



Convention on the Rights of the Child

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Summary record of the 1629th meeting

Held at the Palais Wilson, Geneva, on Thursday 9 June 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)

Fourth periodic report of Finland (continued) (CRC/C/FIN/4; CRC/C/FIN/Q/4; CRC/C/FIN/Q/4/Add.1)

1. *At the invitation of the Chairperson, the delegation of Finland took places at the Committee table.*
2. **Ms. Wijemanne** said that the Committee had received reports that psychostimulant drugs normally reserved for adults had been used to treat children with behavioural problems and attention deficit disorder. The fact that the relevant legislation did not take into account the age of the sufferer when diagnosing and treating different forms of disability might explain why the practice occurred. She would like to know whether such drugs had indeed been prescribed to children and, if so, the reasons for doing so. She also wished to know whether steps had been taken to guarantee poor families, in particular children, access to health care and education. Finally, she noted with concern that the rate of exclusive breastfeeding at six months of age had dropped to around 1 per cent and that access to baby-friendly facilities was somewhat limited.
3. **Mr. Kotrane** said that, while family conflict was often resolved by social councils, unresolved cases often took an inordinate amount of time to process and the children involved suffered as a result. He wished to know what measures had been taken to ensure that matters regarding child custody and visiting rights were dealt with efficiently and what measures had been taken by the courts in cases of conflict involving couples of different nationalities. On the subject of refugees, he enquired about the measures taken by the State party to raise the age limit for medical examinations so as to exempt children from procedures that might rob them of their dignity and about the measures envisaged to bring about family reunification. As to education, he noted with concern that gender- and ethnicity-based violence persisted in schools and requested additional information on how the State party sought to ensure diversity and acceptance among the student population. He would like to learn of the measures taken to avoid handing down conditional sentences and placing minors in detention. Furthermore, he requested clarification on the “work try-outs” mentioned in the State party’s report and on whether detained minors were obliged to carry out that type of work.
4. **Mr. Koompraphant** asked which authority was responsible for monitoring children placed in the custody of the State and for communicating with their parents, especially when the parents were abusive. Furthermore, he would like to learn of the measures in place to guarantee families access to the services mentioned in the Child Welfare Act. Finally, he enquired about the availability of psychological counselling on reproductive health for adolescents and about the initiatives undertaken to meet their developmental and recreational needs.
5. **Mr. Pollar** asked whether the Finnish Government was responsible for providing services to unaccompanied minors entering the country and whether those children were subject to the Child Welfare Act as opposed to the Aliens Act.
6. **The Chairperson** enquired as to the role of child victims and witnesses in legal proceedings, the measures in place to ensure that those children were heard, the measures taken to protect them from reprisals and the nature of the compensation awarded in such cases. He requested clarification on the harshest penalty that could be handed down to a minor as the report appeared to contain contradictory information. Finally, he would like to know more about the functions of the juvenile courts and the nature of the training received by the judges presiding over them.

7. **Ms. Kahiluoto** (Finland) said that, under the Child Welfare Act, municipal authorities must provide assistance to parents and custodians in cases where a child's behaviour endangered his or her health or development. The municipal authorities were responsible for providing access to social services, health care and education in cases involving substance abuse. The new Child Welfare Act, which had entered into force in 2008, guaranteed child victims of substance abuse access to the social services specified in an individual welfare plan, drawn up by a social worker. As to residential care, a future amendment to the Child Welfare Act would favour alternative care such as foster care and would only place a child in residential care as a last resort. However, family reunification remained the preferred course of action.

8. **The Chairperson** asked whether the views of the child were taken into account when a decision was taken on alternative care, whether the Ombudsman visited care institutions and whether it was possible to appeal a decision taken on alternative care.

9. **Ms. Herczog** (Country Rapporteur) asked whether there was a standardized assessment procedure for placing children in alternative care and who took the decision on placement. She would like to know whether basic services would be strengthened before the aforementioned amendment to the Child Welfare Act entered into force. She would also be interested to learn about the selection process for foster parents, the training they received and whether social workers could support children considered to be independent.

10. **Ms. Kahiluoto** (Finland) said that the new Child Welfare Act, which had entered into force in 2008, guaranteed children an opportunity to express themselves and to influence any decision affecting them. Social workers met with families to assess the most appropriate course of action for the child in question. While an age limit of 15 for children to be heard in person had been suggested in view of the subject matter in some cases, the Finnish Parliament had decided that the age limit should be lowered to 12. Under the Child Welfare Act, a child could be heard in person by one member of the court at a venue other than the courtroom. The Government had taken measures to ensure that the views of the child were heard by insisting that social workers should carry out the assessment of the child face to face. Furthermore, decisions on alternative care could be appealed. Child welfare institutions were monitored by the municipal authorities, which in turn were answerable to regional offices. Visits to such institutions could be conducted if deemed necessary. Social workers took all decisions on child welfare measures, while the decision to place a child in care was taken by the administrative courts.

11. **Mr. Guráň** asked why the age limit for a child to be heard in person had been set at 12 when, according to Finland's written replies (CRC/C/FIN/Q/4/Add.1), it was also possible for a child under the age of 12 to be heard.

12. **Ms. Herczog** requested clarification on whether there were standardized criteria for placing children in residential care or whether the decision rested exclusively with the social worker. She would like to have more information on the national framework governing assessment, decision-making, the individual welfare plans and the follow-up given to each case.

13. **Mr. Kotrane** said that he was surprised to hear that the administrative courts took decisions on alternative care, as such matters would normally come under the jurisdiction of the ordinary or family courts. He wished to know at what stage the administrative courts intervened, whether they did so only when a prior administrative decision had been appealed or whether they oversaw the decision-making process ab initio. He asked whether the State party had considered transferring responsibility for decisions on alternative care to the ordinary courts.

14. **Ms. Kahiluoto** (Finland) said that, as yet, there were no standardized criteria for placing children in residential care but the Government was in the process of developing

guidelines on child welfare procedures. Social workers determined the most appropriate course of action to take in terms of alternative care. The future amendment to the Child Welfare Act would accord priority to alternative care such as foster care in order to reduce the number of children being placed in residential care. The municipal authorities took the decision on alternative care in the first instance while the administrative courts intervened only in the event of the decision being appealed.

15. The age limit for a child to be heard in person had been set at 12 in order to avoid exposing the child to unsuitable subject matter during child welfare procedures. However, that age limit did not prevent the views of children aged 12 years and under from being heard prior to a legal decision being taken.

16. **The Chairperson** requested clarification on whether the age limit signified that more weight was given to the views of a child aged 12 years and over and on the exact bearing, if any, age had on the right of the child to be heard in person.

17. **Mr. Kosonen** (Finland) said that while all children aged 12 years and over must be heard, that did not preclude the views of children aged 12 years and under from being heard also. The child's age and corresponding level of maturity had a direct bearing on the way in which those views could influence a decision.

18. **Ms. Oinonen** (Finland) said that the rights of immigrants, including migrant workers, were already protected by national legislation and the European Convention on Human Rights. Finnish legislation did not distinguish between migrant workers and other immigrants, and all persons resident in Finland were entitled to the rights and freedoms enshrined in the Constitution. However, the provisions of the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families and their potential impact on Finnish legislation would have to be thoroughly examined before the State party's position could be reviewed. It was unlikely that any substantive consultations on that matter would take place in the near future.

19. **Mr. Kosonen** (Finland) said that working groups had been set up to examine the Council of Europe Convention on Action against Trafficking in Human Beings and the Convention on the Rights of Persons with Disabilities. A bill on the first of those conventions would be submitted to Parliament in the near future. The Government also planned to submit a bill in relation to the Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography.

20. **Ms. Suurpää** (Finland) said that the Government intended to introduce new legislation that would broaden the scope of criminal liability for child sex offenders and impose harsher penalties on them. Once that was enacted, Finland would be in a position to accede to and ratify the Council of Europe Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse.

21. Of late, corporate social responsibility in Finland had stimulated considerable interest. The Ministry of Foreign Affairs had conducted a study on corporate social responsibility and human rights issues, which had generated much media interest in Finnish companies abroad. While many companies had high standards in that area, there was still room for improvement.

22. **Mr. Cortés Téllez** (Finland) said that the KiVa programme, developed in collaboration with the University of Turku, had been introduced in schools in an attempt to combat bullying and had yielded encouraging results. It included universal measures aimed at students, parents and school staff, as well as educational measures that targeted bullies and the victims of bullying. Up-to-date information and guidance was made available through a series of online tools.

23. **The Chairperson** asked whether the KiVa programme addressed the fact that some students did not feel comfortable broaching the subject of bullying with their teachers. He noted with concern that, in spite of the high-quality education those students received, there was a general feeling of discontent among the student population, and asked whether the scope of the programme extended to that issue.

24. **Mr. Cortés Téllez** (Finland) said that the programme addressed, at least indirectly, the reticence of students to broach the subject with their teachers by raising awareness about bullying and its telltale signs. Teachers were the first port of call when it came to bullying and the problem was dealt with internally as far as possible. The reasons for the general feeling of discontent among Finnish students were not altogether clear but could be explained in part by the propensity of students to criticize educational establishments. Interestingly, immigrant children tended to be the most happy at school, which could be attributed to underlying cultural reasons or to the fact that they regarded the education they received in a positive light.

25. **Ms. Herczog** commended the State party on the effectiveness of its KiVa programme. However, she expressed concern at the programme's limited implementation owing to the substantial resources, training and community cooperation required. She asked whether the Government had a long-term implementation strategy in place.

26. **The Chairperson** said that the involvement of children in interventions under the programme, possibly in a joint leadership role, could help to alleviate their feeling of discontent.

27. **Mr. Cortés Téllez** (Finland) said that, so far, the programme had been implemented in around 80 per cent of comprehensive schools. There were plans to mainstream the programme in order to bring about lasting change and to educate the next generation.

28. The Government attached great importance to the integration of children with disabilities into the mainstream education system. Children with disabilities attended normal classes as far as possible but could be placed in specialized classes as a last resort. Access to special education was subject to specific criteria and involved consultations with the child's parents. Similarly, the Government encouraged the full participation of children with disabilities in mainstream leisure activities, although at times specialized organizations met their recreational needs more effectively.

29. The Government upheld the right of Sami students to learn and be taught in the Sami language despite difficulties in recruiting qualified teachers and procuring teaching materials. However, educating Sami students residing outside the Sami Homeland in their own language remained problematic. In an effort to remedy that situation, municipal authorities received special subsidies for providing instruction in the Sami language. Further measures had included lowering the minimum number of students required to form a Sami language class to two. The greatest impediment to Romani language teaching was a lack of qualified teachers.

30. **Mr. Cardona Llorens** commended the State party on having established inclusion as a general principle but drew attention to the lack of data regarding its application. He wished to know whether any distinction was drawn between physical, sensorial or mental disabilities; whether, in the case of mental disabilities, class sizes were reduced; whether those children were taught by specialized teachers or teaching assistants; and the percentage of children with disabilities who could not be successfully integrated into mainstream education and, in those cases, the form of disability concerned.

31. **Mr. Cortés Téllez** (Finland) said that the delegation did not currently have such data at its disposal but would endeavour to submit it to the Committee at a later date.

32. **Ms. Hämäläinen** (Finland) said that future legislation on integration would enhance the measures already in place to facilitate the integration of migrant families. The municipal authorities were obliged to draw up an individual integration plan for unaccompanied migrant children to cover a period of up to three years. The plan guaranteed them assistance in areas such as education, health care and social services, as well as in matters relating to social integration. Migrant children who had entered Finland with their families were not normally entitled to such an integration plan unless they had special needs. Furthermore, the Government had introduced an integration plan for families. The plan viewed the family as a whole and sought to guarantee all family members equal access to integration services. Flexible day-care centres allowed mothers to play a more active role in integration training. A sound knowledge of the Finnish language was the key to accessing integration training. If the parents were unable to communicate, their children often became interpreters by default, which could have a negative impact on the child. The Government had also launched a three-year pilot project in order to devise new integration methods tailored to the specific needs of migrant families, with a view to ensuring universal access to integration services.

33. **The Chairperson** requested clarification on whether child migrants who entered the country with their families were entitled to an individual integration plan in cases where a family integration plan did not meet their needs or where there was a conflict of interest between the child and the child's parents.

34. **Ms. Hämäläinen** (Finland) said that all minors were entitled to an individual integration plan but only unaccompanied minors received one automatically. Municipal authorities took into account the circumstances and individual needs of the minor prior to taking a decision. In cases of conflict between minors and their parents, the authorities provided minors with the opportunity to be heard individually.

35. **Mr. Guráň** asked what measures the State party had taken to create a social atmosphere conducive to the social integration and acceptance of unaccompanied minors and whether any awareness-raising campaigns had been launched in that connection.

36. **Ms. Hämäläinen** (Finland) said that, on occasion, the arrival of unaccompanied minors met with some resistance from the local community. The Ministry of the Interior had undertaken to foster ethnic harmony through campaigns aimed at raising awareness and altering the perceptions in the community where those migrant children would be placed. In addition, a survey would be carried out among the migrant population in order to collect data on how they were received into the community and in order to identify the areas in which integration initiatives could be improved.

37. In Finland, it was rare for unaccompanied minors to be placed in detention. Those who were placed in detention were normally males aged around 17. The regulations governing the detention of minors stipulated that a social worker must be heard before a minor could be placed in detention. Similarly, in the case of unaccompanied minors, a guardian or a representative was appointed and heard as a matter of course. In detention centres, unaccompanied minors were housed separately from adults, assigned individual quarters and placed under the supervision of a suitable adult. In the event of a family member being placed in detention, minors were either housed with their families in specially appointed quarters or, if the best interests of the child dictated otherwise, the family member in question could be placed in a detention centre while the remaining family members were transferred to a normal reception centre. Unaccompanied minors were not normally detained for more than nine days.

38. **The Chairperson** enquired about the age determination of unaccompanied minors seeking asylum and asked why they would be detained rather than accommodated in an open environment.

39. **Ms. Hämäläinen** (Finland) said that when unaccompanied minors were detained, it was usually because the authorities had been unable to establish their identity. There were other instances when they would not comply with the asylum procedures. Although done by a specialized medical unit, age determination was not an exact science. Age assessments involved an examination, including of the person's teeth and bones, by two independent doctors. Their expert medical opinions formed the basis for determining whether it was highly likely that the person was at least 18 or 19 years of age. If the determination was inconclusive, then the principle of the best interests of the child was applied. Any age assessment required the informed consent of the asylum-seeker and was carried out only when there were grounds to question the accuracy of his or her age statement. Medical opinions were only one of the factors used in determining whether to grant asylum and were given far less weight than interviews of the unaccompanied asylum-seeker. In the event that an asylum-seeker refused to undergo an age assessment, while that did not adversely affect the outcome of the procedures, his or her application was treated as one submitted by an adult.

40. **The Chairperson** said that clarification was needed on the scope and qualifications of representatives assigned to unaccompanied minors. He asked whether their responsibilities went beyond administrative matters to include social and psychological support.

41. **Ms. Hämäläinen** (Finland) said that new legislation concerning the reception of asylum-seekers, soon to enter into force, sought to specify in greater detail the qualifications of the representatives. For example, they must submit any criminal record and their qualifications to the court that determined whether they were fit to represent the minor. The minor must also give his or her consent to be represented by them. The appointed representative was then responsible for not only asylum, detention and age determination procedures but also various aspects of the minor's welfare, including his or her health. Turning to the issue of housing, she said that the guiding principle was that children would not be placed with adults. Minors were placed in group homes and children aged 16 to 17 could be accommodated in supported housing. There were new rules under the legislation that stipulated the maximum number of children that could be placed in a single group home and the minimum number and qualifications of personnel, in accordance with the Child Welfare Act. It provided for not only children's basic needs but also for their care and upbringing. Furthermore, unaccompanied minors received the same level of health care as Finnish children.

The meeting was suspended at 4.30 p.m. and resumed at 4.45 p.m.

42. **Mr. Cortés Téllez** (Finland) said that a national strategy to increase awareness about the rights of the child and the Convention had been drafted in 2010 and was currently being implemented. A special campaign to promote children's rights had also been launched in 2009. A Government study conducted in October 2008 had found that 54 per cent of those polled were aware of the Convention, while that percentage had increased to 72 per cent according to a similar study in 2010. The Government had also commissioned a university to conduct a study of the level of awareness about the Convention among secondary schoolteachers, which found that most were knowledgeable about it and considered it to be important in their teaching. However, the study also found that it was rarely included in the curriculum. Nevertheless, the Convention was used in training teachers, judicial officials, the military, the police, health professionals and others.

43. Some 47,000 pupils, or 8.5 per cent of all students in basic education, received special needs education on a full-time basis. The main reasons for which they required such education were late development, dysphasia and the learning difficulties that ensued and problems of mobility.

44. **The Chairperson** said that it would be useful to receive more detailed information on the overall number of students with special educational needs broken down by specialized classrooms in mainstream schools and special education schools.

45. **Ms. Hämäläinen** (Finland), referring to the question of unaccompanied children who had experienced armed conflict in their country of origin, said that, unfortunately, no specific measures had been adopted to identify them. However, all unaccompanied minors applying for asylum underwent full medical check-ups and psychological examinations at the reception centres. Psychosocial counselling and trauma therapy were available if necessary and the professional staff at the centres were trained to report any alarming behaviour. She was confident that any child in need of such assistance would be identified under the normal screening procedures.

46. **Ms. Rotola-Pukkila** (Finland) said that the Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict was covered in the humanitarian and human rights law training given to military personnel and personnel in crisis management operations.

47. **Ms. Oinonen** (Finland) said that the issue of preventing children from participating in armed conflicts and helping child victims to recover from armed conflicts had been integrated into her Government's disarmament, demobilization and reintegration programmes, including in the Great Lakes region and Nepal. The Government continued to support international and non-governmental organizations working in the field such as the Coalition to Stop the Use of Child Soldiers.

48. Turning to the proposed new optional protocol to the Convention on a communications procedure complementary to the current reporting procedure, which was currently under consideration by the Human Rights Council, she said that Finland had been actively advocating such a procedure and had high hopes for its outcome. Unfortunately, the draft optional protocol did not meet its expectations, particularly with regard to the provision on economic, social and cultural rights, and the possibility of making reservations. Despite those shortcomings, however, Finland had sponsored the resolution on the optional protocol and would support its adoption by the Council and the General Assembly.

49. **Ms. Suurpää** (Finland) said that the Government tried to avoid custodial measures for minors, as it considered that prisons were not a good place for children. Age was a mitigating factor for children aged 15 to 18 years. To clarify the question that arose earlier concerning sentences of 12 months' and 12 years' deprivation of liberty, she said that the 12 months referred to a special juvenile punishment, referred to in paragraph 423 of the report, whereas 12 years of imprisonment was the most severe punishment under Finnish law. In all cases involving juvenile offenders, the sentences were shorter than those prescribed by law for adults.

50. The low number of minors with custodial sentences and Finland's relatively sparse population made it difficult to place them in dedicated facilities close to home where their need for visits from family and friends, companionship, education and other requirements could be met. A report on juvenile detention requested by the Parliamentary Ombudsman was pending. Meanwhile, an individual assessment of each juvenile offender was made and his or her views were taken into account. Personnel in facilities with minors received special training and no minor spent time with adult detainees without the presence of special staff.

51. **Mr. Kotrane** requested confirmation of the figures cited in paragraph 422 of the report, including the four homicides committed by children under the age of 18, and asked how many minors were currently in prison or pretrial detention. The low numbers suggested that the Committee should reconsider its recommendation to the State party to

withdraw its reservation to article 10, paragraphs 2 (b) and 3, of the International Covenant on Civil and Political Rights.

52. **Ms. Suurpää** (Finland) said that she could provide the Committee with the number of minors in pretrial detention and the prison sentences pronounced, broken down by gender. In recent years, the number of minors in detention had indeed been low: between 3 and 10 at any given time. Any separate special institution for those few persons would have to be centrally located, which in many cases would be far from a juvenile offender's home and run counter to the child's interests and wishes.

53. Turning to the issue of appeals, under Finnish law, she said that all administrative decisions could be appealed against and the person in question was also duly informed of the procedures for doing so. All authorities were required to take the principle of the best interests of the child into account in any decisions made, while the Supreme Court and the Supreme Administrative Court were the highest judicial bodies to determine those interests. Turning to corporal punishment, she said that it had been illegal since the mid-1980s and several cases had been criminally prosecuted. Amendments to the Paternity Act were currently being considered.

54. Referring to the question concerning data protection, she said that the Government was aware of the importance of having comprehensive information on such groups as the Roma community. However, it was also important to comply with legislation that provided for strict protection of personal information. Although national statistics authorities did collect some personal data, such as people's first language and citizenship, in the case of the Roma those data were not telling, as the Roma were often Finnish-speaking and Finnish nationals. Nevertheless, the Government sought other ways of collecting data, such as reports of the Ombudsman for Children on Roma rights and Sami children, for example, and information from ombudsmen and representatives of minority communities. The Government thus had quite a fair picture of the problems faced by them.

55. A question had also been raised about the media coverage of the Sami people. The Government cooperated with the Nordic Governments in providing television broadcasts in the Sami language. It was important to show news and other programmes in Sami and to inform children about the Sami heritage, especially since 70 per cent of Sami children grew up outside their ancestral territory. There were also broadcasts in Romani and, increasingly, in Russian, the language of the biggest immigrant community in Finland.

56. Turning to another question raised earlier, she said that her Government was not aware of any extradition cases against Finnish nationals involved in the trafficking of children for sexual exploitation, although there had been an attempt to extradite a perpetrator of such trafficking who had never been found. There was a programme of action for sexual and reproductive health that took up the issue of child pornography and provided for the rehabilitation of victims. Hotlines were also available to victims of child abuse, sexual exploitation and crime.

57. **The Chairperson** asked whether there were particular provisions under the Code of Criminal Procedure for child victims.

58. **Ms. Suurpää** (Finland) said that children enjoyed special protections such as not having to face a perpetrator or being able to provide videotaped testimony in court, but there were no particular provisions as such under the Code.

59. **Ms. Pelkonen** (Finland) said that although the number of school nurses and health professionals had declined since the recession in the 1990s and previous levels had not yet been attained, the Government had established standards for the proper number of health professionals in schools and monitored the situation carefully. The Government had increased subsidies by 18 million euros per year for municipalities to encourage more

hiring of school health workers. However, there was a need for monitoring as municipalities were independent and free to spend public moneys as they saw fit. Nevertheless, it was expected that the number of school health staff would continue to rise. Furthermore, adequate psychological and social support was provided by professionals in the schools.

60. The rate of breastfeeding was monitored every five years in Finland and a national programme had been adopted after the 2005 survey to encourage women to breastfeed. A recent survey indicated that almost 14 per cent of babies were breastfed exclusively. Efforts had been made to increase awareness about the International Code of Marketing of Breast-milk Substitutes, including by means of a Government website.

61. **Ms. Lee** noted that some research suggested that people from poor economic backgrounds were less likely to breastfeed than those from wealthier ones. It was unclear how effective a website could be in making such women aware of the benefits of exclusive breastfeeding.

62. **Ms. Wijemanne**, noting that few hospitals, where almost all Finnish women gave birth, were baby-friendly, asked whether there were plans to make them so. It would be useful to have further details of the efforts to monitor hospitals and train health professionals in the area of exclusive breastfeeding, as much information was passed on to mothers by those professionals.

63. **Ms. Pelkonen** (Finland) said that the number of women practising exclusive breastfeeding was increasing and a baby-friendly initiative had been relaunched. The website to which she referred was authoritative and contained valid information. Of course, it was also very important for health workers to provide information to women directly.

64. Turning to the issue of suicide, she noted that although it was still a problem, there was a downward or stable trend among young people. To tackle the problem, legislation had been amended, services improved and awareness raised among health workers about the factors leading to suicide such as depression and bullying. Early detection of the risk of suicide played an increasingly important role in medical examinations and efforts were made to involve the entire family in addressing issues such as mental health problems and substance abuse. Steps had also been taken to prevent mental health problems that were passed down from one generation to the next, emphasizing the needs of the children of people with a history of mental disorders or substance abuse.

65. With respect to adolescent sexual and reproductive health, she noted that sex education had been mandatory in schools since 2006 and sexual health care was included by law in school health services. Sex and gender issues were also dealt with in school, including sexual and gender orientation support.

66. **Ms. Wijemanne**, noting that behavioural disorders were often treated hastily with drugs rather than alternative therapies, requested further information on the screening and monitoring procedures for the children affected and on any research work being done on problems such as attention deficit hyperactivity disorder.

67. **Ms. Pelkonen** (Finland) said that school health workers were responsible for referring such problems to a qualified specialist. The level of medication in Finland was relatively moderate and medicines were never the only means for treating behavioural disorders. Preschool children were never given drugs. Furthermore, there was a system in place to monitor mental health disorders.

68. Referring to the question raised about alcohol abuse among the young, she said that the problem was regularly monitored and it had been found that binge drinking had been decreasing in comprehensive schools while it had been increasing in upper secondary and vocational schools. The Government had twice imposed heavier taxes on alcohol since

2009, which had led to a 5 per cent decrease in consumption. Nevertheless, there was a system to monitor and prevent teenagers from consuming alcohol in school. Much attention was also given to alcohol abuse among adults.

69. **The Chairperson**, commending the efforts made by the State party to reduce the incidence of suicide, asked whether it might consider adopting an equally robust campaign against alcohol abuse.

70. **Ms. Pelkonen** (Finland) said that the Government's efforts to curb teenage alcohol abuse had fallen short of its expectations.

71. **Ms. Hämäläinen** (Finland) said that although there had been no major changes in national policy on family reunification of unaccompanied minors there were new regulations regarding foster children, who could henceforth be considered family members by law if they were cared for prior to their entry into Finland by the foster family. There was also new legislation on tracing family members of unaccompanied minors with a view to reuniting them with their parents, in accordance with the principle of the best interests of the child. Even if the parents could not be found, the authorities were at least better aware of the living conditions of the minor's country of origin.

72. **Mr. Madi** (Country Rapporteur) said that the State party could serve as a role model in many areas of the rights of the child and hoped that it would pass its experience on to other countries, both developed and developing. However, more work must be done in various areas, including immigration, refugees, minority rights, suicide and alcohol abuse. There was also a need for better monitoring of the activities of the various stakeholders in the area of children's rights. Lastly, he urged the Government to reconsider the age limit of 12 years for a child to be heard in courts.

73. **Mr. Kosonen**, noting that there would always be more work to be done to promote the rights of children, said that his delegation would give careful consideration to the questions raised by the Committee and hoped that they would help Finland to improve the situation of children at home and abroad.

The meeting rose at 5.55 p.m.