilities for children and young persons. In accordance with the Act, forcible measures could be used only in exceptional circumstances and only in a manner proportionate to the aims of the staff concerned. The use of restraint, or any humiliating or degrading treatment, was strictly prohibited. Physical coercion could be used only when the child or young person constituted a danger to him or herself or to others and was never permitted within foster families. As part of the measures taken to implement the Act, new administrative regulations and guidelines had been drawn up, teaching material had been developed and workshops and seminars had been carried out to ensure that teachers, supervisors, foster families and case workers were familiar with the new regulations. Information presented in a child-friendly format had been developed and published by the National Board of Social Services to ensure that children and young persons in alternative care were aware of the regulations governing the use of force and the procedures for filing complaints.

31. A comprehensive reform of social supervision mechanisms had led to the establishment of five regional supervisory authorities that monitored and approved the facilities in which children and young persons were placed. To that end, the authorities made efforts to ensure that such facilities took steps to prevent the use of forcible measures. Concerns about conditions in particular placement centres could be reported anonymously to the supervisory authorities. Staff were required to register any use of force, to inform the child involved that the use of force had been registered, to give the child an opportunity to express his or her view of the incident, and to report the incident to the municipality responsible for placing the child so that it could assess whether or not the facility in question remained the most appropriate one. Registered incidents also had to be reported to the responsible supervisory authorities, which were required to examine the incoming reports and assess whether or not action should be taken. Twice a year, the National Board of Social Services collected data from the supervisory authorities on the number of reported incidents in which forcible measures had been employed. On that basis, the Board produced statistics on the number of such incidents. Pursuant to the Act on Adult Responsibilities, complaints about the use of forcible measures could be brought before the municipal council.

32. **Mr. Cardona Llorens**, noting that 20 to 25 per cent of children in institutions had disabilities, said that he wished to know how the Government ensured that children with intellectual disabilities were made aware of their right not to be subjected to coercive measures. In view of the fact that the Committee on the Rights of Persons with Disabilities had expressed concern over the use of coercive measures against children in psychiatric hospitals (CRPD/C/DNK/CO/1, para. 20), and that complaints had been made in relation to the use of force in such institutions, he asked whether legislation had been adopted that prevented the use of coercive measures.

33. **Ms. Bjørnholk** (Denmark) said that children up to 3 years of age with incarcerated parents had the right to stay with their father or mother in prison, provided that the parent in

question was able to look after the child and the prison conditions were judged suitable. In practice, the daily average number of children staying with their mother or father in prison was between one and two. Older children with incarcerated parents had the right to visit those parents and to correspond with them and communicate by telephone. Incarcerated parents, in both high and low-security institutions, had the right to receive longer and more frequent visits from their children than from other persons.

34. **Ms. Rasmussen** (Denmark) said that coercive measures could not be used in psychiatric hospitals unless all efforts to persuade the patient to cooperate had failed. In accordance with the Psychiatry Act, any coercive measures that were used had to be applied as gently as possible and with maximum consideration for the person concerned. The Psychiatry Act did not apply to children under the age of 15 if the custodial parent had consented to the treatment administered. However, the parents of psychiatric patients who were minors had the right to refrain from taking a decision on whether or not coercive measures could be used. In such cases, the decision was taken by a medical doctor and, provided that the other conditions governing the use of coercive measures were met, the child would be covered by the Psychiatry Act, resulting in him or her having the same legal safeguards as adults, including the right to file an appeal. If coercive measures were used against a child, the hospital staff were required to discuss the incident with the child concerned and to explain why such measures had been used. The Ministry of Health and Internal Affairs, in collaboration with the Mental Health Fund, was planning to publish information, in child-friendly language, on the use of coercive measures against minors. The information in question would be made available in psychiatric wards from the end of September 2017. Furthermore, the provisions of the Psychiatry Act that related to minors would be evaluated in 2018 or 2019.

35. **Mr. Kotrane** (Coordinator, Country Task Force) said that he would welcome further information on the rise in the rate of suicide among children and adolescents and on problems associated with obesity and malnutrition, including in Greenland. What measures were being taken to address those issues?

36. **Ms. Sandberg** said that she wished to know whether parents could decide to have their child placed in a psychiatric institution, whether the same rules applied to children whose parents had taken such a decision, whether any such right was dependent on the age of the child and whether any safeguards were in place in such situations.

37. **Mr. Pedernera Reyna**, referring to the State party's policy of allowing minors to stay with their parents in prison, said that he wished to know whether, in line with the recommendation made by the Committee against Torture (CAT/C/DNK/CO/6-7, para. 35), the State party would carry out a study of the impact of that policy on minors' ability to reintegrate into society when their parents were released.

38. **Mr. Rodríguez Reyes** said that he wished to know whether, under public policy on mental health, priority was given to the placement of mentally ill children in psychiatric institutions. He asked whether any measures were in place to monitor the overmedication of children in psychiatric institutions and whether the use of force in such institutions was monitored.

39. **Ms. Rasmussen** (Denmark) said that the Psychiatry Act applied to children over 15 years of age.

40. Nurses monitored the height and weight of all children as part of the Government's efforts to tackle obesity through early intervention. The Danish health authority had published so-called health promotion packages on obesity, diet and physical activity to help municipal decision makers and health planners to establish priorities and organize local health-promotion and disease-prevention initiatives. The health authority conducted an annual, nationwide campaign to promote physical activity among school-age children.

41. **Ms. Khazova**, noting that there had been a significant increase in the number of children diagnosed with attention deficit hyperactivity disorder (ADHD), said that she would welcome information on the overmedication of children with that condition. In view of the fact that such medication caused very serious side effects, she asked whether the

Government would consider increasing the use of non-medical treatments for ADHD and whether any studies of the problem of overmedication would be carried out.

42. **Ms. Rasmussen** (Denmark) said that all patients had the right to receive a diagnostic assessment or a plan for further clinical examination within one month. They also had the right to undergo treatment at private hospitals or clinics if a given treatment could not be administered by the local health authority within 30 days. The Danish health authority had released a number of guidelines to ensure that children with ADHD received the same standard and type of treatment. In 2016, the health authority had published guidelines on the assessment and treatment of ADHD in children to ensure that patients were referred to the right authority at the right time. The Danish regions had developed a series of standardized treatment programmes for patients with mental disorders, including children with ADHD. Such programmes were intended to harmonize and structure assessment and treatment, to implement evidence-based guidelines and to improve the quality of the care provided. In the autumn of 2016, the Danish parliament had allocated funds to the development and implementation of three disease-management programmes for children with mental problems, including ADHD. Furthermore, the Danish Patient Safety Authority had launched a surveillance programme in the form of a computer application that collected data on the prescription of medication to persons with ADHD.

43. **Ms. Khazova** said that it was still not clear whether, under the guidelines in place, parents were informed of the side effects associated with medication for ADHD and of the availability of non-medical forms of treatment.

44. **Ms. Aho Assouma**, noting that the State party had implemented campaigns to prevent obesity, said that she wished to know whether any specific measures or health facilities existed to treat children who were already obese. She asked why there were so many children in psychiatric institutions and why medication was prescribed to them.

45. **Ms. Rasmussen** (Denmark) said that parents were informed of the side effects of medication and had to provide their consent before any medication could be prescribed to their children.

46. **Mr. Nissen** (Denmark) said that the number of children with disabilities in mainstream education had risen from 94.2 per cent in 2010/11 to 95.2 per cent in 2014/15. In accordance with the legislation in force, all children had the right to receive a satisfactory education, which was provided either through differentiated teaching or through the use of teaching assistants. The Ministry of Education, Research and Culture had allocated 75 million Danish kroner (DKr) to the development of a co-teaching system in order to enhance knowledge of special education within mainstream education. Pupils with greater needs were offered professional support and personal assistance to overcome any practical difficulties that they encountered. Following the completion of a government-funded inspection of inclusion in the education system, the goal of ensuring that 96 per cent of children with disabilities were included in mainstream education had been abandoned in accordance with a perceived need to place less emphasis on figures and more on individual children, including those with special needs. In agreement with the municipalities, however, emphasis continued to be placed on strengthening inclusive learning. For instance, a new test had been introduced to ensure that children with dyslexia received appropriate support in the school system. From 2012 to 2017, many research projects had been carried out in the area of special needs education, including a project that aimed to help children with ADHD succeed in mainstream education. Teacher training courses were designed to ensure that all teachers were competent to work with all children, including those with special needs.

47. **Mr. Cardona Llorens** said that, while the rise in the proportion of children with disabilities who were included in mainstream education was heartening, the target should be 100 per cent. He asked whether children who were born deaf and subsequently received cochlear implants were taught sign language and whether blind children were taught Braille, and whether under the inclusive education policy, special classes were maintained within ordinary schools or children were integrated into ordinary classes. Had any studies been conducted into the disproportionate school failure rate among children with disabilities? He had received reports according to which it was impossible to appeal against decisions taken

by school administrators regarding special education facilities for children with disabilities if the children in question benefited from less than nine hours of special education classes per week. Was that the case?

48. **Ms. Rasmussen** (Denmark) said that, in comparison with other European countries, the proportion of overweight children was relatively low in Denmark. The Ministry of Health provided an annual grant of approximately DKr 4 million per year to a group of child treatment centres that provided assistance to overweight children and their families.

49. The bill on the prevention of discrimination against persons with disabilities would be presented before the parliament later in 2017, hopefully for entry into force at the beginning of 2018. The bill established the right to file complaints with the Board of Equal Treatment and the right, if the Board ruled in favour of the complainant, to receive compensation. The bill contained no provisions relating to either reasonable accommodation or accessibility, as there was a lack of resources to devote to such measures and it was feared that their inclusion would lead to undesirable financial side effects, both for private and public entities.

50. **Mr. Cardona Llorens** asked if he had understood correctly that the right of children with disabilities to have access to public spaces would not be guaranteed under the new law owing to financial considerations.

51. **Ms. Rasmussen** (Denmark) said that Danish legislation applied the principle of sectoral accountability. The Ministry of Transport, for instance, was thus already responsible for providing access to public transportation for persons with disabilities, including children. The new law would prohibit any discrimination across all sectors, but it would not in itself introduce any new accessibility standards or reasonable accommodation requirements. The existing requirements would continue to be applicable.

52. **Mr. Nissen** (Denmark) said that, in the event that parents were dissatisfied with a school's decision that their child required fewer than nine special needs education lessons per week, the parents were able to appeal against the decision with the Special Needs Education Appeals Board. The education system made available a wide range of services for students with special needs through upper secondary level. Students with particularly serious needs were eligible for a special three-year secondary programme individually tailored to meet their requirements. Pupils who encountered difficulties meeting minimum grade requirements for secondary education could still be admitted by means of an individual assessment conducted through an interview with the secondary school's head teacher. The Ministry of Education was attentive to the fact that the recent reforms to the education system might have unforeseen consequences, and it thus continually monitored the reforms' implementation and results. The Ministry of Higher Education and Science would in the near future invite Danish organizations of persons with disabilities and representatives of all institutions of higher education to a dialogue on accomplishment rates for students with disabilities.

53. **Mr. Lumina** asked about the delegation's statement that the Government was reluctant to explicitly include the principles of accessibility and reasonable accommodation in the proposed legislation owing to financial implications, but that such principles were already captured in the various sectoral policies. Why would the Government hesitate to expressly include such principles in the new law, all the more so if they were already respected? An explicit recognition of the principles could only reinforce and support such rights.

The meeting was suspended at 4.30 p.m. and resumed at 4.50 p.m.

54. **Ms. Rasmussen** (Denmark) said that no accurate data were available on the number of children with disabilities who were placed in care. The reply to the list of issues included a rough estimate based on an analysis of decisions to place children in care. However, those statistics were not intended as a register of the cause of placement. For many children, multiple causes for placement could be cited, so the accuracy of the analysis of those statistics would inevitably be questionable. The Ministry of Social Affairs had launched a new analysis of how to collect data regarding children with disabilities, and results from that work were expected later in 2017. Reasonable accommodation and accessibility for

persons with disabilities were already addressed by the legislation governing various sectors, including civil aviation, rail and maritime transport, construction and others. The bill currently under consideration would have a much broader scope and would cover both public and private entities.

55. **Ms. Wagner** (Denmark) said that the Government viewed poverty as a multidimensional issue involving a complex mix of social problems, health-related issues, housing conditions, cultural deprivation and degree of access to economic resources. The Government had launched 10 targets relating to social mobility, which focused on supporting integration of people into the labour market and combating social marginalization. The Government published an annual report to monitor progress and to highlight challenges in the provision of social services and to contribute to knowledge-based policy initiatives. In the view of the Government of Denmark, the best way to help socially marginalized families was by supporting their integration into the education system and the labour market, with the provision of supplementary social benefits and free, high-quality benefits in kind. As ensuring equal opportunities for all children was a priority, initiatives had been launched to improve the quality of day-care facilities, for example.

56. Under the Act on Social Services, municipal councils were empowered to provide financial support to custodial parents for extra expenses incurred owing to support measures initiated by the municipalities themselves, when such measures were deemed to be vital to the best interests of the child. For example, if the municipal authorities determined that a stay at a boarding school or registration in a day-care facility would be beneficial for a child, the council could, if necessary, cover the cost. The municipality could also cover leisure activities for children in need of special support. A specific card had been issued in a number of municipalities to offer vulnerable children and young persons from families with limited means the opportunity to take part in sports, music, educational and scouting activities.

57. **Ms. Rasmussen** (Denmark) said that social assistance was meant to be only a temporary source of income until the beneficiaries were able to find employment. Persons with permanently reduced working capacities were not supposed to be part of the social assistance scheme; they should instead be assigned a type of flexible employment or a disability pension. The best way to protect children was by giving their parents a strong incentive to take employment, thus breaking the cycle of economic passivity. Since the system of social subsidies had been reformed, there had been positive developments, with fewer people receiving social benefits and more holding supplementary employment. In April 2016, a ceiling had been set for social benefits, and the 225-hour rule, under which recipients of social assistance were required to show proof of having worked at least 225 hours over the previous 12 months, had been introduced in January 2017; as a result the number of full-time recipients in the social scheme had decreased by some 8,200 persons. Parents receiving social assistance were entitled to other social benefits, including family allowances, child benefits for single parents, housing benefits and emergency social assistance in support of reasonable expenses. Persons unable to work 225 hours a year owing to a disability, illness or other personal circumstances were exempted from the 225-hour rule. No children were thus at risk of experiencing adverse economic consequences of that rule.

58. There were no precise records concerning the number of children who had been treated for disorders of sex development (DSD). DSD could relate to some 50 kinds of diagnosis. It was forbidden for doctors to make irreversible interventions on children in the absence of informed consent from their parents, and in such cases parents were amply informed about any type of operation. On average, just one child was born with ambiguous genitalia every year. In such cases, paediatricians carried out in-depth investigations, including diagnostic imaging and chromosome analysis. The determination of the sex of the child was carried out in close dialogue with the child's parents and was based on the needs of the child. Such interventions were never performed for solely cosmetic reasons. Surgical intervention on sex characteristics was not performed on infants.

59. The Government considered that the use of surgery to help children overcome functional and practical difficulties should continue. For both children and adults, treatment of DSD conditions took place in highly specialized departments at three hospitals. Non-

therapeutic circumcision of minor boys was considered to be a surgical procedure covered by the Act on Authorization of Health Care Professionals and on Professional Health Care Practice. Such operations must be performed by doctors, although doctors with the right to practice independently could use delegated treatment. If they did so, they must show due care and conscience and must be present during the procedure. Non-therapeutic circumcision could take place only with informed consent. For children under the age of 15, written consent of the parents was required. According to a study conducted by the Danish Health Authority, there was insufficient health-related documentation to recommend circumcision as a general practice, but the surgery itself, when properly performed by competent doctors, did not involve such risks that a prohibition would be appropriate.

60. **Mr. Nissen** (Denmark) said that one of the intentions behind the school reform had been to make the school day more varied and longer, with at least 45 minutes devoted every day to movement and physical exercise. The school day for primary school students between the ages of 6 and 9 usually began at 8 a.m. and finished at about 2 p.m. The National Agency for Education Equality carried out inspections of private schools' management, quality of education and compliance with the law.

61. Since 2014, a national survey had been conducted annually on pupil well-being. The Government had taken steps against bullying at school, in part in response to the recommendations issued by the Committee in its 2011 concluding observations. New legal provisions had made it obligatory for all schools to adopt an anti-bullying strategy. If they failed to do so, their municipality must provide one. The Danish Centre for Learning Environment supervised compliance with that provision. School directors bore the responsibility to immediately take steps in response to any reports of bullying, and under a newly established system, students and their families were able to file complaints if the directors failed to take action. The Ministry of Education was able to withdraw grants from institutions that failed to comply with its directives in respect of action against bullying. The Ministry had also undertaken initiatives to train school administrations and make teaching staff more competent to deal with situations of bullying.

62. Children who had recently arrived in Denmark, including those from the Faroe Islands and Greenland, and who required instruction in Danish as a second language received such instruction. It was the responsibility of the school administration to assess and meet their needs in that regard. Schools were owned by their municipalities, and their activities were supervised by the National Social Appeals Boards.

63. **Ms. Otani** noted that children who were victims of bullying often refrained from informing or consulting their parents about the problem. How did the schools or municipalities keep parents abreast of anti-bullying efforts? Were children involved in the development of such strategies at the school level?

64. **Mr. Nissen** (Denmark) said that schools were obliged to inform pupils and parents about, and involve them in, anti-bullying policies and actions. The Ministry of Education was about to launch a mediation unit that would intervene when bullying was a problem and would give priority to hearing the voices of pupils and their families.

65. **Ms. Jensen** (Denmark) said that asylum-seeking children were provided with appropriate health care, including non-acute health care. The provision of health care could be subject to prior approval from the Danish Immigration Service, but generally asylum-seeking and migrant children had access to the same level of support as children residing legally in Denmark. Unaccompanied 17-year-old asylum seekers were not accommodated at special centres for children, but had, since January 2017, been placed in separate sections of ordinary centres for adult asylum seekers. The aim was to help them prepare for adult life. They retained the same rights as other unaccompanied minor asylum seekers, who were placed at special accommodation centres for children. Siblings were generally accommodated together, but if one was over 17 years of age, they were separated; in that event, they were placed at facilities approximately 40 kilometres from one another, but they attended the same schools. The Immigration Service made individual assessments to ensure that such separation was not at variance with the best interests of the children.

66. Pursuant to the Nationality Act, any person convicted of certain violations of the Criminal Code, for example those related to terrorism, could be deprived of Danish

nationality by court order, unless such action would render the person stateless. In assessing whether to deprive the person of nationality, the judge must take into account elements such as the gravity of the actions in question and personal circumstances, including the duration and character of the person's residence in Denmark or elsewhere; the person's place of upbringing; family situation and personal or family roots in Denmark; and the level of language proficiency in Danish and of a language spoken in the country of the person's other nationality.

67. **Ms. Lam** (Denmark) said that she could not provide information specific to the case of the two brothers from Afghanistan who had been deported, but she could inform the Committee that prior to deportation the Danish authorities considered carefully whether the persons in question were subject to a risk of persecution. Asylum cases were examined by the Immigration Service. When applications for asylum were denied, they were automatically reviewed by the Refugee Appeals Board, an independent body presided by a judge. It was outside the competence of the Danish authorities to monitor the situation of non-Danish citizens in their home countries.

68. A new law on the use of force against unaccompanied minors would enter into effect in September 2017 and would for the first time provide regulations stipulating specifically in what circumstances force could be used. The rules were identical to those governing the use of force against all children placed in care in Denmark, and the law specified that the use of force must be exceptional and should never replace care and pedagogical efforts. Any use of force must be reported to the Immigration Service, and rules had been adopted to ensure that the minor in question could state his or her case. Under the law, supervision would be provided by a supervisory authority with experience in dealing with the use of force against children, for example at residential sites for persons with physical or mental handicaps or substance abuse problems. The adoption of the new law and rules would help to strengthen protection of the rights of unaccompanied children seeking asylum.

69. **Ms. Laurberg** (Denmark) said that, soon after asylum seekers arrived in Denmark, the municipality of arrival must carry out screening to expose severe health problems so that adequate health treatment and social measures could be provided as early as possible. An assessment was made by the local authority based on that screening. However, guidelines on the detection and treatment of trauma could vary between municipalities. The Government had therefore initiated a pilot project in four municipalities to improve the respective municipal initiatives and to strengthen the well-being and integration of persons who had been traumatized. The pilot programme dealt with personal relations and conflict management within the family, among other issues. It would soon be generalized to all municipalities in Denmark.

70. **Ms. Schultz** (Denmark) said that the Danish Centre against Human Trafficking had in 2016 identified 121 trafficking victims, of whom 9 were under 18 years of age.

71. **Ms. Møller** (Denmark) said that the national police had guidelines and an administrative procedure for handling cases of trafficking in persons, including minors. The aim of the guidelines was to ensure that the police were aware of any exploitation of vulnerable persons and that victims were treated with appropriate care. As part of their studies, prospective national police officers took courses covering the handling of cases of trafficking involving children.

72. Charges against trafficking victims were generally dropped if the alleged offence was related to the trafficking and could not be characterized as a serious crime. The offences for which charges could be dropped included forgery, violations of the Aliens Act, burglary, shoplifting and small-scale narcotics dealing. In other cases, mitigating circumstances, such as a defendant's status as a trafficked person, could provide grounds for the reduction of a sentence. In short, although they might have broken the law, victims of human trafficking were perceived as victims.

73. There were no specific incentives for the police and the Public Prosecution Service to cooperate in efforts to combat human trafficking. The role of the police was to determine the facts of any trafficking cases, and the binding guidelines they operated under stated that trafficking victims were to be referred to centres that provided them with access to appropriate social services. Like the victims of other crimes, trafficking victims were

entitled to legal aid and could turn to the courts to seek compensation. Pamphlets containing advice for persons under 18 years of age who were victims of sexual assault and other serious crimes had been made available in seven languages. Public officials who were accessories to human trafficking could be prosecuted under the provisions of the Criminal Code relating to aiding and abetting.

74. In all, 34 persons had been convicted of trafficking in persons from 2014 to 2016. That number, however, included convictions in cases involving trafficking in persons of any age, not simply minors. The majority of the cases had involved adults.

75. **Ms. Jensen** (Denmark) said that trafficking victims, including minors, were not automatically entitled to Danish residence permits simply because they had been trafficked. They could apply for asylum or residence permits on other grounds, however. The immigration authorities determined whether the requirements for granting residence permits were met, and circumstances relating to a person's status as a victim of trafficking could be of relevance in that regard. Representatives were appointed for unaccompanied minors who were victims of trafficking. Such minors were thus provided with specialized support during their stay in Denmark.

76. Trafficking victims, including children, who were denied permission to remain in Denmark were given a 30-day period, renewable up to a total of 120 days, before they were required to leave. Victims who cooperated with the Danish police in their investigations were granted temporary residence permits. All victims of trafficking were offered a prepared return to their home country or their country of residence. Their cooperation in the process of preparing for their return did not mean that they were required to help the police with their investigations or testify against the people who had trafficked them.

77. Voluntary returns, referred to as prepared returns, involved cooperation among the International Organization for Migration, the Danish Centre against Human Trafficking and the Danish immigration authorities. Prepared returns were individually developed repatriation and reintegration plans that involved activities in both Denmark and the countries to which victims were returned. The returns of minors were arranged in close cooperation with the minor's personal representative and a representative of the Centre against Human Trafficking. Particular efforts were made to lessen the likelihood of their falling victim to traffickers anew.

78. **Ms. Bjørnholt** (Denmark) said that the Government was currently working on an ambitious plan to reform its approach to juvenile delinquency. The reform would involve the development of an entirely new system in which young offenders faced clear consequences and there was greater scope for tailored responses to particular offences, even when the offender was under the age of criminal responsibility. In developing the proposal for the reform, which was expected to be unveiled in late 2017, the Government was working with civil society and national and international experts in relevant fields.

79. **Ms. Møller** (Denmark) said that the age of criminal responsibility had been lowered to 14 in 2010 but had been restored to 15 in early 2012. In accordance with Act No. 711 of 25 June 2010, which amended the upper limit of prison sentences applicable to persons who were under 18 years when they committed a crime, such persons could be sentenced to no more than 20 years in prison. Under the amendment, courts were not precluded from emphasizing law enforcement considerations when determining an appropriate sentence. In 2015, the Danish Supreme Court, in a ruling upholding the conviction of a minor found guilty of homicide, had stated that, as a general rule, persons below 18 years of age should still be sentenced to a term of imprisonment not exceeding 8 years and that Act No. 711 did not provide for an increase in sentencing levels for minors.

80. In general, minors were entitled to alternatives to pretrial detention, in particular if the aims of such detention could be achieved through less restrictive measures. The Public Prosecution Service operated under a set of guidelines that stated clearly in which cases alternatives to custodial sentences, such as fines, community service or electronic tagging, should be preferred. The daily average number of minors in Danish prisons had been 14 in 2016.

81. **Ms. Ayoubi Idrissi** said that she wished to know whether circumcisions required the consent of both parents of a child or whether the father's consent alone sufficed. She also wished to know whether the Danish authorities based their decisions to deport people on diplomatic assurances that the deportees would not be subject to a personal risk of torture or ill-treatment in the countries to which they were deported.

82. **Mr. Madi**, referring to a practice of the State party, said that it was unlikely to be in an unaccompanied minor's best interests to separate him or her from an older sibling. In that connection, he said that he would welcome more information on the adults appointed to look after the interests of such minors. It would be interesting to know, for instance, what their title was, whether they were guardians, how they were chosen and whether they were volunteers, public officials or employees of non-governmental organizations. It would also be interesting to know what training they received and whether any consideration was given to the minor's cultural and linguistic background in appointing those adults.

83. In view of the State party's reply to the effect that accommodation for all unaccompanied minors was provided at special children's accommodation centres run by the Danish Red Cross (CRC/C/DNK//Q/5/Add.1, para. 54), he wondered whether any plans had been made to place such minors with foster families while their status was being considered. Lastly, he wished to know whether the warrants issued for minors who went missing from such centres were arrest warrants and how those minors were treated by the authorities when they were found.

84. **Ms. Sandberg** said that she wondered how the best interests of the child informed asylum proceedings in the State party. She also wondered what steps were taken to ensure that children involved in such proceedings could exercise their right to be heard and whether the Danish authorities were of the view that the practice of granting temporary residence permits to children was fully compatible with their right to development. In addition, she was puzzled by the status of children who were deemed too immature to complete an application for asylum and were thus forced to remain in limbo.

85. **Ms. Schultz** (Denmark) said that the circumcision of a child would require the consent of both parents if they shared custody of the child.

86. **Ms. McNair** (Denmark) said that the personal representatives who defended the interests of unaccompanied minors were appointed by the State. They could be either volunteers or professionals, and they came recommended by the Red Cross, which also matched representatives with special skills and the minors who would benefit from them. The Danish authorities trusted that the Red Cross's volunteers were properly qualified.

87. **Ms. Jensen** (Denmark) said that in special situations residence permits could be issued to minors not considered mature enough to go through asylum proceedings. In other situations, such minors would be placed in accommodation centres with specially trained staff. After the minors reached 12 years of age, the immigration authorities would carry out a yearly assessment to determine whether they were ready to undergo asylum proceedings.

88. **Mr. Næser** (Denmark) said that the Government recognized the importance of the best interests of the child in assessing family reunification cases. The regulations applicable in such cases explicitly stated that respecting children's rights could in some cases — such as that of an unaccompanied minor in Denmark whose parents lived abroad — require family reunification.

89. **Mr. Gastaud** (Country Task Force) said that he wished to encourage the State party to continue making efforts to reduce poverty, not least by evaluating the impact of austerity measures on vulnerable children. The State party was also encouraged to take measures to better the situation of children with disabilities, to preserve a system of restorative justice for children and to raise awareness of the Convention among people working with children and children themselves

90. **Mr. Staur** (Denmark) said that his Government considered that Denmark was a very good place in which to be a child and to grow up. The country's comprehensive welfare system provided a social security net for children and their families, opportunities for every child and a sound basis for the realization of Convention rights. However, more work

remained to be done in furthering and ensuring protection for children's rights. He and his delegation therefore looked forward to receiving the Committee's concluding observations.

91. **The Chair** said that replies to the unanswered questions — those concerning budget allocations, for instance — should be submitted in writing.

92. **Mr. Staur** (Denmark) said that it would be difficult to answer those rather complex questions if they were not themselves put in writing.

93. **The Chair**, encouraging Mr. Lumina to send his questions to the delegation in writing, said that it had been a pleasure to hear the Committee's questions answered directly, pertinently and briefly.

The meeting rose at 5.55 p.m.