

Flygtningenævnets baggrundsmateriale

Bilagsnr.:	360
Land:	Diverse emner
Kilde:	EUAA
Titel:	Practical Guide on Age Assessment
Udgivet:	november 2025
Optaget på baggrundsmaterialet:	21. januar 2026

Practical Guide on Age Assessment



Practical Guide on Age Assessment

November 2025

On 19 January 2022, the European Asylum Support Office (EASO) became the European Union Agency for Asylum (EUAA). All references to EASO, EASO products and bodies should be understood as references to the EUAA.



Manuscript completed in November 2025

Third edition

Neither the European Union Agency for Asylum (EUAA) nor any person acting on behalf of the EUAA is responsible for the use that might be made of the following information.

Luxembourg: Publications Office of the European Union, 2025

Print ISBN: 978-92-9418-315-6 doi: 10.2847/5074242 BZ-01-25-063-EN-C

PDF ISBN: 978-92-9418-314-9 doi: 10.2847/9435642 BZ-01-25-063-EN-N

© European Union Agency for Asylum (EUAA), 2025

Reproduction is authorised provided the source is acknowledged.

For any use or reproduction of elements that are not owned by the EUAA, permission may need to be sought directly from the respective rightsholders. The EUAA does not have copyright in relation to the following elements:

Cover photo: [Seventyfour](#), ID 571507909], © Adobe Stock, 2025.

About the guide

Why was this guide created? The mission of the European Union Agency for Asylum (EUAA) is to facilitate and support the activities of EU Member States and Schengen associated countries (EU+ countries ⁽¹⁾) in the implementation of the Common European Asylum System (CEAS). The Pact on Migration and Asylum ⁽²⁾ was adopted in May 2024. Article 25 of the Asylum Procedure Regulation ⁽³⁾ (APR) makes reference to the age assessment procedure. This update builds on the second version of the guide published by the agency in September 2018, and reflects the legislative changes introduced in the Pact on Migration and Asylum.

How was this guide developed? To align the guidance with the new legal framework, the EUAA collaborated with an external expert and received valuable input from the European Commission, UNHCR and UNICEF. Before finalisation, a consultation on the guide was carried out with all EU+ countries through the EUAA's Vulnerability Experts Network and Asylum Processes Network. The guide was adopted by the EUAA Management Board in November 2025.

Who should use this guide? This guide is primarily intended for personnel tasked with requesting and performing the age assessment procedure when there are substantiated doubts about the age of an applicant for international protection. The authorities in charge of the age assessment process may vary from country to country. Given the collaborative nature of age assessment, involving a multidisciplinary group of professionals is important. This guide should therefore be disseminated and made accessible to all parties potentially involved in the age assessment process. These include those directly involved as assessors, guardians, legal counsellors, lawyers, child protection officials and decision makers as well as those indirectly involved as partners referring the applicant to be assessed.

How to use this guide

Practitioners can use this guide to:

- make a decision on whether an age assessment is necessary and potentially effective to dispel the doubts regarding an individual's age;
- ensure that the necessary safeguards are in place and children's rights are respected throughout the process, including the right to be heard and the assistance of a guardian or parent(s) and of a lawyer or legal counsellor;

⁽¹⁾ The 27 EU Member States, complemented by Iceland, Liechtenstein, Norway and Switzerland.

⁽²⁾ European Commission: Directorate-General for Migration and Home Affairs, 'Pact on Migration and Asylum', European Commission website, 21 May 2024, https://home-affairs.ec.europa.eu/policies/migration-and-asylum/pact-migration-and-asylum_en.

⁽³⁾ [Regulation \(EU\) 2024/1348](#) of the European Parliament and of the Council of 14 May 2024 establishing a common procedure for international protection in the Union and repealing Directive 2013/32/EU (OJ L, 2024/1348, 22.5.2024).

- ensure that the age assessment process aligns with EU and national legislation and can therefore be mutually recognised among EU+ countries.

This guidance is intended to support competent authorities and other actors involved in age assessment procedures by providing:

- general information on the age assessment and the legal requirements as per the Pact (see [Chapter 2 Rights and procedural safeguards](#));
- general considerations linked to the practical roll out of the age assessment process (see [Chapter 3 Practical roll out of the age assessment process](#));
- an overview of the cascade and multidisciplinary approach to assess age, specifically explaining the set-up and functioning of multidisciplinary teams and the role played by those supporting medical examinations, where applicable (see [Section 3.3.2 Medical assessment: prioritising the least invasive examination](#));
- an explanation on how to roll out the actual age assessment by presenting the different methods (see [Annex 1 – The age assessment interview](#) and [Annex 2 – Psychosocial assessment](#));
- general practical considerations to take into account (see [Annex 3 – Checklists – Applicable standards, Information provision, Care and safety](#)).

How does this guide relate to national legislation and practice? This is a soft convergence tool. It is not legally binding. The guide is designed to enhance the convergence of age assessment practices across the EU+, helping practitioners implement consistent, rights-based procedures while complying with specific EU and national regulations. In all the instruments of the Pact, reference is made to the United Nations Convention on the Rights of the Child ⁽⁴⁾ (CRC), the EU Charter of Fundamental Rights ⁽⁵⁾ (Charter), the European Convention on Human Rights ⁽⁶⁾ (ECHR) and the fundamental rights framework, which need to be considered throughout the asylum pathway starting with the screening. Within this framework, the APR provides key safeguards that guide the design and implementation of age assessment procedures.

How does this guide relate to other tools, guidance, recommendations on age assessment?

The EUAA, *Practical Guide on Age Assessment— Third edition*, 2025 is part of a broader suite of tools on age assessment, namely:

- the EUAA animation for children ‘[All you need to know about age assessment](#)’;
- the booklet: EUAA, [All You Need to Know about Age Assessment](#), January 2022;

⁽⁴⁾ UN General Assembly, [Convention on the Rights of the Child, United Nations](#), Treaty Series, vol. 1577, p. 3, 20 November 1989, <https://www.refworld.org/legal/agreements/unga/1989/en/18815>.

⁽⁵⁾ European Union, [Charter of Fundamental Rights of the European Union](#), 26 October 2012, 2012/C 326/02.

⁽⁶⁾ Council of Europe, [European Convention for the Protection of Human Rights and Fundamental Freedoms, as amended by Protocols Nos. 11 and 14](#), 4 November 1950, ETS 5.

- the EUAA animation for practitioners '[Age assessment - Why? When? How?](#)' and the information provision materials for children available in the [Let's speak asylum](#) portal.

This guide should be used in conjunction with:

- EUAA/FRA, [The Asylum Procedure – Practical tool for guardians](#), 2023 and
- EUAA, *Practical Guide on the Best Interests of the Child – Second edition*, (forthcoming in 2026).

Some of the EUAA practical guides and tools to which this practical guide refers will be published and/or progressively updated between 2025 and 2027. The updates will align the publications with the legislative instruments of the Pact on Migration and Asylum. Once published, the publications will be available online along with all other EUAA products on the [EUAA website](#).

Disclaimer

This guide was prepared without prejudice to the principle that only the Court of Justice of the European Union can give an authoritative interpretation of EU law.



Contents

List of abbreviations	8
Glossary	10
1. The importance of age.....	13
2. Rights and procedural safeguards	16
2.1. The best interests of the child	18
2.2. The presumption of minority	21
2.2.1. Assessment of the documentary evidence	24
2.2.2. Justification of age assessment.....	26
2.3. Guardianship or representation	27
2.4. The role of the legal counsellor.....	29
2.5. Right to information, participation and consent.....	30
2.6. Qualified age assessors	32
2.7. Impartiality and non-discrimination during the age assessment process.....	36
2.8. The benefit of the doubt.....	38
3. Practical roll out of the age assessment process	40
3.1. Identification of special needs.....	42
3.2. Decision to initiate or not an age assessment	43
3.2.1. Guaranteeing safeguards while preventing abuse of the system.....	45
Compliance with procedural guarantees	48
3.3. The cascade and multidisciplinary approach to assessing age	50
3.3.1. Non-medical methods to assess age	53
3.3.2. Medical assessment: prioritising the least invasive examination	57
3.4. The decision	59
3.5. Challenging the decision on the age.....	61
3.5.1. Review of an age assessment decision in light of new evidence	61
4. Emerging and new technologies	62
5. Additional resources	63
Annexes	64
Annex 1 – The age assessment interview	64
Annex 2 – Psychosocial assessment	73





Annex 3 – Checklists – Applicable standards, Information provision, Care and safety	
80	
Annex 4 – Example consent form to participate in an age assessment.....	84
Annex 5 – Overview of the age assessment methods from the 2018 edition of the	
guide	86
Guidance on the gradual implementation of methods.....	87





List of abbreviations

Abbreviation	Definition
AI	artificial intelligence
AMMR	Asylum and migration Management Regulation — Regulation (EU) 2024/1351 of the European Parliament and of the Council of 14 May 2024 on asylum and migration management, amending Regulations (EU) 2021/1147 and (EU) 2021/1060 and repealing Regulation (EU) No 604/2013
APR	Asylum Procedure Regulation — Regulation (EU) 2024/1348 of the European Parliament and of the Council of 14 May 2024 establishing a common procedure for international protection in the Union and repealing Directive 2013/32/EU
BIC	best interests of the child
CEAS	Common European Asylum System
Charter	Charter of Fundamental Rights of the European Union
COI	country of origin information
CRC	United Nations Convention on the Rights of the Child
EUAA	European Union Agency for Asylum
Eurodac	European Asylum Dactyloscopy Database
FRA	European Union Agency for Fundamental Rights
Member States	EU Member States
QR	Qualification Regulation — Regulation (EU) 2024/1347 of the European Parliament and of the Council of 14 May 2024 on standards for the qualification of third-country nationals or stateless persons as beneficiaries of international protection, for a uniform status for refugees or for persons eligible for subsidiary protection and for the content of the protection granted, amending Council Directive 2003/109/EC and repealing Directive 2011/95/EU of the European Parliament and of the Council.





Abbreviation	Definition
RCD (2024)	Reception Conditions Directive – Directive (EU) 2024/1346 of the European Parliament and of the Council of 14 May 2024 laying down standards for the reception of applicants for international protection.
Screening Regulation	Regulation (EU) 2024/1356 of the European Parliament and of the Council of 14 May 2024 introducing the screening of third-country nationals at the external borders and amending Regulations (EC) No 767/2008, (EU) 2017/2226, (EU) 2018/1240 and (EU) 2019/817.
THB	trafficking in human beings
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations International Children's Emergency Fund



Glossary

Age assessment process: the procedure carried out by the competent authorities to assess the age (chronological age or age range) of an applicant in order to determine whether the applicant is a child or an adult.

Age assessment panel: a multidisciplinary team working together to estimate the age by assessing various factors, such as physical, psychological, developmental, environmental and cultural factors. The panel is composed of professionals involved in this specific age assessment and could consist of social workers, (ethno)-anthropologist, child psychologists, doctors (paediatrician or another medical specialist) and a cultural mediator.

Assessors or age assessors: professionals tasked with evaluating the age of individuals whose claimed age is in doubt, particularly in migration and asylum contexts.

Biological age: the actual state of a body's aging process and potential for longevity, rather than just how many years a person has been alive (the chronological age) ⁽⁷⁾. It is influenced by factors like diet, exercise, genetics and environmental exposures ⁽⁸⁾.

Chronological age ⁽⁹⁾: age measured in years, months and days from the moment when the person was born.

Child or minor: third-country national or stateless person below the age of 18 years. The terms are considered synonyms to refer to any person below the age of 18; both are used in this publication. The EUAA's preferred term is 'child'. However, the term 'minor' is also used when it is explicitly referenced by a legal provision. In this guide, a person applying for international protection whose age is not established or is under question is also referred to as **applicant** or **individual**. This guidance applies to both unaccompanied and accompanied children, and relevant references have been incorporated accordingly.

Determining authority: the national authority responsible for examining applications for international protection ⁽¹⁰⁾ and responsible entity to decide if an age assessment is to be conducted or not. It is also the competent body to make the final decision on the applicant's age once the assessment has been completed ⁽¹¹⁾.

⁽⁷⁾ Terry Smith & Laura Brownlees, *Age Assessment: A Technical Note*, UNICEF, January 2013, <https://www.refworld.org/reference/themreport/unicef/2013/en/90892>.

⁽⁸⁾ Cleveland Clinic. 2025. 'Biological Age: What It Is and How You Can Measure It.' *Health Essentials*, January 10, 2025, https://health.clevelandclinic.org/biological-age?utm_source=chatgpt.com.

⁽⁹⁾ UNICEF *Technical note on age assessment*, 2013, *op. cit.*, fn. 7.

⁽¹⁰⁾ Articles 3(16) and 4(1) APR.

⁽¹¹⁾ Article 25(1) APR.



Guardian ⁽¹²⁾ or **representative** ⁽¹³⁾: an independent person appointed by a competent authority to safeguard the unaccompanied child's best interests and general well-being. To this effect, the guardian represents and acts on behalf of the child, complementing their legal capacity when needed. Both terms are considered synonyms and are used in the Pact. For practical purposes in this guide, the EUAA's preferred term is 'guardian'.

Temporary guardian: the person supporting the child until a permanent guardian has been appointed. The Pact provides for the appointment of such a person already during the screening ⁽¹⁴⁾. This person is designated as soon as possible to provisionally act as representative of the unaccompanied child (or the person whose age is disputed) until a guardian or representative is designated. The temporary guardian must be trained to assist the child and safeguard their best interests and general well-being, enabling them to benefit from the rights provided in the legal framework and prevent situations of migrant children going missing.

Legal counsellor: a legal adviser admitted or permitted as such under national law to provide legal advice, or a person entrusted with providing legal counselling ⁽¹⁵⁾.

Legal representative: legal adviser, lawyer admitted or permitted under national law, who provides legal assistance and representation for the appeal or remedy of the asylum decision. Legal assistance and representation ⁽¹⁶⁾ means an individual, in-depth and personalised assistance to prepare the documents for appeal, participate in the hearing etc. In order to ensure the effective exercise of the right to an effective remedy, a legal representative should be made available immediately upon notification of the negative decision. In order to ensure the effective exercise of the right to an effective remedy, a legal representative should be made available immediately upon notification of the negative decision.

Invasive ⁽¹⁷⁾ or **intrusive**: the term invasive is commonly used in medical procedures to indicate the introduction of instruments or other objects into the body or body cavities, also implying cutting tissues. When it is intrusive, an assessment method will likely have a negative or unwelcome impact on the psychosocial well-being of the person. This includes not only medical interventions but also practices such as nude examinations or photographing parts of

⁽¹²⁾ In accordance with Article 3(18) [Regulation \(EU\) 2024/1347](#) (Qualification Regulation (QR)): "guardian" means a natural person or an organisation, including a public body, designated by the competent authorities to assist, represent and act on behalf of an unaccompanied minor, as applicable, in order to ensure that the unaccompanied minor can benefit from the rights and comply with the obligations under this Regulation, while safeguarding his or her best interests and general well-being.' In practice, the guardian has often been assimilated to the figure of the representative or social worker.

⁽¹³⁾ The term 'representative' is used in: the new Reception Directive (RCD (2024)) ([Directive \(EU\) 2024/1346](#)); the APR, the AMMR ([Regulation \(EU\) 2024/1351](#)), the Screening Regulation ([Regulation \(EU\) 2024/1356](#)) and Eurodac III Regulation ([Regulation \(EU\) 2024/1358](#)). The term 'guardian' is used in the context of the QR. According to the respective definitions, they will have the same role but different tasks. However, for the sake of ensuring the continuity of the representation of the unaccompanied minor, the guardian in the context of Qualification Regulation can be the same person as the representative appointed in the context of the RCD (2024) and APR.

⁽¹⁴⁾ Recital 25 Screening Regulation: [Regulation \(EU\) 2024/1356](#) of the European Parliament and of the Council of 14 May 2024 introducing the screening of third-country nationals at the external borders and amending Regulations (EC) No 767/2008, (EU) 2017/2226, (EU) 2018/1240 and (EU) 2019/817 (OJ L, 2024/1356, 22.5.2024).

⁽¹⁵⁾ Recital 14 APR.

⁽¹⁶⁾ Article 17 APR.

⁽¹⁷⁾ Online Oxford dictionary definition: <https://en.oxforddictionaries.com/definition/us/invasive>.





the body (to be included in the applicant's file). Although not physically invasive in the medical sense, these practices are considered intrusive and may have a similar impact on the applicant's dignity and well-being.

Age verification: the initial, fact-finding step undertaken by the competent officer during the identity verification. This step usually occurs during the identification process and involves a few targeted questions to gather basic personal information and any available documentation. It is not a full interview but rather a part of the identity or vulnerability checks, aimed at assessing whether the claimed age appears credible when initial doubts arise. The verbal inquiry at this stage should remain brief and proportionate, focusing on simple biographical information (such as name, date and place of birth, family composition, documents the applicant may possess and can share, and documents that may be provided and seem forged or fraudulently obtained/used). This is done to verify whether serious doubt may exist regarding the claimed age. It is usually carried out during initial checks (e.g. screening at the border). If serious doubts persist, the case must be referred to the determining authority to evaluate whether they are indeed substantiated and a formal age assessment can be warranted.

Substantiated doubts: substantiated doubts occur when the claimed age of an individual cannot be ascertained or is contradicted after the age verification — including hearing the applicants' explanations, reviewing available documentary evidence, and considering other relevant evidence and indications. In such cases, the information gathered does not sufficiently support the credibility of the claimed age and an age assessment may be needed.

Unaccompanied child: used as a synonym of **unaccompanied minor**, it means a child/minor who arrives in the territory of the EU+ without an adult responsible for them, whether by law or by the practice of the state concerned, and for as long as they are not effectively taken into the care of such a person/adult. It includes a child/minor who is left unaccompanied after entering the EU+ territory ⁽¹⁸⁾. The term also encompasses **separated children**, meaning children who are accompanied by relatives or other adult family members who are not their parents or legal guardians.

⁽¹⁸⁾ Article 3(7) APR and Article 3(11) QR.





1. The importance of age

Age is a fundamental aspect of **personal identity** and defines the relationship between the individual and the state. Children are a distinct group who have specific rights, needs and entitlements until they reach the age of 18, in compliance with Article 1 CRC ⁽¹⁹⁾.



Article 1 CRC

... child means every human being below the age of eighteen years unless under the law applicable to the child, majority is attained earlier.

In all Member States of the European Union, the age of majority is 18. National laws may grant certain rights and obligations at a younger age, such as marriage, criminal responsibility or legal capacity for some administrative acts. Society formally recognises a child's existence and identity through birth registration, as established in Articles 7 and 8 CRC.

Note on birth certificates ⁽²⁰⁾: a birth certificate, obtained once a birth has been registered, provides a person with proof of legal identity. It is considered a 'breeder document' necessary for applying for other documents, including a passport. Providing children with a birth certificate immediately after birth, rather than later in life, is essential to ensure that they can claim their rights and access services such as health services, social security etc.

According to UNICEF, one in four children under the age of five remains unregistered in certain countries including Somalia, Eritrea, Ethiopia or Afghanistan ⁽²¹⁾. **Low birth registration rates** create challenges for the majority of the children in such countries to prove their identity and age through documents, potentially leaving them stateless, unprotected and deprived of their rights.

Besides registration, UNICEF ⁽²²⁾ has highlighted a significant gap between the number of children whose births are registered and those who possess a **birth certificate**. Approximately 508 million children under the age of five are registered worldwide, but about 70 millions of them lack proof of registration in the form of a birth certificate. In conflict zones, when insurgent or non-state actors take over civil registration duties and issue birth certificates, such certifications or registrations are often not recognised by governments or internationally,

⁽¹⁹⁾ UN General Assembly, [Convention on the Rights of the Child, United Nations](#), *op. cit.*, fn. 4.

⁽²⁰⁾ UNICEF, *Birth Registration for Every Child by 2030: Are We on Track?*, UNICEF Data, <https://data.unicef.org/resources/birth-registration-for-every-child-by-2030/>.

⁽²¹⁾ UNICEF, *Birth Registration*, UNICEF Data, <https://data.unicef.org/topic/child-protection/birth-registration/>

⁽²²⁾ UNICEF, *Birth Registration for Every Child by 2030: Are We on Track?*, *op. cit.*, fn. 20.



or may be used to target individuals who have an alleged association with the other party in conflict (as reported for example in Syria or Ukraine ⁽²³⁾).

The CRC recognises that every child has the right to an identity and nationality.



Article 7(1) CRC

The child shall be registered immediately after birth and shall have the right from birth to a name ... nationality and, as far as possible, ... to know and be cared for by his or her parents.

If a person loses their identity unlawfully, the state must restore it and ensure that their rights are recognised. Under Article 8(2) CRC, the **preservation and restoration of someone's identity** is an obligation extended to all State Parties, not only the person's own state.

Age can constitute a **material fact** in applications for international protection where experiences such as child marriage, forced recruitment, child trafficking, or other forms of abuse and discrimination are examined as child-specific forms of persecution. Indeed, according to the Qualification Regulation ⁽²⁴⁾ (QR), acts of persecution can take the form of acts of a gender-specific or child-specific nature ⁽²⁵⁾. In this context, when assessing applications from children, Member States should have regard to child-specific forms of persecution such as under-age recruitment, genital mutilation, forced marriage, child trafficking, child labour and trafficking for sexual exploitation ⁽²⁶⁾.

Conflict and war exacerbate existing barriers to birth registration, e.g. due to destruction of records, dangerous access to local authorities or the collapse of administrative systems. However, in conflict zones, the need for birth registration and civil documentation becomes even more crucial. These documents are essential for reuniting families, accessing humanitarian aid, and securing basic services like education and health care.

Cultural factors can play a role as well in the determination of age. In some cultures, adulthood is marked by physical changes or social milestones such as marriage, giving birth etc. rather than [chronological age](#). In some contexts, informal practices such as initiation rituals, traditions or cultural milestones marking the transition to adulthood influence how a child is perceived within the community. For example, certain rites of passage may result in a child being considered 'mature' and treated as an adult. As a result, children from these

⁽²³⁾ Hampton, K. (2019) '[Born in the twilight zone: Birth registration in insurgent areas](#)', *International Review of the Red Cross*, 101(911), pp. 507–536.

⁽²⁴⁾ [Regulation \(EU\) 2024/1347](#) of the European Parliament and of the Council of 14 May 2024 on standards for the qualification of third-country nationals or stateless persons as beneficiaries of international protection, for a uniform status for refugees or for persons eligible for subsidiary protection and for the content of the protection granted, amending Council Directive 2003/109/EC and repealing Directive 2011/95/EU of the European Parliament and of the Council (OJ L, 2024/1347, 22.5.2024).

⁽²⁵⁾ Article 9(2)(f) QR.

⁽²⁶⁾ Recital 37 QR.



regions may not know their exact age nor understand its significance in western societies, leading to vague statements about their birthdates or age.

Other **factors** such as coming from a rural area where children are often born at home and without access to registry offices, low-income status, or belonging to a minority or specific social group (e.g. a tribe or caste), can reduce the possibility of registering a child.

Additionally, a **lack of awareness** about the importance of birth registration or lack of knowledge on the modalities and administrative requirements (fees, time limits etc.) can affect birth registration rates.

Table 1. Birth registration percentages of the top 5 nationalities of unaccompanied children applying for asylum in the EU+ countries in 2023

Countries	Birth registration (%)
Somalia	3 %
Pakistan	42 %
Afghanistan	42 %
The Gambia	59 %
Guinea	62 %

Source: [EUAA data analysis of unaccompanied minors in 2023, Fact Sheet No 29](#) and [Birth registration - UNICEF DATA](#).

Further, **gender-based discrimination** embedded in birth registration laws in various countries impedes women's ability to register their children's births. In some contexts, only fathers or other male family members are permitted to register a birth, while mothers are excluded or only allowed in exceptional cases, e.g. when the father is deceased or unavailable. Some countries additionally impose conditions requiring mothers to prove marriage for birth registration. This affects especially children born out of wedlock, leading to increased risks of statelessness (e.g. when the mother cannot pass her nationality onto her children), and restricted access to rights and services.



2. Rights and procedural safeguards

Children are entitled to and should benefit from additional procedural safeguards and special reception conditions tailored to their needs, to ensure their rights and well-being are upheld.

When authorities have substantiated doubts about a person's age and an age assessment is deemed necessary, a multidisciplinary and child-sensitive approach must be followed.

- A **cascade approach** ⁽²⁷⁾ should be adopted, starting with a multidisciplinary assessment encompassing various non-medical methods such as the review of documentary evidence, interviews, psychosocial evaluation and visual assessment based on physical appearance or other indicators. Only if these steps are inconclusive, should medical examinations be considered, following the same logic **of progressing from the least to the most intrusive procedure. This step-by-step methodology** ensures age assessment remains proportionate, respectful of the dignity and well-being of the individual and fully aligned with the principle of the BIC, thereby reinforcing the rights-compliant nature of the process ⁽²⁸⁾.
- The **multidisciplinary age assessment** consists of a combination of non-medical age assessment methods conducted by different professionals. These methods usually include:
 - age assessment interviews based on the recollection of known events and review of existing evidence (more information is available in [Annex 1: The Age assessment interview](#));
 - a psycho-social assessment (not always; more information is available in [Annex 2: Psychosocial assessment](#));
 - other non-medical methods.

Such an assessment should be carried out by professionals with expertise in age estimation and child development, such as social workers, (ethno)-anthropologists, psychologists or paediatricians, in order to assess various factors, such as physical, psychological, developmental, environmental, cultural factors ⁽²⁹⁾, and further analyse evidence. The assessment should be carried out in a suitable environment, using a child-friendly approach, with the assistance of an interpreter/cultural mediator and in the presence of the guardian.

- Where there are still substantiated doubts as to the age of an applicant following the multi-disciplinary assessment, **medical examinations** may be used as a measure of last

⁽²⁷⁾ The term cascade is used because the approach goes beyond a simple two-step sequence: it embodies the principle of always starting with the least invasive methods and moving to more intrusive ones only when strictly necessary. This logic applies to the entire age assessment process—beginning with documentary evidence, then interviews and psychosocial assessments, and considering medical examinations solely as a last resort, prioritising non-radiological methods before those involving radiation. The 'cascade approach' is therefore not rhetorical but reflects a legally required prioritisation based on invasiveness and proportionality (see recital 37 APR).

⁽²⁸⁾ The concept of 'cascade approach' is well established in the practice. Introduced in the second edition of the age assessment guide, it was widely disseminated through EUAA materials; see [EUAA video on age assessment for asylum practitioners](#).

⁽²⁹⁾ Recital 37 APR.

resort⁽³⁰⁾; such examinations ‘shall be the least invasive possible’⁽³¹⁾. In practice, this means that medical examinations should be strictly limited to what is necessary and proportionate, and that the least intrusive method available at the time must be used, with full respect for the individual’s dignity.

- The results should be evaluated together in a holistic assessment, thereby allowing for the most reliable result possible⁽³²⁾.
- It must be ensured that the **child is informed and receives** appropriate support (in a timely and child-friendly manner⁽³³⁾, including about the consequence of refusing to undergo the age assessment⁽³⁴⁾. The child and their guardian are both **to consent**.
- Importantly, once sufficient evidence is obtained at any stage to resolve the initial doubts about age, **the procedure should stop** and the result be communicated, without the need to exhaust all possible steps. This **ensures sustainable and efficient case management**.
- The applicant should have the opportunity to contest the results of the age assessment process, either as part of the appeal against the first instance decision or separately, depending on the applicable national framework.



Related EUAA publication

EUAA, [Practical Guide on Evidence and Risk Assessment](#), January 2024.

While allowing for flexibility, depending on the national context, the APR establishes that the initiation of age assessment is a responsibility of the determining authority. A distinction should be made between the children who have not applied for asylum and the children who have already applied for asylum. The determining authority is responsible only for the age assessment of children who have applied for asylum. The age assessment can be carried out by qualified professionals who are external to the determining authority; based on the results of the age assessment and the findings of the experts involved, the decision regarding the age is then taken by the determining authority. The APR does not prevent the determining authority from outsourcing the conduct of the assessment to other qualified bodies⁽³⁵⁾, nor does it prevent the determining authority itself — **which bears the final responsibility for the age decision** — from carrying out the assessment directly.

Before an individual expresses the intention to apply for asylum, the APR does not apply, and therefore no involvement of the determining authority is foreseen. In such cases, any age-

⁽³⁰⁾ Article 25(2) APR.

⁽³¹⁾ Article 25(3) APR.

⁽³²⁾ Consent is only requested for the medical examination, not for the complete age assessment procedure – art 25.4 APR, as a complementary safeguard it is recommended to also seek informed consent, where appropriate and in line with national practice, for other steps of the age assessment (e.g. psychosocial interviews).

⁽³³⁾ This may include the use of multilingual written materials adapted to low literacy levels, as well as the support of cultural mediators or interpreters. Such measures are essential to ensure that the applicant genuinely understands the purpose of the age assessment, the steps involved, and the possible consequences of refusing to participate.

⁽³⁴⁾ Article 25(4) and (5) APR.

⁽³⁵⁾ For example, other competent authorities such as the juvenile court, social services or other service providers.

related checks or determinations fall under the responsibility of the competent national authorities outside the asylum procedure.

In the context of the screening process, this means that for an asylum seeker **the screening authority cannot proceed with the age assessment**. When there are doubts about an applicant's claimed age, the screening authority **must refer the case to the determining authority** who will evaluate the doubts and:

- carry out an age assessment procedure; or
- decide to delegate the age assessment to another authority; or
- conclude that an age assessment is not necessary ⁽³⁶⁾.

A person undergoing age assessment should be considered a minor unless it has been verified that they are an adult. Indeed, the determining authority cannot decide that a person is an adult without evidence to substantiate this finding. Very importantly, such a decision cannot be made exclusively on the basis of the physical appearance.

2.1. The best interests of the child



The best interests of the child in the APR

Recital 37 – *In all cases, age assessments should be carried out in a manner that gives primary consideration to the best interests of the child **throughout the procedure**.*

Article 22(1) – *The best interests of the child shall be a primary consideration for the competent authorities when applying this Regulation.*

To safeguard the best interests of the child, in the absence of an adult responsible or of the parent(s), the designated guardian or the person temporarily acting as a guardian ⁽³⁷⁾ must support and assist the presumed child throughout the age assessment process.

The timing, methods and conditions of the assessment **must** prioritise the presumed child's rights, dignity and well-being. This includes taking into account their special needs and their views, with the support of an interpreter/cultural mediator when needed, using the least invasive methods available. Additionally, where the results of the age assessment remain inconclusive or include an age-range below 18 years, Member States must assume that the applicant is a minor ⁽³⁸⁾.

⁽³⁶⁾ Article 25(1) and recital 36 APR.

⁽³⁷⁾ Article 23(2)(a) APR.

⁽³⁸⁾ Article 25(2) APR.



Point to remember

Considering the best interests of the child is not a one-time activity but a **continuous process** that must be revisited whenever decisions affecting the child are made in the absence of their parents or of the adult responsible for them. For more information see the EUAA's practical guide on the best interests of the child ⁽³⁹⁾.

The scenarios below provide practical examples of considering the best interests of the child when it comes to estimating age.

Scenario 1	An applicant arrives to a screening location together with several other applicants. A situation of high influx overstretches the capacity of the authorities. The applicant claims to be an adult, but two screening officers agree, after observation, that the applicant appears to be a child. The applicant also presents indicators of trafficking in human beings (THB) which might be the reason for claiming adulthood. The screening officers report their observations (THB indicators) and their doubts on the age (claimed adulthood) in the screening form to be shared with the responsible officers of the determining authority.
Considerations on the best interests	Protection of the presumed child is the primary consideration. The anti-trafficking unit/authority must be involved ⁽⁴⁰⁾ . A risk assessment should be conducted to confirm if the applicant is indeed a victim of THB. The authorities appoint a temporary guardian to inform the applicant on the asylum procedure and the age assessment procedure.
Possible outcome	The determining authority requests an age assessment which will be conducted after the screening, once the applicant is placed in a suitable location (reception centre and/or a protected shelter depending on the risk assessment linked to THB).

Scenario 2	An applicant provides a birth certificate showing that she is 16 years old. She also provides school records, but no ID documents to prove her identity. For this reason, the authorities initially have doubts on the claimed age.
Considerations on the best interests	The authorities ensure sufficient time to listen to the applicant, ask relevant questions to verify the information shared by the girl and suggested by the available documents which seem to be genuine.

⁽³⁹⁾ EASO, [Practical Guide on the Best Interests of the Child](#), February 2019. The new edition of this guide in view of the Pact is currently being developed and will be available in 2026.

⁽⁴⁰⁾ Article 11(a) [Directive 2011/36/EU](#) of the European Parliament and of the Council of 5 April 2011 on preventing and combating trafficking in human beings and protecting its victims, and replacing Council Framework Decision 2002/629/JHA (OJ L 101, 15.4.2011).

Possible outcome	The determining authority accepts the age as claimed by the applicant and indicated in her documents and decides that an age assessment procedure is not necessary.
-------------------------	---

Scenario 3	An unaccompanied applicant claims to be 17 years and 6 months old. The applicant has no documentation and is visibly under psychological distress. Indicators of sexual abuse and exploitation have emerged during the health and vulnerability checks.
Considerations on the best interests	<p>The applicant is assigned a temporary guardian and referred to a more thorough medical assessment (upon the applicant's consent); psychological treatment is provided as needed.</p> <p>In light of the high level of psychological distress, the determining authority decides not to proceed with an age assessment procedure, as the applicant might not be able to effectively and meaningfully participate in it. The determining authority accepts the claimed age.</p>
Possible outcome	The applicant is placed in an appropriate accommodation suitable for their needs, where medical/ psychological follow-up is possible (if applicable). The temporary guardian is replaced by a permanent one. Since the applicant is close to the age of majority, once they reach more emotional stability, it is important to inform them timely of the changes in their rights and obligations as it relates to procedural guarantees and reception conditions.

Scenario 4	An applicant arrives with no documentation proving age. The applicant states that he is 17 years and 7 months, but the screening officer believes he is older. A social worker who has met the applicant in the vulnerability checks considers that the age stated is perfectly plausible since the boy's ethnicity develops earlier. The applicant is expected to join his nuclear family in another country (in application of the AMMR) and this action is supported by a best interests assessment (BIA) conducted in this regard.
Considerations on the best interests	<p>The age assessment methods are not likely to dispel the doubts due to the margin of error all methods have (± 1 year).</p> <p>The age assessment procedure would delay the family reunification process which is supported by the BIA.</p>
Possible outcome	<p>The determining authority follows the recommendations of the qualified professionals (the result of the vulnerability check and BIA) and assume the person is a minor. They decide that an age assessment procedure would not be of benefit, since it would delay family reunification and would disregard the information gathered as part of the BIA, where no concerns linked to age were raised.</p> <p>This decision reflects the importance of ensuring that procedures remain proportionate and that the applicant's best interests — including timely family reunification — are prioritised.</p>



Related EUAA publication

EUAA, [Practical Guide on the Best Interests of the Child](#), February 2019.

The new edition in view of the Pact is being developed and will be available in 2026.

2.2. The presumption of minority

In case of uncertainty, the presumption of minority serves to ensure that the authorities **treat an applicant as a child** when their status as such is not yet confirmed but cannot be denied either. **The applicant is to be treated and considered as a child** as long as doubts remain; child-specific safeguards need to be put in place to ensure their protection, well-being and protection of the child's rights.

When there are discrepancies in the person's account of their age or personal history, these inconsistencies should **not automatically lead to the assumption that they are lying** about their age. Instead, one should consider factors like trauma, stress, language barriers or cultural diversity that could affect the consistency of their statements, and ask for clarification. Furthermore, this is applied in line with the **do no harm principle** which requires authorities to minimise risks and avoid actions that could negatively affect the applicant's well-being. Treating a potential child as an adult could expose the individual to inappropriate conditions (e.g. being placed in adult accommodation), result in lack of necessary safeguards (e.g. not being assisted by a guardian) and in increased vulnerability (by not having their special needs addressed). The do no harm principle seeks to prevent such situations from happening. The age assessment procedure aims to dissipate doubts and establish the applicant's age. Until this is achieved, the presumption of minority should consistently apply: this means treating the individual as a child, ensuring all safeguards, and providing reception conditions suitable for children. In practical terms, the administration cannot simply disregard the applicant's statement on their age at the point of identification. The declared date of birth must be duly registered as provided by the applicant. If the authorities have substantiated doubts, they should initiate and conduct an age assessment procedure in order to lawfully establish whether the registered information should be amended; otherwise, they will need to accept the declaration of the person. Any change to the official registration or identification data must therefore be based on the outcome of the age assessment, ensuring both procedural fairness and legal certainty.

Article 23 APR establishes that authorities must also **designate a guardian** for any unaccompanied individual claiming to be a minor or where there are grounds to believe this is the case. The guardian should be available to the presumed child throughout the age assessment process ⁽⁴¹⁾ and guardianship should be continued afterwards if minor age is confirmed. The same measure should be considered also in cases where a person reasonably appears to be a minor but declares to be an adult. The UN Committee on the Rights of the

⁽⁴¹⁾ Recital 35 APR.

Child and the Council of Europe also recommend to broadly implement the **presumption of minority**.

*States should ensure that a person who undergoes an age assessment is presumed to be **a child unless and until determined otherwise** through an age assessment process ⁽⁴²⁾.*

It is important to keep in mind that the **burden of proof** lies with the authorities.

While the **age assessment process is ongoing**, the person should be placed under the same care settings, conditions and procedural safeguards as other (unaccompanied) children ⁽⁴³⁾.

Although accommodating (potential) young adults who claim to be children together with children **presents safeguarding challenges**, these risks can generally be managed through **adequate supervision and monitoring**. This may include ensuring:

- an appropriate staff-to-resident ratio,
- the presence of trained child-protection staff,
- regular observation of group dynamics,
- clear code of conducts for applicants, and
- prompt mechanisms for reporting and addressing incidents.

Additional measures can include **separate sleeping arrangements** by age group and gender, structured daily routines, and regular individual follow-ups with social workers or guardians to detect tensions or vulnerabilities at an early stage.

Since applicants undergoing age assessment may ultimately be confirmed to be children, it is **important that they are not penalised during this period**. For this reason, dedicated rooms should **not be seen as segregation**: applicants undergoing age assessment should continue to have access to common areas and activities, under the supervision of reception staff, thereby promoting inclusion while maintaining a safe environment for all. When the age assessment finds that the person is an adult, they should be informed about the change in accommodation and transferred to an appropriate facility as soon as possible.

By contrast, placing (potential) children in adult facilities creates far more serious protection concerns, exposing them to heightened risks of violence, abuse, exploitation, neglect and re-traumatisation. It would undermine international child protection standards and the principle of the best interests of the child. It should therefore be strictly avoided. Authorities must remain aware that the greater and more harmful risk lies in treating children as adults rather than in temporarily accommodating young adults in child-appropriate settings and providing the relevant supervision.

⁽⁴²⁾ Guideline 2 in Council of Europe, *Recommendation CM/Rec(2022)22 of the Committee of Ministers to member States on human rights principles and guidelines on age assessment in the context of migration*, 2022, <https://rm.coe.int/0900001680a96350>.

⁽⁴³⁾ As stipulated under Article 27(9)(c) and (d) RCD (2024).



Related EUAA publication

For further information on reception conditions for unaccompanied children, see EASO, [Guidance on Reception Conditions for Unaccompanied Children: Operational standards and indicators](#), December 2018.



Standards and jurisprudence shaping age assessment procedures

While the APR does not explicitly mandate it as a principle, the presumption of minority is often recalled by international standards and jurisprudence to point out the procedural safeguards to be applied.

CRC: concerning treatment of unaccompanied and separated children outside their country of origin, the Committee on the Rights of the Child emphasises that children must be promptly identified upon arrival, and age assessments should be conducted ‘in a scientific, safe, child and gender-sensitive manner, avoiding any risk of violation of the physical integrity of the child; giving due respect to human dignity; and, in the event of remaining uncertainty, should accord the individual the benefit of the doubt such that if there is a possibility that the individual is a child.’ ⁽⁴⁴⁾.

Judgment *Darboe and Camara v. Italy* ⁽⁴⁵⁾: the European Court of Human Rights (ECtHR) established that the presumption of minority is an inherent element of the protection owed to unaccompanied individuals declaring themselves as minors. **The presumption triggers procedural safeguards** that must accompany age assessment procedures, ensuring that incorrect identification as an adult does not lead to rights violations.

Judgment *Hämäläinen v. Finland* ⁽⁴⁶⁾: the ECtHR highlighted the importance of guaranteeing safeguards to unaccompanied children and acknowledged that the presumption of minor age is essential to guaranteeing those.

Judgment *F.B. v. Belgium* ⁽⁴⁷⁾: the case concerned a decision to terminate an applicant’s entitlement to support as an unaccompanied minor following an age assessment. Without

⁽⁴⁴⁾ Committee on the Rights of the Child, [General Comment No. 6 \(2005\) Treatment of unaccompanied and separated children outside their country of origin](#), 2005. Other cases brought before the CRC Committee are: J.A.B. v Spain: submitted before the CRC Committee by five adolescent migrants and asylum seekers: A.L., from Algeria (16/2017), M.T., from Ivory Coast (17/2017), J.A.B., from Cameroon (22/2017), and M.A.B. and R.K., both from Guinea (24 and 27/2017). All the decisions adopted by Committee, between July 2019 and February 2020, are built on the same starting point: an age determination procedure. In each case, the Committee examines whether this procedure infringes any provision of the Convention, and consequently, if the procedure -and its outcome- leads to the violation of other children’s rights.

⁽⁴⁵⁾ ECtHR, judgment of 21 October 2022, [Darboe and Camara v Italy](#), 5797/17, ECLI:CE:ECHR:2022:0721JUD000579717. Summary available in the [EUAA Case Law Database](#).

⁽⁴⁶⁾ ECtHR, judgment of 16 July 2014, [Hämäläinen v Finland](#), 37359/09, ECLI:CE:ECHR:2022:0721JUD000579717.

⁽⁴⁷⁾ ECtHR, Judgment of 6 March 2025, [F.B. V. Belgium](#), 47836/21, ECLI:CE:ECHR:2025:0306JUD004783621 (in French). Summary available in the [EUAA Case Law Database](#).

ruling on the reliability of the bone tests nor on the applicant's minor status, the Court found that the decision-making process that resulted in the decision to terminate the applicant's entitlement to support as an unaccompanied minor had not been accompanied by sufficient safeguards for the purposes of Article 8 ECHR, thus unanimously finding a violation of such Article. In particular, it noted that there was no indication in the file that the applicant had been informed that her consent was needed to carry out the medical test. In addition, it emphasised that, given their invasive nature, medical examinations should only be performed as a last resort, where alternative means to dispel doubts as to the age of the person concerned have yielded inconclusive results. In this regard, it noted that the applicant had been interviewed by an employee of the guardianship office specifically trained in the reception of minors only after the bone tests had been performed. However, a preliminary interview could have potentially made it possible to ascertain whether the doubt as to her minor status could be dispelled by less intrusive means, and have allowed her to receive all the necessary information to defend her rights effectively.

O.Y.K.A. v. Denmark ⁽⁴⁸⁾: the UN Human Rights Committee emphasised that when individuals initially register as adults but later claim to be minors, their age should still be carefully reassessed, and the claim should not be automatically dismissed without appropriate safeguards and consideration.

2.2.1. Assessment of the documentary evidence

When doubts arise about the self-declared minor age of an applicant, authorities should first consider all **supporting evidence** that the person can provide to prove their claimed age. This includes, for instance: passport, ID document, residence card, travel documents like the one provided by the UNHCR, religious or civil certificates proving the civil status (marriage, births, family booklet), school certificates, vaccination records of the applicant or any family member which make reference to the age of the applicant.

The documents presented should not be considered invalid unless it can be proven that they were fraudulently acquired, manipulated or forged.



Article 25(1) APR

For the purposes of the age assessment, documents that are available shall be considered genuine, unless there is evidence to the contrary, and statements by minors shall be taken into consideration.

If the national authorities suspect that a document is forged, they can ask for verification. However, requesting the authentication of documents from the country of origin is not only burdensome but even a potential risk for the applicant in question in terms of protection. On this, see Article 7(2)(b) APR which establishes that 'the authorities shall not [...] obtain any

⁽⁴⁸⁾ UN Committee of Human Rights, [Views adopted by the Committee under article 5 \(4\) of the Optional Protocol, concerning communication No. 2770/2016](#), CCPR/C/121/D/2770/2016, 7 November 2017.



information from the alleged actors of persecution or serious harm in a manner that would result in such actors being informed of the fact that an application has been made by the applicant in question'. Verification of documents by the country of origin cannot be asked if the applicant has expressed the desire to request international protection, if a possible need for international protection emerges, or if there may be a risk of persecution.

Considering that applicants might come from conflict and war-torn areas, it is common that they only carry photos of their documents on their mobile phones or stored in an email account.

When this is the case, the photos/scans should be assessed with due consideration of their probative value. While the practical reality of applicants often relying on digital reproductions must be acknowledged, authorities should remain vigilant to the risk of forgery or manipulation. Such copies or scans should therefore be evaluated in conjunction with the applicant's statements.



Practical example

An applicant presents the following documents:

- **photo of a passport** saved on a mobile phone, where the original has been lost during the journey;
- **scanned birth certificate** emailed by a family member from abroad;
- photocopy of a **UNHCR registration card**;
- **family booklet** photographed page by page;
- **school diploma or vaccination card** in digital format.

The reliability of such documents can be assessed by looking at elements such as consistency of personal data across the documents, visible official stamps or signatures, metadata (e.g. date when the photo was taken), or whether the document matches information already known about the applicant. At the same time, authorities should remain alert to possible forgery or manipulation such as cropped seals, mismatched typefaces, or visible signs of digital editing. Where reasonable doubts persist, the value of such copies can be weighed against other evidence (e.g. interviews, witness statements or information from recognised organisations). Verification steps should only be taken if they do not endanger the applicant; the principle of confidentiality should be respected ⁽⁴⁹⁾.

Therefore, **authentication should not be required** ⁽⁵⁰⁾ where other circumstantial evidence is available to corroborate the minor age.

⁽⁴⁹⁾ Article 7(1) APR.

⁽⁵⁰⁾ Article 25(1) APR.





2.2.2. Justification of age assessment

Age assessment cannot be a routine practice; it should be initiated only when **there are substantiated doubts about** the individual's claimed age. Such doubts may arise when the stated age cannot be confirmed or is contradicted by available evidence following a hearing with the applicant, collection of relevant documents and information, and consideration of other indicators.

As set out in the APR, when the information obtained after hearing the applicant and gathering available evidence or other indications cannot resolve the authorities' doubts (due to inconsistencies or contradictions), 'the determining authority **may** undertake a multidisciplinary assessment, including a psychosocial assessment' ⁽⁵¹⁾ to estimate the applicant's age.

As a '**may** clause', Article 25(1) APR indicates that the decision to initiate an age assessment procedure **is discretionary** and **not an obligation**. Authorities can decide to apply the benefit of the doubt, and the applicant can be **declared a minor without an age assessment** being conducted (see the [scenarios](#) section above).

However, if authorities have substantiated doubts about the age of an applicant who, if an adult, would be subject to the mandatory border procedure, the person must be (provisionally) placed in the **asylum border procedure** and be provided with reception conditions adapted for unaccompanied children; in this case, the age assessment is compulsory ⁽⁵²⁾. For more details, refer to the forthcoming guidance from the European Commission on the asylum and return border procedures.

⁽⁵¹⁾ Article 25(1) APR.

⁽⁵²⁾ Article 53(1), second sentence, APR.





Summing up

- Initial doubts may arise from missing documents, minor inconsistencies or subjective impressions of age. They may or may not be solved through a preliminary age verification. If solved, no age assessment is needed.
- Substantiated doubts may arise from factual contradictions, contradictions in the declarations of the applicant, inconsistent official records, or the inability to clarify discrepancies during the preliminary age verification. This might lead to requesting an age assessment procedure.

2.3. Guardianship or representation

A guardian ⁽⁵³⁾ or, where a permanent guardian cannot be swiftly assigned, a [temporary guardian](#) ⁽⁵⁴⁾ for unaccompanied children must be nominated as soon as possible. This is a necessary safeguard to ensure the best interests of the child throughout the asylum procedure and the age assessment process (see [Section 2.1 The best interests of the child](#)). Organisations or natural persons whose interests conflict or potentially conflict with those of the unaccompanied minor may not be appointed as guardians. The Pact also stresses the importance of close collaboration with national child protection authorities since the screening, mandating the appointment of a person with the relevant expertise in assisting the child as soon as possible ⁽⁵⁵⁾.

A guardian is to be appointed **within 15 days** ⁽⁵⁶⁾ after an application is made. In exceptional situations, including a disproportionate number of applications, this period can be extended by **10 working days** ⁽⁵⁷⁾.

Tasks of the guardian in relation to age assessment

Before the age assessment process begins, the (temporary) guardian must have sufficient time to prepare, to inform the applicant and to consult a legal counsellor where necessary. It is recommended that the guardian and the applicant, with the support of a legal counsellor, have the opportunity to discuss with the authorities the specific doubts that have arisen from documents, statements or other relevant indications. This ensures transparency and

⁽⁵³⁾ Article 2(12) AMMR, Article 3(18) and Article 33 QR, Article 11(3) Screening Regulation, Article 23(2) APR, Article 14(1) [Regulation \(EU\) No 603/2013](#) of the European Parliament and of the Council of 26 June 2013 on the establishment of Eurodac for the comparison of fingerprints for the effective application of Regulation (EU) No 604/2013 establishing the criteria and mechanisms for determining the Member State responsible for examining an application for international protection lodged in one of the Member States by a third-country national or a stateless person and on requests for the comparison with Eurodac data by Member States' law enforcement authorities and Europol for law enforcement purposes, and amending Regulation (EU) No 1077/2011 establishing a European Agency for the operational management of large-scale IT systems in the area of freedom, security and justice (recast) (OJ L 180, 29.6.2013)..

⁽⁵⁴⁾ Article 23(2)(a) APR.

⁽⁵⁵⁾ Article 23(2) APR.

⁽⁵⁶⁾ Article 23(2) APR.

⁽⁵⁷⁾ Article 23(3) APR and Article 23 AMMR.

allows for possible clarification or the submission of additional evidence that may resolve uncertainties without the need to proceed further.

The guardian, together with the legal counsellor if applicable, should explain to the applicant what the age assessment entails, namely:

- the methods that may be used;
- what to expect and how the steps will unfold;
- the applicant's duty to cooperate, and the consequences of non-cooperation (for example that refusing to undergo the age assessment procedure – either the multidisciplinary assessment or the medical tests – is not in itself a ground for rejecting the application, but it may lead the authorities to presume that the person is an adult ⁽⁵⁸⁾)

This is a key moment, as clear and child-friendly information can build trust, reduce fear and encourage cooperation while also prompting the applicant to provide additional information or documents supporting their declared age.

During the age assessment, the guardian or responsible adult is entitled to ask questions for clarification purposes and/or to make comments in support of the applicant. The guardian also plays an essential role in looking after the applicant's welfare throughout the process: they should ensure that the applicant's well-being is safeguarded, and may request breaks if the applicant becomes upset or overwhelmed or appears confused; the guardian/responsible adult may also intervene where necessary to ensure that the process remains respectful, supportive and adapted to the applicant's needs. To properly fulfil their role in supporting the applicant, it is important that the (temporary) guardian and, where applicable, the legal counsellor, have timely access to the outcome of the age assessment and to the reasoning underpinning the decision. The guardian is entitled to access the content of the relevant documents in the applicant's file (which must include all documents relating to the medical examination). This ensures that they can adequately inform the applicant and enable the exercise of the right to an effective remedy to appeal the outcome of the age assessment decision in line with national law, either as a stand-alone appeal or as part of the appeal against the first instance decision.

⁽⁵⁸⁾ Article 25(6) APR: '... Such refusal may only be considered to be a rebuttable presumption that the applicant is not a minor'.



Related EUAA tools

EUAA/Council of Europe, [Age Assessment for Children - YouTube](#) (available in 13 languages).

EUAA, [All You Need to Know about Age Assessment](#), January 2022. This is a child friendly information booklet on age assessment complementing the video animation above.

EASO, [Age Assessment for Children - YouTube](#) (available in 23 languages). This is an informative animation for practitioners explaining the reasons behind age assessment, where it takes place and how it should be conducted.

EASO, [Practical Guide on the Best Interests of the Child](#), February 2019. The new edition of this guide in view of the Pact is currently being developed and will be available in 2026.

EUAA/FRA, [Introduction to International Protection: Practical tool for guardians](#), October 2023.

EUAA/FRA, [The Asylum Procedure: Practical tool for guardians](#), October 2023.

EASO, [Age Assessment Practices in EU+ Countries: Updated findings](#), September 2021.

2.4. The role of the legal counsellor

The APR establishes that applicants should have the right to consult a legal counsellor on matters related to their application at all stages of the administrative procedure ⁽⁵⁹⁾. Free **legal counselling** can be requested as soon as the wish to apply for international protection is registered, including by children ⁽⁶⁰⁾.

If the national law allows, legal counselling and legal assistance can be provided by the same person. Legal counselling is different from legal assistance and includes guidance, assistance and explanation of the whole procedure: rights, obligations, rules on the different procedures, and information on how to challenge a negative decision. It is free of charge, and the applicant should be informed of the possibility of requesting the legal counselling upon registration at the latest.

Free **legal counselling** can be provided by one person to several applicants at the same time or individually. The role of the legal counsellor consists of providing general guidance and assistance throughout the administrative international protection procedure ⁽⁶¹⁾ including when an age assessment takes place. However, while group information-provision sessions may be useful for preliminary awareness, they cannot substitute individualised counselling, which is essential to safeguard the best interests of a presumed child undergoing an age assessment procedure. Legal counsellors will support the guardian or the parents/caregivers (of an accompanied child) in informing and assisting the presumed child also regarding the potential

⁽⁵⁹⁾ Article 15(1) APR.

⁽⁶⁰⁾ Article 33(1), second subparagraph, APR: 'The first subparagraph of this paragraph shall apply without prejudice to unaccompanied minors' right to legal counselling and to legal assistance and representation in accordance with Articles 15 and 16.'

⁽⁶¹⁾ Article 16(2) APR.

impact that the age assessment outcome might have on their application and other related processes.

To perform this role, individual legal counsellors or civil society organisations providing this service must be admitted or permitted to do so under the national procedure and be given access to the applicant. Additionally, the legal counsellor should never be in a situation of conflict of interests when providing advice to the applicant.

While the APR does not provide for the right to appeal an age assessment decision independently from the international protection decision, it does not preclude Member States from doing so under national law.

Where national legislation allows for a standalone appeal of the age assessment, the **right to effective remedy** established by the APR and the Charter remains relevant. In all cases, applicants, (temporary) guardians and the legal counsellors/advisers should be **provided with clear information on the available options to appeal the decision**, on the procedures and the applicable timelines, as well as with the relevant information that was at the basis of the decision made on the age.

Free legal counselling and legal representation should be accessible where an applicant wishes to appeal or challenge a decision on age, either as part of the appeal against the decision on the application for international protection or as a separate act under a national procedure. Where a separate legal appeal against the age assessment decision is envisaged under national legislation, access to free legal counselling is subject to the rules and procedures established at the national level, including those governing the applicability of *pro bono* representation. This also requires providing the guardian or parents and the applicant with the necessary information on how to appeal and the timelines to consider.



Related EUAA tools

- EUAA, [Practical Guide on Free Legal Counselling: Organisation of the provision of free legal counselling](#), October 2025.
- [Legal counselling and assistance | Let's Speak Asylum](#).

2.5. Right to information, participation and consent

Being asked to undergo an age assessment can be confusing and scary for applicants ⁽⁶²⁾ as they may not understand why such a procedure is necessary. They also may feel that they are not being trusted, and some applicants might perceive it as an accusation of dishonesty rather than a standard procedural step. Ensuring that applicants **are properly informed**, involved, and given the opportunity to consent is essential to safeguard their rights and well-being throughout the process.

⁽⁶²⁾ Argyriou, Dr A., *The psychological impact of the age dispute process on unaccompanied children seeking asylum in the UK*, 2024.



Information on the purpose and process of age assessment is to be provided timely, before the process starts, in an age-, culturally-appropriate and child-friendly manner ⁽⁶³⁾. Understanding must be double checked and the applicant must be given the opportunity to ask questions. Cultural mediators, interpreters, the guardian and/or parents might be involved during the process. The guardian can support the applicant in the context of the age assessment process in addressing inconsistencies by explaining to the applicant why the claimed age is not accepted or why the evidence provided is insufficient. This helps the applicant to better understand the process and encourages cooperation including by providing additional information.

It is important that the applicants have **the opportunity to express their views** and thoughts on all matters discussed as part of the age assessment procedure. Their active engagement and participation ⁽⁶⁴⁾ should be therefore guaranteed ⁽⁶⁵⁾. The authorities should provide for an oral hearing of the applicants and their parents whenever they have any doubts regarding the claimed age or when inconsistencies are identified. Parents can often provide important information on the applicant's background, upbringing and family circumstances, which may help to clarify uncertainties and support the establishment of the applicant's age. Involving parents in this way also ensures procedural fairness, respects the right of the child to be heard in conjunction with their caregivers, and helps to safeguard the child's best interests by taking into account the family perspective.

The applicant, guardian or parents must be given the opportunity to **consent** or not to take part in the age assessment, and particularly at the stage of medical examinations in case they are occurring (see [Annex 4 – Example consent form to participate in an age assessment](#)) Consent must be provided with no external pressure or manipulation, particularly in the case of those who have previously experienced exploitation, coercion, gender based violence or abuse.

In line with the APR ⁽⁶⁶⁾, both the applicant and their guardian **must consent to medical assessments**: this implies that they have the **right to refuse**. The applicant and their parents or guardian should be informed that the refusal alone cannot lead to the rejection of the **application for international protection** and may only be considered as a rebuttable presumption that the applicant is not a minor ⁽⁶⁷⁾.

Since the legislation explicitly requires consent **only for the medical component** of the age assessment ⁽⁶⁸⁾, there is no formal legal basis for refusing the multidisciplinary assessment. However, in practice, an applicant may effectively decline to participate — for instance, by not attending the psychosocial evaluation or by remaining silent during the interview. This underlines the importance of ensuring that the applicant is adequately informed and

⁽⁶³⁾ Article 5(2) RCD (2024), Article 23(5) APR, Article 11(3) Screening Regulation.

⁽⁶⁴⁾ In line with the [COMMISSION RECOMMENDATION of 23.4.2024 on developing and strengthening integrated child protection systems in the best interests of the child](#), (C/2024/2680 final).

⁽⁶⁵⁾ The right of the child to be heard is recognised in several legal instruments such as: UN Committee on the Rights of the Child, General comment No. 12 (2009): The right of the child to be heard, CRC/C/GC/12, 20 July 2009, <https://www.refworld.org/legal/general/crc/2009/en/70207>; recital 23 APR; Article 23(3) AMMR.

⁽⁶⁶⁾ Article 25(5) APR.

⁽⁶⁷⁾ Article 25(6) APR.

⁽⁶⁸⁾ Consent is only requested for the medical examination, not for the complete age assessment procedure (Article 25(4) APR).



understands the purpose and scope of the entire age assessment process, including its multidisciplinary elements. Clear and accessible communication is essential to foster cooperation and to ensure fairness and transparency in the procedure.

In case of refusal, the **reasons for the person's refusal must be explored**. Understanding the reasons for the refusal and providing more tailored information may help to address initial fears and nurture collaboration.

Importantly, where the result of the age assessment is not the one expected by the applicant, it is essential that they understand their right to challenge the outcome through **available appeal or review mechanisms**. Where national systems envisage a separate appeal against an age determination, the applicant should be explicitly informed that filing such an appeal will not negatively affect the examination of their application for international protection.

This safeguard applies equally in the context of information provision and consent and participation, ensuring that applicants can exercise their rights without fear of repercussions. Responsibility for informing the applicant about the legal consequences of refusal generally lies with the case officer. However, concerns linked to the examination procedure itself should be addressed by the medical professional with the support of the guardian, in order to build trust and provide reassurance.

2.6. Qualified age assessors

The authorities need to ensure that the persons appointed to conduct the age assessment have the **necessary expertise/specialisation**. The APR makes clear reference to **qualified professionals** with expertise in age estimation and child development such as social workers, psychologists or paediatricians, in order to assess various factors, for example of physical, psychological, developmental, environmental and cultural nature. ⁽⁶⁹⁾.

The notion of 'qualified professionals' involved in the age assessment is not explicitly defined in the APR. Therefore, reference should be made to the relevant **national legislation**, which may specify the qualifications or professional profiles required to be considered competent in the fields of **age estimation and child development**.

While the APR does not set a uniform standard, it **suggests that social workers, psychologists or paediatricians** should be part of the multidisciplinary team. Accordingly, Member States may wish to **verify the national qualification requirements** for these professions to ensure that the persons involved in the assessment process possess the appropriate expertise and credentials.

In line with the multidisciplinary nature of age assessment, Member States retain the discretion to designate the professionals to be involved, based on their specific skills, qualifications and training. The framework does not exclude any professional profiles, e.g. medical staff (e.g. nurses, paediatricians, doctors), psychosocial professionals or professionals from other fields such as ethno- anthropologists or cultural mediators, provided that their

⁽⁶⁹⁾ Article 25(1) and recital 37 APR.



contribution and professional background is relevant and meaningful to the process. This flexibility allows national authorities to adapt the composition of the multidisciplinary team to their administrative structures and available expertise, while safeguarding the quality and reliability of the assessment.

It is nonetheless essential that the professionals engaged in the non-medical components of the process act strictly within the scope of their qualifications and expertise. For example, a nurse may contribute to the multidisciplinary assessment by providing observations on the applicant's general well-being, hygiene or general development, drawing on their professional experience. However, this should not extend to conducting medical or clinical examinations which belong to the medical phase of the age assessment and should be performed by a qualified doctor.

Having the necessary expertise means that, in **addition** to their core professional background, age assessors are also expected to receive **specific training on age assessment methodologies and procedures**. Such training should cover the legal, developmental, medical and procedural dimensions of age assessment in the context of asylum to ensure that evaluations are carried out in a child-sensitive, culturally-sensitive and rights-compliant way.

The training should be organised or accredited by the competent national authorities, in cooperation (where relevant) with EU bodies such as the EUAA. It may also involve other recognised academic or professional institutions.

The training should cover:

- legal obligations under the APR and related EU law;
- child development;
- medical, psychological and psychosocial aspects in age assessment;
- interview techniques adapted to children;
- safeguards to prevent re-traumatisation; and
- procedural standards to ensure multidisciplinary, child-sensitive, and rights-compliant evaluations.

Refresher courses and continuous professional development should also be made available to maintain and update expertise.

Preferably, age assessors should also have sufficient expertise in child protection. In particular they should:

- be familiar with international and national legal standards, including the CRC and procedural safeguards in age assessments ⁽⁷⁰⁾;

⁽⁷⁰⁾ UNHCR, *UNHCR observations on the use of age assessments in the identification of separated or unaccompanied children seeking asylum*, June 2015, <https://www.refworld.org/jurisprudence/amicus/unhcr/2015/en/93634>; Council of Europe, *Human rights principles and guidelines on age assessment in the context of migration: Recommendation CM/Rec(2022)22 and Explanatory Memorandum* (Strasbourg: Council of Europe, April 2023), <https://rm.coe.int/cm-rec-2022-22-and-explanatory-memorandum-on-human-rights-principles-a/1680ab501f>; UNICEF *Technical note on age assessment*, *op. cit.*, fn. 7.



- be able to communicate effectively and empathetically with applicants from different cultures, ensuring that the individual involved in the age assessment can express their views;
- have a basic understanding of how to identify signs and symptoms of psychological distress;
- be trained to handle situations where an applicant discloses experiences of violence and abuse, and be aware of the referral pathways available in these cases;
- be impartial and free of any conflict of interests;
- ensure confidentiality, non-discrimination and respect for the individual's dignity throughout the age assessment process; and
- be aware of relevant services providers and of the referral system in case other immediate needs emerge during the assessment (e.g. physical health, protection needs or similar).

Age assessors conducting an **age assessment interview** should have good knowledge of country of origin information (COI) relevant for the case, along with cultural practices, norms, and societal dynamics. This knowledge is instrumental for reliable results. Familiarity with the [EUAA COI portal](#) and other relevant websites or sources can further support assessors in accessing accurate and up-to-date information.

Age assessors conducting a **psychosocial assessment** must possess the skills to assess physical, psychological and emotional growth patterns in children and evaluate those in light of the child's social context. Intercultural competences are also paramount to work with children with a migratory background. Psychologists or social workers specialised in child cognitive development and trained in age assessment are usually entrusted with conducting the psychosocial assessment.

Medical examinations are to be conducted by medical practitioners with expertise on children and on age estimation. Child development marks and skeletal bone images are usually assessed by paediatricians and radiologists. These medical experts should also have contextual knowledge, including familiarity with COI-specific growth indicators (e.g. paediatric reference tables relevant to specific ethnicity), and possess an awareness of cultural factors that may influence physical appearance, maturity and communication styles.

While the above reflects the ideal profile of age assessors, it is recognised that in practice Member States may face challenges in identifying enough experts who meet all the requirements. To overcome such a potential challenge and to ensure quality and compliance, authorities can invest in the aspects below.

- **Progressive capacity-building:** professionals may initially meet the core requirements (legal standards, impartiality, child-sensitive communication) and strengthen additional skills (e.g. handling disclosures of violence, recognising psychological distress) through continuous professional development.
- **Targeted specialised training:** national authorities can develop short, practice-oriented training modules (for example on trauma-informed approaches, cultural

mediation or safeguards). The **EUAA training curriculum** ⁽⁷¹⁾ may serve as a useful reference for training programmes.

- **Accreditation and certification schemes:** establishing a national roster of trained age assessors who have completed mandatory training helps guarantee availability and quality.
- **Use of external expertise:** where gaps persist, Member States can contract or collaborate with specialised NGOs, child protection bodies, or independent experts to support specific aspects of the assessment.
- **Peer learning and exchange:** encouraging assessors to share experiences and dilemmas through regular case discussions or supervision ensures that expertise develops even in resource-limited contexts.

Channels of cooperation between different authorities and external organisations can be created to make sure that sufficient qualified professionals are available.



Examples of good practice to enhance the quality of the age assessment procedures

- Organise regular peer-to-peer sessions and exchanges among age assessors to discuss potential common challenges and solutions.
- Where applicable, ensure that the applicant can choose the gender of the practitioner conducting the assessment. This is particularly important in case of multiple special needs (e.g. potential survivor of sexual and gender-based violence, abuse or trafficking). Providing this option can help create a safer and more comfortable environment, facilitating trust and openness during the process.
- Set up a monitoring system to ensure quality and learning from experience.



Good practices on age assessment procedures in EU+ countries

- The Italian National Institute for Health, Migration and Poverty (INMP) has established a robust system for monitoring and evaluating the implementation of the national protocol for age assessment of unaccompanied children ⁽⁷²⁾.
- The Study Group on Forensic Age Diagnostics of the German Society of Legal Medicine organised annual proficiency tests for continuing quality assurance ⁽⁷³⁾.

⁽⁷¹⁾ EUAA, [Training Catalogue](#), August 2022.

⁽⁷²⁾ National Institute for Health, Migration and Poverty (INMP), [Primo rapporto sull'attuazione del protocollo per la determinazione dell'età dei minori stranieri non accompagnati](https://www.inmp.it/index.php/ita/Pubblicazioni/Libri/Primo-rapporto-sull-attuazione-del-protocollo-per-la-determinazione-dell-eta-dei-minori-stranieri-non-accompagnati) (First report on the implementation of the protocol to determine the age of unaccompanied foreign minors), September 2022, <https://www.inmp.it/index.php/ita/Pubblicazioni/Libri/Primo-rapporto-sull-attuazione-del-protocollo-per-la-determinazione-dell-eta-dei-minori-stranieri-non-accompagnati>.

⁽⁷³⁾ Study Group on Forensic Age Diagnostics of the German Society of Legal Medicine, [Criteria for age estimation in living individuals](#), 2008, https://www.medin.uni-muenster.de/fileadmin/einrichtung/aqfad/empfehlungen/empfehlung_strafverfahren_eng.pdf.

2.7. Impartiality and non-discrimination during the age assessment process

Every person undergoing age assessment has the right to have their age assessed impartially, without prejudices based on nationality, ethnicity or other factors. Assessors must be aware of their own biases when conducting age assessments.

Bias can take the forms described below (non-exhaustive list).

- Generalising from previous cases: if previous applicants of a certain country or community were found to have lied about their age, assessors might unconsciously make assumptions about new incoming applicants of the same origin.
- Confirmation bias: focusing on evidence that supports preconceived notions (starting the assessment already thinking the individual is an adult/minor). This may lead to overweigh perceived traits or behaviours that could substantiate this belief (e.g. maturity in speech or physical appearance) while ignoring factors pointing to the opposite conclusion (e.g. the applicant's responses or documented history).
- Nervousness, hesitation, scattered information or disinterest during the interview might be interpreted as a sign of deception or adulthood and not as natural reactions to the high-stake nature of the process, to being subjected to numerous interviews or to having experienced trauma in the past.
- Assessors might focus disproportionately on physical characteristics like height, facial features or muscle mass, interpreting these as indicative of adulthood while ignoring evidence that ethnicity, environmental stress or genetics might have a significant impact on physical development.

Providing guidance to assessors on **recognising and mitigating these biases**, using a **multidisciplinary approach** and involving different qualified professionals enhances the fairness and accuracy of age assessment and ensures that applicants are treated with dignity and respect.

The below measures have been used to this end in the past and proved useful:

- review the results of the different assessments conducted;
- have exchanges among the professionals involved in an assessment;
- have more than one age assessor assessing a case jointly.

This **collegiality** can also help to reduce the pressure on the assessors undertaking a complex task such as age assessment, by sharing the responsibility for a decision that carries significant consequences for the applicant.



Practical considerations



To uphold the impartiality of the age assessment process, it is essential that the assessors or age assessment panel **operate independently** from those responsible for examining international protection applications or managing reception conditions. Such institutional separation helps ensure objectivity and mitigates potential conflicts of interest that could compromise the best interests of the child.

In some contexts, professionals working within the reception system may face indirect operational pressures – for example, limited accommodation capacity or resource constraints – which could inadvertently influence the outcome of an age assessment. Likewise, financial considerations linked to the provision of reception conditions to children versus adults may generate institutional pressure. These aspects are equally relevant in cases where reception is managed by private entities that may have financial interests linked to the number of children/adults accommodated. In situations where the age assessment is carried out by professionals working for the determining authority or the reception authority, it is recommended to have **guarantees in place** to ensure that their assessment is fully independent. This would avoid any potential conflict of interests (e.g. the assessors involved should not be involved in the examination of the application).

Similar considerations apply for the guardians: the role of the guardian should remain distinct from the age assessment process.



Practical considerations on age assessment in cases involving parents, relatives or accompanying adults

An age assessment should only be requested and conducted when it is genuinely necessary, that is when there are substantiated doubts regarding the declared age. However, situations may arise where children arrive accompanied by adults who claim to be relatives or parents, and indicators of trafficking in human beings (THB), child marriage, or other protection concerns are identified — either upon arrival or following the completion of a BIA. In such cases, beyond security actions triggered by these indicators, an age assessment may be initiated to further clarify the situation and to enable the authorities to take the appropriate safeguarding measures in a timely manner.

- **Concerns of trafficking in human beings:** asylum seekers may be accompanied by adults who falsely claim to be their parents or other family members and who may have an interest in having the applicant recognised either as a minor or as an adult (depending on their objectives). For example, traffickers may present themselves as parents or close relatives to legitimise their control over a child or vice versa they may instruct the child to declare adulthood to avoid safeguards or further checks.
- **Child marriage:** cases where a spouse presents themselves as the accompanying adult but the relationship may not be legally recognised and the adult has an interest in declaring that the child has reached the age of majority. This may also be the case when parents (or relatives) attempt to arrange, or have already arranged, a



(forced) marriage in the host country and, in order to conceal this, declare their child to be of age.

- **Security or protection concerns:** these emerge when doubts arise that the accompanying adult may not act in the best interests of the child. For example, both individuals may declare themselves as adults but the authorities suspect that one of them is in fact a child. In these cases, an age assessment can provide clarity and allow the Member State to separate the persons and take protective measures, preventing potential exploitation or abuse. Where security or protection concerns arise, the alleged accompanying adult and the child should be interviewed separately, in order to create conditions allowing the child to speak freely and to detect potential exploitation, abuse or power imbalances. In such cases, the appointment of a (temporary) guardian is necessary to safeguard the child's best interests and to ensure that the procedure is carried out with appropriate support. This safeguard is essential to determine the genuineness of the claimed relationship and to assess whether the accompanying adult is acting in the child's best interests.

Doubts regarding the authenticity of family links or concerns of trafficking in human beings, exploitation or protection should primarily be addressed through appropriate safeguarding channels and safety procedures. These may include referrals to child protection authorities or the national anti-trafficking unit, law enforcement or other competent authorities. **Age assessment** should not be treated as the default tool for resolving such doubts but rather as **one element of a broader child protection and case management approach**, to be **used only when strictly necessary** and in full compliance with applicable safeguards.

Age assessment should remain **exceptional and take into account the individual characteristics of each case**; it should never become routine practice and its use must remain in line with the safeguards and limitations provided for in the legislation. In the examples above, such an assessment may serve as an added tool to protect the child.

Generally, it is less common that children arriving with parents or family members go through an age assessment, as the statements of family members often can help to corroborate or clarify the child's declared age.

2.8. The benefit of the doubt

The benefit of the doubt must be applied when the age assessment is not conclusive ⁽⁷⁴⁾. This means in practice that the age declared by the applicant should be considered valid.

⁽⁷⁴⁾ Article 25(2) APR.

**Article 25(2) APR second sentence**

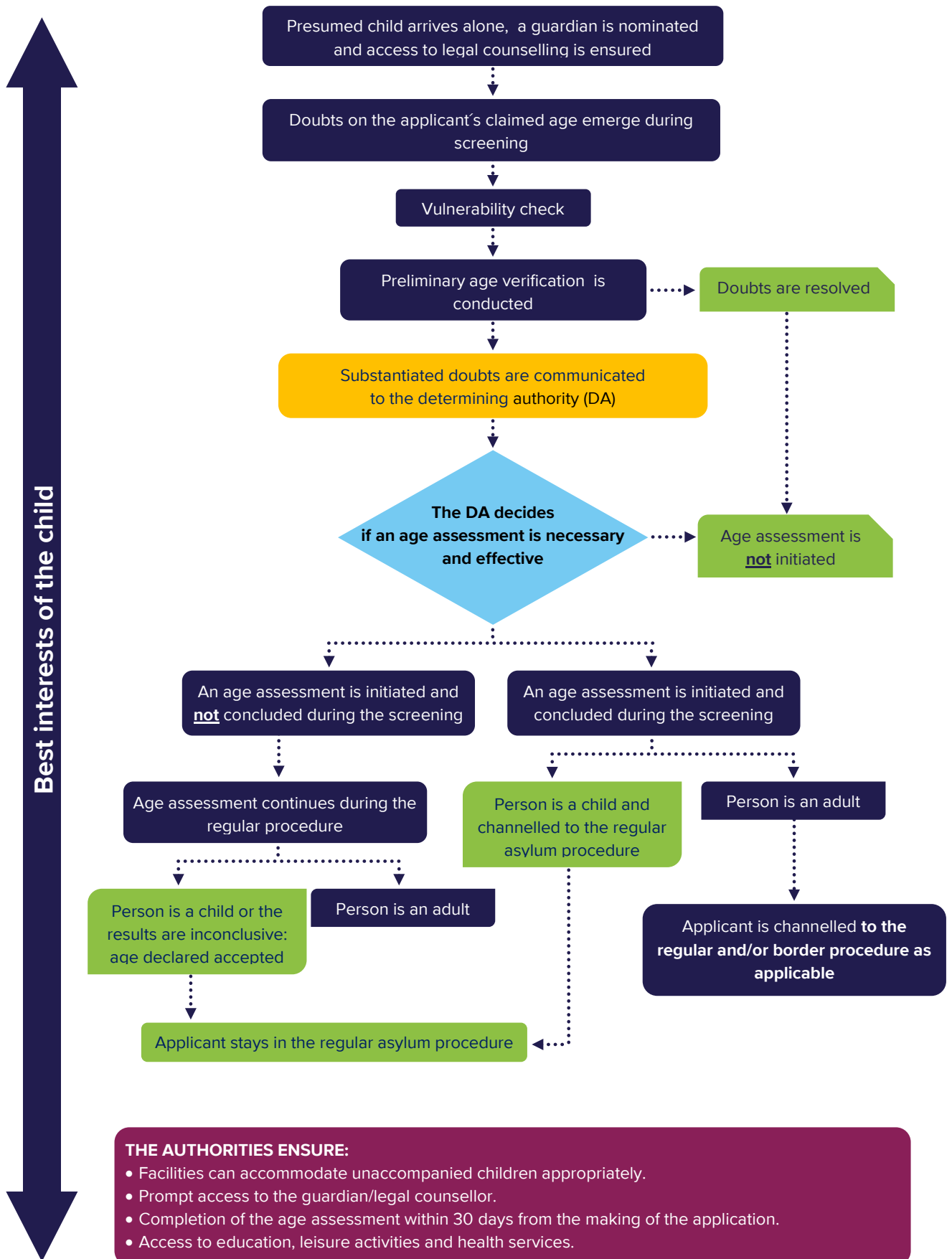
Where the result of the age assessment referred to in this paragraph is not conclusive with regard to the applicant's age or includes an age-range below 18 years, Member States shall assume that the applicant is a minor.

This safeguard reflects the principle of the best interests of the child and ensures that no applicant is wrongfully treated as an adult, thereby preserving access to the rights and protections afforded to children.

3. Practical roll out of the age assessment process

This chapter provides guidance on how to operationalise the legal obligations set out in the APR and related instruments, focusing on the early identification of special needs, the decision to initiate an age assessment, the use of a multidisciplinary method and the application of procedural safeguards in different procedural contexts, including at the border.

Figure 1. Flowchart summarising the age assessment process



3.1. Identification of special needs

The identification of special needs should consider visible signs, vulnerability indicators, the applicant's statements and behaviour and any relevant documents. Additionally, information provided by the applicant's caregiver(s), family member(s), or guardian can be considered, particularly as it relates to the child's overall well-being and specific protection needs. Early identified special needs as well as intersecting vulnerabilities and needs (e.g. impairments, protection needs) emerging during the age assessment need to be documented. Where relevant, a referral to the authority in charge of assessing vulnerabilities should follow to ensure that appropriate special procedural guarantees and reception conditions can be considered. Since being a child is recognised in itself as a vulnerability, age assessment is to be understood as a (part of the) vulnerability assessment. This means that the 30-day deadline after the making of an application ⁽⁷⁵⁾ for concluding the vulnerability assessment applies to age assessment too ⁽⁷⁶⁾. Furthermore, trained and **qualified staff must provide assistance**, working closely with national child protection authorities. The vulnerability assessment must be reviewed in case of relevant changes in the applicant's circumstances or where the need for special procedural guarantees becomes apparent after completion of the assessment.



Article 20 APR

1. *The competent authorities shall individually assess whether the applicant is in need of special procedural guarantees, with the assistance of an interpreter, where needed. **That assessment may be integrated into existing national procedures or into the assessment referred to in Article 25 of Directive (EU) 2024/1346** and need not take the form of an administrative procedure. Where required by national law, the assessment may be made available, and the results of the assessment may be transmitted, to the determining authority, subject to the applicant's consent.*
2. *The assessment referred to in paragraph 1 shall be initiated as early as possible after an application is made by identifying whether an applicant presents first indications that he or she might require special procedural guarantees. [...]*
3. *[...]*
The assessment referred to in paragraph 1 shall be concluded as soon as possible and, in any event, within 30 days. It shall be reviewed in the event of any relevant changes in the applicant's circumstances or where the need for special procedural guarantees becomes apparent after the assessment has been completed.

⁽⁷⁵⁾ Article 25 RCD (2024).

⁽⁷⁶⁾ Recital 36 APR: '... Given the particular vulnerability of unaccompanied minors, who are likely to lack identification or other documents, it is particularly critical to ensure strong safeguards to ensure that such applicants are not subject to incorrect or unreasonable age-assessment procedures'.



3.2. Decision to initiate or not an age assessment

When the person's account of their age or personal history contains discrepancies or gaps, **initial doubts can arise**. However, this should not automatically lead to the **assumption** that the person is lying about their age. As a first step in case of doubts, the discrepancies need to be presented to the person concerned, to their guardian and to the legal counsellor, offering the opportunity to clarify and to gather more information or evidence, where possible with consideration of the time limits.

Before referring the person to an age assessment, authorities can and should explore additional sources of information potentially useful to solve the initial doubts.

Since age is an element of the person's identity, a **preliminary age verification** is carried out by the competent authorities as part of the overall identity verification. The preliminary age verification aims to obtain clarifications or additional information from the applicant and to collect additional evidence and other relevant indications about the applicant's age (such as family member statements or information from databases or other sources). Such information could suffice and make an age assessment unnecessary.

Article 4(5) QR relates to the assessment of applications for international protection in general, and not specifically to age assessment. Indeed, while an applicant's age may form part of the overall statements covered by this provision. Nonetheless, this provision may also serve as a reference point for **determining whether additional evidence is or is not necessary** in the framework of **age assessment**. Where the applicant's account regarding age meets credibility and consistency criteria similar to those described in the article, and a satisfactory explanation is provided for the absence of documentation, **authorities may reasonably decide that no further evidence is required** to establish the claimed age.



Article 4(5) QR

Where one or more particular aspects of the applicant's statements are not supported by documentary or other evidence, no additional evidence shall be required in respect of those particular aspects where the following conditions are met:

- (a) the applicant has made a genuine effort to substantiate his or her application for international protection;*
- (b) all relevant elements at the applicant's disposal have been submitted and a satisfactory explanation has been given regarding any lack of other relevant elements;*
- (c) the applicant's statements are found to be coherent and plausible and do not run counter to available specific and general information relevant to the applicant's case;*
- (d) the general credibility of the applicant has been established, considering, inter alia, the time at which the applicant applied for international protection.*



The results of age verification can be **unsatisfactory**. For example, the applicant's statements, the available documentary evidence or other age-related indications can be insufficient to solve doubts or be in conflict with known facts about the applicant's life. In this case, **the authorities may have substantiated doubts** on the applicant's claimed age and a multidisciplinary age assessment may become necessary.

In line with Article 25(1) APR, when the person whose age is disputed has applied for international protection, **the determining authority** is competent to decide to initiate an age assessment. If indicators giving rise to substantiated doubts about an applicant's age emerge, other authorities such as the screening or reception authorities may refer the case to the determining authority, which holds the responsibility to decide whether to initiate an age assessment ⁽⁷⁷⁾.

When there are **doubts** about an applicant's age at the moment of the screening, **which may trigger the need of an age assessment**, the **preliminary steps** below should be taken.

1. **Register the applicant's claim of age:** the applicant claims to be a minor or an adult and there are **doubts about this claim**.
2. **Appoint a guardian** or a person temporarily acting as a guardian.
3. **Ensure access to free legal counselling.**
4. **Collect and verify supporting documentation:** doubts may arise from the lack of documentation supporting the applicant's claimed age, and/or there is evidence that the documentation may be forged or fraudulently obtained/used. Doubts may also arise when the statements of the applicant and/or the available evidence do not confirm the age claimed or seem contradicting.
5. **Conduct an age verification as part of the vulnerability check during screening:** this aims **to determine whether the claimed age can be accepted** or if reasonable doubts persist. This verification consists of:
 - (a) asking the applicant and the guardian for clarifications on the doubts;
 - (b) gathering and analysing additional documentary evidence, such as personal documents, family member information (e.g. age of siblings, vaccination and school records) where available;
 - (c) consulting relevant databases or sources of information (Vis, Eurodac, SiS etc.).

If doubts are cleared, **no age assessment is needed**. If the doubts persist, a **referral** must be made to the **determining authority to decide** whether an age assessment is necessary. Referral includes the steps below:

6. **Record substantiated doubts:** when doubts persist, they are considered substantiated doubts and should be duly recorded in the case file.
7. **Communicate the substantiated doubts to the determining authority:** the screening or reception authority communicates without delay to the determining authority the

⁽⁷⁷⁾ The determining authority is responsible for conducting age assessments but may delegate this task to a specialised body. Depending on the national administrative structure, such a body may function under the determining authority or as an independent entity. The APR allows for flexibility in this regard: the determining authority may either perform the assessment itself or entrust it to other qualified bodies, while retaining final responsibility for the age determination.



substantiated doubts with the results from the age verification and the related BIC considerations.

8. **Decision by the determining authority:** the determining authority, without undue delay, decides whether an age assessment process is potentially effective and recommended for this case. Best interests considerations should inform this decision. When recommended, the age assessment procedure is started.



Practical considerations on linking initial checks with the age assessment procedure

Health, security and identity checks are not directly related to assessing age. However, these initial checks may **provide useful information** or **indications** that an age assessment might be necessary (or not). To avoid repeating questions already asked by other officials, it is a good practice **to establish links** between these initial checks and the vulnerability check. Relevant observations or elements gathered during the health, security and identity checks can **inform the age verification** and form part of the decision on whether to refer and/or initiate an age assessment, streamlining procedures while maintaining efficiency and respecting data protection rules.

3.2.1. Guaranteeing safeguards while preventing abuse of the system

There may be cases where individuals falsely claim to be underage to gain exemptions from the border procedure or access to specialised services. These cases must be addressed while respecting the rights and safeguards that should be provided to children.

(a) Distinguishing genuine inability to cooperate from abuse of the system

Distinguishing between intentional deception and genuine confusion or inability to cooperate is not always straightforward. The individual's cultural background, personal history, or lack of official documentation may lead to sincere uncertainty about their chronological age. Additionally, inconsistent record-keeping practices in certain countries of origin can result in discrepancies in official documents, further complicating age determination. For example

- lack of official documentation,
- cultural norms or personal background that may affect how age is understood or remembered, or
- uncertainty regarding birth records

may result in **genuine uncertainty** about one's own chronological age. A finding that a person is over 18 despite having initially declared minor age **does not, on its own, constitute evidence that they intentionally sought to mislead the authorities.**



Moreover, **psychosocial factors** such as past trauma, fear of authority figures, or limited understanding of asylum procedures can affect how an applicant reports their age, sometimes resulting in **unintentional** inconsistencies.

Clear abuse means that there is **clear evidence of deceptive intention**, such as **knowingly presenting falsified documents** or **deliberately concealing or destroying proof of age**. A mere discrepancy in documentation or an incorrect assumption about one's age does not constitute in itself an abuse.

(b) Age verification in cases of clear abuse

Where there is clear **evidence** that an applicant is deliberately misrepresenting their age, Member States should conduct an **immediate age verification**. If, on the basis of such solid evidence ⁽⁷⁸⁾ a Member State can conclude that the applicant is 'without any doubt' above the age of 18, there is no need to proceed with a full age assessment ⁽⁷⁹⁾ nor to appoint a guardian ⁽⁸⁰⁾.

This could be the case, for example, where Member States are able to collect or verify information from:

- previous **VISA applications** through the **VIS system**;
- **Eurodac or national asylum databases** indicating a prior registration as an adult;
- **official identity or travel documents** (passport, ID card, driving licence) found after the applicant's declaration or provided by relatives/family members;
- **previous administrative or judicial records** available to the authorities.

In these cases, the date of birth to be recorded for administrative and procedural purposes may be **derived directly from the verified documentation or information collected**, provided that the decision is issued in writing, is properly reasoned and documented, and is communicated to the applicant in line with the principles of good administration and the right to an effective remedy ⁽⁸¹⁾.

By contrast, cases based solely on physical appearance — for instance the so-called '**white beard**' cases — must be treated differently, as an age assessment may still be necessary to determine the applicant's date of birth. While the APR allows the competent authority not to appoint a guardian where it has established 'without any doubt' that the applicant is above 18

⁽⁷⁸⁾ Solid evidence may be understood as reliable and verifiable information that can objectively establish a person's age. This can include, for example, official documents that have been confirmed as authentic and establishing date of birth, e.g. identity documents, confirmed biometric matches in Eurodac, hits in VIS or other official databases, or a prior conclusive age determination by another Member State. By contrast, elements such as physical appearance, impressions or unverified statements do not constitute on their own solid evidence, although they may serve as indicators prompting further assessment.

⁽⁷⁹⁾ Article 27(1) RCD (2024): '[...] Where a Member State has assessed that an applicant who claims to be a minor is without any doubt above the age of 18 years, that Member State need not appoint a representative or designate a person suitable to provisionally act as a representative [...]'.

⁽⁸⁰⁾ Article 23(2) APR.

⁽⁸¹⁾ In line with the principles enshrined in the Charter Article 41, – Right to good administration, and Article 47 – Right to an effective remedy and to a fair trial.



years of age ⁽⁸²⁾, **physical appearance alone cannot meet this evidentiary threshold**, but may serve as an indicator prompting further assessment. Indeed, physical traits such as greying hair, facial features or overall demeanour may be influenced by **a range of factors**, including **past hardship, stress, malnutrition, or medical conditions**, and therefore **cannot be considered conclusive proof of adulthood**. Member States should be able to substantiate any conclusion of adulthood through verifiable evidence and clear reasoning **beyond mere appearance**.

Additionally, from a **practical standpoint**, Member States have an administrative duty to re-establish or correct the applicant's date of birth where this is registered incorrectly. This requires issuing a **formal, reasoned written decision** indicating the **assessed date of birth**. This is necessary for the **issuance of administrative documents** such as a residence permit or health card, and for the accurate registration of the applicant's information in relevant databases (e.g. Eurodac, SIS and national systems).

To determine or restore a date of birth for administrative purposes, an **age assessment procedure is required** to ensure that the determination is **based on a transparent, documented and reliable process**. Consequently, even in cases where adulthood is presumed due to physical appearance, authorities **cannot simply disregard the applicant's claim of minority**. They must issue a reasoned written decision contesting the applicant's declared age, in full respect of the right to good administration and the right to an effective remedy, ensuring that the applicant has the possibility to appeal the decision ⁽⁸³⁾. As age assessment procedures can only provide an estimated age rather than an exact chronological one, the result does not establish a specific date of birth. Nevertheless, for administrative and documentation purposes, the determining authorities must at the end of the age assessment record a precise date of birth in order to issue identity or residence documents and to ensure consistency across systems ⁽⁸⁴⁾.



Age assessment in the border procedure

Pursuant to Article 53(1) APR, unaccompanied minors are exempt from the border procedure except in cases where there are serious concerns related to national security or public order (Article 42(3)(b) APR) and must therefore be channelled into the regular asylum procedure. This exemption applies to both the optional and mandatory border procedures.

However, where an applicant meets the conditions for the **mandatory border procedure** but claims to be under 18 and **substantiated doubts** arise regarding their age, Article 53 APR requires that an age assessment be promptly initiated. In these cases, the applicant shall be provisionally placed under the border procedure pending the outcome of the assessment.

⁽⁸²⁾ Article 23(2)(b) APR.

⁽⁸³⁾ In line with the principles enshrined in the Charter Article 41, – Right to good administration, and Article 47 – Right to an effective remedy and to a fair trial.

⁽⁸⁴⁾ In such cases, some authorities use 1 January of the assessed year of birth when the exact day and month cannot be determined, to avoid indicating a later birthdate.



The presumption of minority continues to apply and **the applicant should benefit from all safeguards and guarantees applicable to children** (including reception conditions, guardianship, and procedural guarantees) while the assessment is ongoing. This applies in particular where the conditions for mandatory border procedure below are met ⁽⁸⁵⁾:

- **misleading the authorities or destroying/hiding documents** (Article 42(1)(c) APR);
- **threats to national security or public order** (Article 42(1)(f)); this also applies to unaccompanied minors under Article 42(3)(b) APR;
- **nationality with a low recognition rate** (Article 42(1)(j) APR).

This ensures that the system cannot be bypassed through unverified claims of minority.

Conversely, when **the border procedure is optional** (Article 43(1) APR) the Member State is not legally required to initiate an age assessment and **may** either **decide to proceed with the regular asylum procedure** and carry out the age assessment if appropriate, or place the applicant temporarily in the border procedure and conduct the age assessment as soon as possible.

For more details, refer to the forthcoming guidance from the European Commission on the asylum and return border procedures.



Recital 62 APR

*[...] having regard to the importance of the rights of the child and the need to take into account the best interests of the child, **unaccompanied minors should not, as a rule, be subject to the border procedure** unless there are reasonable grounds to consider the minor represents a danger to the national security or public order of the Member State or the applicant had been forcibly expelled for serious reasons of national security or public order under national law.*

Compliance with procedural guarantees

The **presumption of minority** ⁽⁸⁶⁾, requires that **adequate safeguards** accompany age assessment procedures to avoid violations of fundamental rights.

While temporary placement in the border procedure may be legally permissible, the conditions below must **always be met** to ensure compatibility with fundamental rights obligations.

- **Procedural safeguards** under Articles 16, 17, 21, 22 and 23 APR are respected, including the timely appointment of a guardian, free legal counselling, free legal

⁽⁸⁵⁾ Article 45 APR.

⁽⁸⁶⁾ As interpreted by the ECtHR in *Darboe and Camara v Italy*, op. cit., fn. [45](#).



assistance and legal representation for an appeal and the maintenance of family unity ⁽⁸⁷⁾.

This means *inter alia*: a guardian is appointed without delay and has the capacity to effectively represent the child; siblings or other close family members are not separated unless this is in the best interests of the child; the child has access to information and has the opportunity to be heard in line with their age and maturity; the procedure is prioritised meaning that the case is processed without undue delay and given precedence over other applications, in order to ensure swift identification of the child's protection needs and avoid prolonged uncertainty.

- **Age assessment** is conducted in line with Article 25 APR and completed within 30 days, as also reflected in Article 23(3) APR and Article 25(1) RCD (2024) This means *inter alia*: the assessment is multidisciplinary, is carried out by trained professionals and uses the least invasive methods; the applicant and the guardian are informed and give their views; the presumption of minority applies until a final decision is made.
- **Child-appropriate reception conditions** are available within the border procedure location, consistently with the standards of the RCD (2024).

This means *inter alia*: the accommodation is safe, suitable for children and separate from unrelated adults; access to education, leisure and psychosocial support is provided; staff are trained in child protection; complaint mechanisms and monitoring are in place.



Recital 36 APR

In order to ensure that the processing of applications for international protection are carried out with due regard to the rights of the child, specific child-sensitive procedural safeguards and special reception conditions are to be provided to minors. Where, following statements by an applicant, there are grounds for doubting as to whether or not an applicant is a minor, it should be possible for the determining authority to carry out an age assessment of the person concerned. Doubts regarding the age of an applicant may arise when the applicant claims to be a minor but also when they claim to be an adult. Given the particular vulnerability of unaccompanied minors, who are likely to lack identification or other documents, it is particularly critical to ensure strong safeguards to ensure that such applicants are not subject to incorrect or unreasonable age-assessment procedures.

In addition, as outlined in Article 53(2) APR, **Member States must not apply the border procedure in the circumstances below.**

- The determining authority considers that the grounds for rejecting an application as inadmissible or for applying the accelerated examination procedure do not or no longer apply.

⁽⁸⁷⁾ Article 45(2) APR.



- The necessary reception support for applicants with special reception needs, including children, cannot be provided at the designated border location (as per Chapter IV RCD (2024) and Article 54 APR).
- The necessary support for applicants in need of special procedural guarantees is not available at the border location.
- Medical reasons, including mental health issues, make the application of the border procedure inappropriate.
- The conditions for detention (Articles 10-13 RCD (2024)) are not met or no longer meet, and the border procedure would require the use of detention in breach of those conditions.

If such guarantees cannot be ensured in line with Article 53 APR, the **applicant cannot be channelled into the asylum border procedure and should instead be immediately transferred to the regular asylum procedure** to ensure full respect of their rights and procedural guarantees.

Failing to uphold these guarantees, e.g. prolonged placement in adult facilities without due safeguards, may lead to violations of Article 8 European Convention on Human Rights ⁽⁸⁸⁾, as confirmed in *Darboe and Camara v Italy* ⁽⁸⁹⁾ and related case-law *A.C. v France* ⁽⁹⁰⁾ and *F.B. v Belgium* ⁽⁹¹⁾.

This may also be the case in exceptional situations, e.g. high influx of arrivals at disembarkation points, where available resources cannot fully guarantee the necessary safeguards.

The asylum border procedure, from the registration of the application until the decision is taken (including the appeal) must be completed in 12 weeks. Following this period, the applicant must be authorised to enter the territory of the Member State ⁽⁹²⁾.

3.3. The cascade and multidisciplinary approach to assessing age

Age assessment should be carried out in a manner that gives primary consideration to the best interests of the child throughout the procedure ⁽⁹³⁾. The APR promotes a gradual implementation in age assessment, known as the cascade or gradual approach. The cascade approach aims to mitigate the risk of invasiveness which is implicit in medical methods.

⁽⁸⁸⁾ Council of Europe, [European Convention for the Protection of Human Rights and Fundamental Freedoms, as amended by Protocols Nos. 11 and 14](#), 4 November 1950, ETS 5.

⁽⁸⁹⁾ ECtHR, [Darboe and Camara v Italy](#), 2022, op. cit. fn. 45.

⁽⁹⁰⁾ ECtHR, judgment of 16 January 2025, [A.C. v France](#), 15457/20, ECLI:CE:ECHR:2025:0116JUD001545720 (in French).

⁽⁹¹⁾ ECtHR, judgment of 6 March 2025, [F.B. v Belgium](#), 47836/21, ECLI:CE:ECHR:2025:0306JUD004783621 (in French). Summary available in the [EUAA Case Law Database](#).

⁽⁹²⁾ Article 51(2) APR.

⁽⁹³⁾ Recital 37 and Article 25(3) APR.



Following this gradual approach, non-medical methods are used first. Only in the case of inconclusive results, the authorities can proceed to use medical methods, as a last resort.

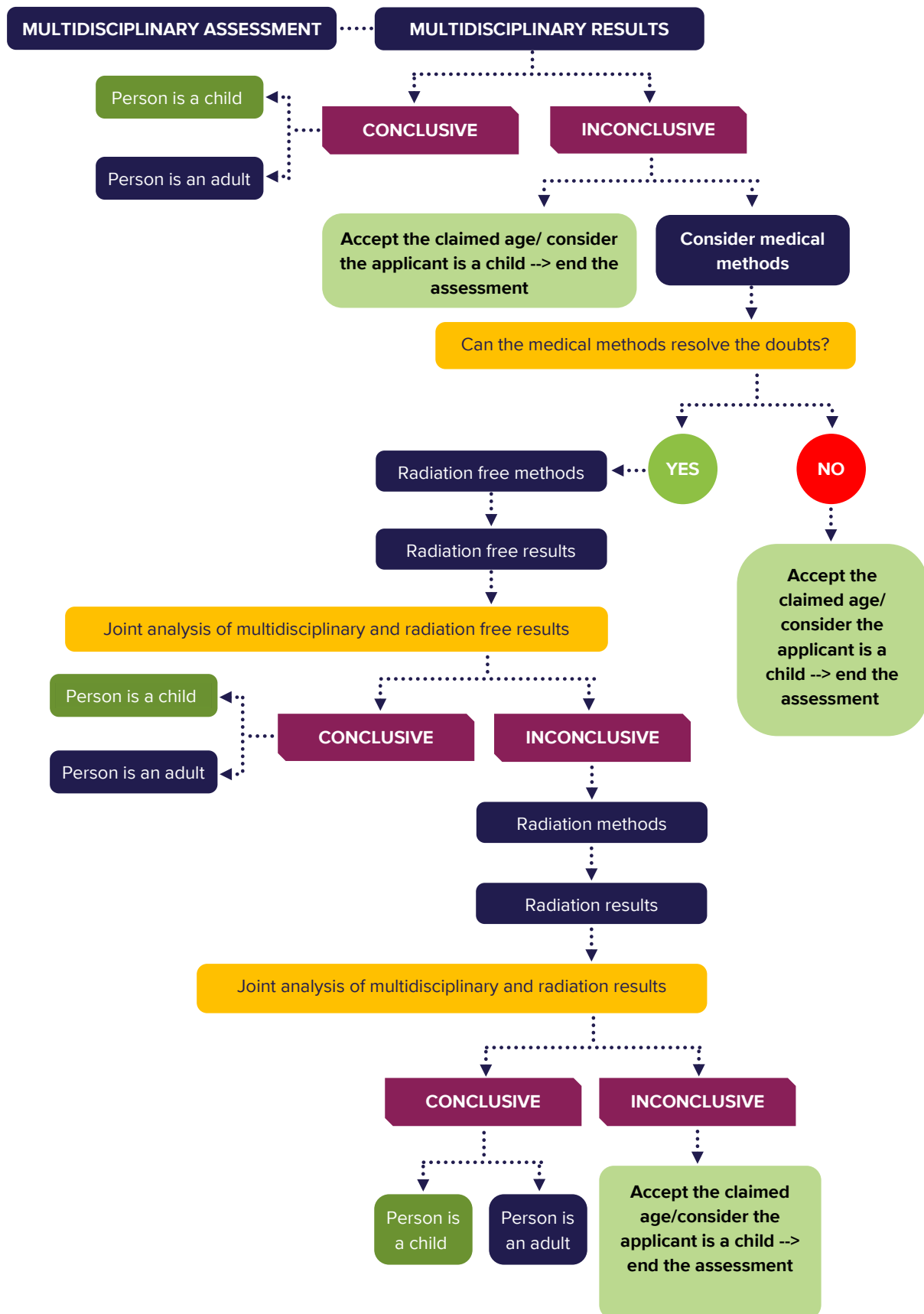
When medical examinations are potentially effective, **radiation-free** methods must be prioritised. Radiation-based techniques, such as X-rays, must strictly adhere to the '**as low as reasonably achievable**' (**ALARA**) principle and be employed only when the previous steps have been exhausted.

Special safeguards must apply in the case of girls and young women, as X-rays could harm a foetus. Before any exposure, professionals must take all reasonable steps to establish whether the applicant may be pregnant, bearing in mind that the girl herself may not know or may not wish to disclose this due to cultural sensitivities, stigma or experiences of abuse or violence.

Sexual maturity observation (nudity) can never be used for age assessment purposes since it is highly invasive and does not serve to estimate chronological age.



Figure 2. Flowchart illustrating the cascade and multidisciplinary approach





3.3.1. Non-medical methods to assess age

Given that current methods **cannot determine a person's chronological age with certainty**, the use of a combination of methods is recommended. **The cascade approach seeks to minimise intrusiveness** by prioritising the least invasive methods first. In contrast, **the multidisciplinary approach addresses the limitations of accuracy** by involving professionals from different fields – such as social work, psychology and paediatrics – who assess age from multiple perspectives. This method helps narrow down the estimated age range for a more reliable outcome. The multidisciplinary approach ⁽⁹⁴⁾, typically includes non-medical age assessment methods conducted collaboratively to build a comprehensive understanding of the applicant's age, as outlined below (non-exhaustive).

- **Analysis of further evidence.** When the initially collected documents or the available information do not include any reference to age, a further check/analysis of other documents should be proactively initiated. Information on the age of the applicant can be gathered by looking at school records, religious documents, family vaccination cards or other medical records, but also from time-stamped photos, social media posts with exact dates and any other helpful element that is considered genuine. As mentioned in [Section 2.2.1 Assessment of the documentary evidence](#), when considering the supporting evidence, the authentication of documents should not be required where other circumstantial evidence is available to corroborate the minor age. If the national authorities suspect that a document is forged, they can ask for verification. Keep in mind, however, that applicants may carry only copies and/or photos of their documents on their mobile phones. If such an analysis of further documents is sufficient to objectively accept the age claimed by the applicant, the age assessment process should stop there.
- **Age assessment interview:** it attempts to reconstruct a chronological sequence of life events to support the estimation of age. If the age assessment interview is sufficiently informative and conclusive results can be reached, there is no need to continue with a psycho-social assessment. If the findings are insufficient and the doubts on the claimed age persist, the psychosocial assessment should follow. For further information, see [Annex 1 – The Age assessment interview](#).
- **Psychosocial assessment:** it explores areas of the person's life, their psychological and emotional maturity, development and behaviour. Development in this context refers not only to cognitive and emotional growth, but also to observable behaviours such as the ability to engage in age-appropriate activities, the capacity to take responsibility for daily tasks, the way independence is expressed, the management of emotions, and interaction with peers and adults.

Assessors conduct interviews using open-ended questions and, where appropriate, tools like drawings to help the person express themselves. Assessors must be mindful of cultural differences, potential trauma, and the person's emotional state ⁽⁹⁵⁾. Such an assessment should be carried out by professionals with expertise in age estimation and child development, such as social workers, psychologists or paediatricians, in order to assess various factors, such as physical, psychological, developmental,

⁽⁹⁴⁾ Refer to Article 25(1) and recital 37 APR.

⁽⁹⁵⁾ Based on UNICEF *Technical note on age assessment*, *op. cit.*, fn. [7](#).



environmental and cultural factors ⁽⁹⁶⁾, and further analyse evidence. For further information, see [Annex 2 – Psychosocial assessment](#).

As explained in the [practical considerations box](#), as to avoid duplications and repetitive questioning, the sharing of certain information gathered during the screening and relevant to the age assessment process, with those experts part of the multidisciplinary age assessment team, should be coordinated.

At the same time, information obtained within the multidisciplinary assessment can, where relevant and appropriate, be shared with the relevant authorities (e.g. in case of intersectional vulnerability indicators for the vulnerability assessment or in case of referrals). This two-way exchange helps streamline procedures, reinforces the holistic character of the multidisciplinary approach and safeguards the child-sensitive nature of the process.

The final decision regarding the applicant's age should be based on the outcomes of these assessments and the professional conclusions drawn.

Table 2. Main differences between the psychosocial assessment and the age assessment interview

	AGE ASSESSMENT INTERVIEW	PSYCHOSOCIAL ASSESSMENT
FOCUS	Known events recollection and personal history.	Broader evaluation of maturity, cognitive and physical development, social interactions and environment.
METHODOLOGY	Semi-structured ⁽⁹⁷⁾ interview format.	Observational ⁽⁹⁸⁾ , contextual and collaborative.
ASSESSORS	Trained professionals (e.g. social workers or other officers who are independent and not involved in the applicant's asylum interview).	Multidisciplinary team (e.g. psychologists, social workers, paediatricians, with the input of reception officers, teachers and other professionals in contact with the applicant).

⁽⁹⁶⁾ Recital 37 APR.

⁽⁹⁷⁾ A semi-structured interview is a qualitative data collection method that combines elements of both structured and unstructured interviews. It involves a prepared set of open-ended questions, while allowing flexibility for the interviewer to explore new topics that may arise during the conversation.

⁽⁹⁸⁾ Objective observations ('I see', 'I hear'); the observation must be limited to aspects regarding the chronological age.



OBJECTIVE	To verify the claimed age or find out the approximate age through recollection of memories linked to specific dates and events (national holidays, historic events such as elections, natural disasters, sport events etc).	To assess the individual's emotional and social maturity as well as cognitive and physical development.
------------------	---	---



Practical tip – Models for Coordinating Multidisciplinary Age Assessments

Where multiple experts are involved and conduct their assessment independently, **coordination among the different professionals** to compile findings, is crucial. This enables to share insights, allowing the professionals to explain the margin of error of the respective results and streamline the process.

In practice, this coordination can take the form of professionals exchanging views of the results after concluding their individual assessments. There are generally two main ways to organise such coordination:

1. Multidisciplinary panel. Where possible, an age assessment can also be coordinated by organising one assessment session, where several professionals jointly meet with the applicant. Questions are asked depending on the area of expertise of the professionals involved.

- The advantages of this panel approach are that the applicant is assessed only once and not several times by different people, which allows for a timelier conclusion without several appointments delaying the process. Unlike repeated one-to-one assessments, the panel method also prevents duplication, as the applicant does not need to recount their story several times to different professionals. When implemented sensitively, the multidisciplinary panel can offer a more holistic, timely and child-sensitive alternative to multiple assessments or medical examinations. The assessors can also elaborate and discuss their views with one another immediately after the assessment to reach a potential conclusion (confirmation of age or need for additional assessment).
- A possible disadvantage of using a panel of experts is that the applicant might feel overwhelmed by being questioned by several persons at once.

2. Multidisciplinary assessment carried out separately by each expert. Professionals carry out their assessments separately (e.g. psychologist, social worker, paediatrician) and then they meet to discuss their individual findings. Questions are asked depending on the area of expertise of the professionals involved. This format allows experts to triangulate results,



explain margins of error, and agree on a joint view without exposing the applicant to multiple overlapping interviews.

- The advantage is that applicant meets each professional individually, reducing the risk of feeling overwhelmed by a group setting. Each expert can focus deeply on their specific area of expertise and build rapport with the applicant, which may lead to a more accurate and nuanced assessment. This method also allows for flexibility in scheduling and ensures that professionals' opinions are formed independently before discussion, which can enhance the objectivity of the joint conclusion.
- The disadvantage is that the process may take longer overall, as several separate appointments are required, potentially delaying the conclusion of the assessment. The applicant may need to repeat certain information during different meetings, which can be tiring or emotionally burdensome. There is also a risk of inconsistent interpretations across experts, if coordination or communication after the individual assessments is weak. 933

The guardian must be informed in advance – during the preparatory meeting – on how multiple experts will be involved in the age assessment process. When the applicant meets the experts, the focus should be on creating a trusting and welcoming atmosphere with a clear introduction of the experts, their role and responsibility. This helps create a more relaxed environment. It is **paramount to respect the confidentiality of the information or evidence shared during the assessment**. The **margin of error**, particularly the one associated with the medical methods, must be **transparently explained**, especially if the results are inconclusive (with a range that overlaps between childhood and adulthood).

When the age assessment is conducted in one session by a multidisciplinary panel of experts, it is important that the applicant is not confronted and overwhelmed by an excessive number of persons present.

Once the panel session is concluded, the determining authority ⁽⁹⁹⁾ is responsible to make a decision based on the panel's opinion and recommendations.

In case of inconclusive results after the multi-disciplinary age assessment, the authorities have two options.

Option 1: the authorities can end the assessment and apply the benefit of the doubt and consider the person as a child. As specified in recital 37 and Article 25(2) APR, where the result of the assessment is non-conclusive, Member States are not obliged to request a medical examination or to continue the assessment if such an examination would not resolve the remaining doubt.

⁽⁹⁹⁾ While the APR sets out the standards and safeguards for age assessment procedures, it does not preclude the possibility for national authorities, including courts, to be involved in the determination of age. Therefore, Member States retain the discretion to outsourcing the age assessment and designate a different authority to issue an opinion. The determining authority, which bears final responsibility for the age decision, can then to take the decision based on the outcome of the age assessment in line with their domestic practice and procedural guarantees.

Option 2: the authorities decide to continue the age assessment and request a medical examination under strict conditions. When a medical examination is carried out, it must be the least invasive possible, in full respect of the individual's dignity.

3.3.2. Medical assessment: prioritising the least invasive examination

Medical age assessment examinations are those involving medical practices (e.g. ultrasound, radiation). These methods should be considered only once all the other means to assess the age are exhausted inconclusively. When medical examinations have the possibility to dissipate the doubts on age, **non-invasive, radiation-free options** should be prioritised.

Methods that involve radiation like X-rays should be used only as last resort ⁽¹⁰⁰⁾, following the 'do no harm' principle as well as the 'as-low-as-reasonably achievable' (ALARA) principle to minimise radiation exposure.

The method used must also consider how the examination is conducted.

- The **margin of error** inherent in all methods should be documented, especially when results are inconclusive and applied in favour of the applicant in line with the best interests principle and granting them the benefit of the doubt. Additionally, the methods should be chosen based on the age range in question and the gender of the person being assessed, as accuracy can vary.
- Avoid reporting just an average age (e.g. 17.4 years). Instead, **report the entire age range** or the most likely minimum and maximum age within the range. Many methods provide age ranges rather than exact ages, so assigning an average (e.g. saying that someone is 18 based on a 16-20 age range) does not reflect the full uncertainty of the assessment. Without knowing how likely each possible age within the range is (a probability distribution), using the average age can be misleading. For example, if the range includes 18 years (e.g. 16.4-22.3 years) and the average between the minimum and maximum age in the range is over 18, this could unfairly categorise someone as an adult. Neglecting the margin of error might not benefit the individual being assessed ⁽¹⁰¹⁾.
- Where medical age assessment methods provide an age range accompanied by a **probability estimate**, the probability that the assessed age is below or above 18 should also be clearly indicated. The assessment should take into account the degree of likelihood reflected in the medical assessment, acknowledging that such outcomes express probabilities rather than certainties.
- Examinations should never be forced or culturally inappropriate. Professionals must be aware of gender and cultural sensitivity and must act in line with their expertise in age

⁽¹⁰⁰⁾ Committee on the Protection of the Rights of All Migrant Workers and Members of Their Families, *Joint general comment No. 4 (2017) of the Committee on the Protection of the Rights of All Migrant Workers and Members of Their Families and No. 23 (2017) of the Committee on the Rights of the Child on State obligations regarding the human rights of children in the context of international migration in countries of origin, transit, destination and return*, 2017, <https://documents.un.org/doc/undoc/gen/g17/343/65/pdf/g1734365.pdf>: 'States should refrain from using medical methods based on, inter alia, bone and dental exam analysis, which may be inaccurate, with wide margins of error, and can also be traumatic and lead to unnecessary legal processes.'

⁽¹⁰¹⁾ Schmeling, A., Schumacher, G. and Rudolf, E., *Medical age assessment of juvenile migrants*, 2018, <https://data.europa.eu/doi/10.2760/47096>.

estimations. No methods involving nudity or examinations of intimate body parts should be used to assess the age of an applicant.



Points to remember

Examinations **involving nudity** or observation of intimate body parts as sexual maturity observation **must never be conducted**. This is crucial to maintain respect for the individual's dignity and particularly important with applicants who may have suffered sexual and physical abuse and exploitation ⁽¹⁰²⁾. Lastly, assessing physical traits to estimate the age of a person has a wide margin of error ⁽¹⁰³⁾ when used to distinguish an adolescent from an adult.

When medical examinations are conducted, the medical professionals who have assessed the age will integrate findings from previous expert(s) involved, explain their opinion, explain their results, the technique used, its limitations and margin of error thereby allowing for the most reliable result possible. As provided by Article 25(3) APR the results of these **medical examinations must be analysed** in a holistic **assessment together with other findings** such as for example the outcome of assessments conducted by other professionals (multidisciplinary approach), to ensure the most reliable outcome.



Limitations and ethical concerns of medical age assessments

Invasive medical examinations, such as bone or dental exams, can be experienced as intrusive, may be expensive, require the use of health devices and/or require specialists with limited availability. In addition, they may further traumatise the applicant, especially the survivors of abuse and gender-based violence. Further, such methods have a wide margin of error and often provide results with a broad range of age. Results may be affected by ethnic socio-economic and gender variations, with reliability not being greater than in non-medical methods.

Medical practitioners have also expressed their reluctance in using medical exams for administrative purposes, as these assessments can conflict with their primary duty to care for children. Using biological age assessment methods ⁽¹⁰⁴⁾ to assess chronological age has

⁽¹⁰²⁾ UN Committee on the Rights of the Child, [R.Y.S. v Spain](#), 2021. Summary available in the [EUAA Case Law Database](#). The Committee on the Rights of the child held that 'tests that involve nudity or an examination of genitalia or other intimate parts of the body violate a child's dignity, privacy and bodily integrity and should be prohibited'.

⁽¹⁰³⁾ The Committee on the Rights of the child outlined their views in the complaint of rights violations in [R.Y.S. v. Spain](#), *UN Committee on the Rights of the Child*, 4 February 2021, The Committee held that 'examinations of children involving nudity or examination of genitalia or intimate re an infringement of their dignity, privacy and bodily integrity and should be precluded for the purpose of age assessment.' Summary available in the [EUAA Case Law Database](#).

⁽¹⁰⁴⁾ Namely medical methods that assess the biological age of a person, which not necessarily matches the chronological age

been widely questioned in research as these methods can only give as well a wide range of age estimates ⁽¹⁰⁵⁾.

Finally, as laid down in recital 37 APR, if the result of the age assessment is inconclusive or the age range spans below 18, Member States **should assume that the applicant is a child**, reinforcing the principles of the best interests of the child and of the benefit of the doubt throughout the process. This principle is to be understood as applicable even in cases where a person claims to be adult but there is reasonable doubt that they may be a minor.

3.4. The decision

The APR lays down that the **determining authority** is responsible for initiating age assessments and should always be the one to decide to initiate the age assessment ⁽¹⁰⁶⁾ and to make the decision based on the outcome of the age assessment. However, it does not specify which authority/body should be competent to **decide the age** following the age assessment. This aspect can be regulated in national law.

Following the age assessment, the decision on the applicant's age is based **on the joint analysis of the results** from both the multi-disciplinary assessment and, where applicable, the medical examination. The decision on age is made considering the opinions of all the experts involved, to allow for the most reliable result possible.

In situations where experts within the multidisciplinary team reach differing conclusions, or where the findings of the multidisciplinary assessment and the medical examination do not align, the determining authority remains responsible for weighing the available evidence and reaching a final conclusion. The authority should carefully document how divergent views were considered, including the reasoning for preferring one set of findings over another; it should transparently indicate any persisting margin of error and make a holistic assessment. Where uncertainty remains after assessing all available information, the benefit of the doubt principle should apply, leading to the presumption of minority.

The **final decision** on the estimated age **must be documented in writing and provided to the individual concerned and to their guardian**. Whether the final determination of age must take the form of an administrative decision depends primarily on national procedure. The APR and the RCD (2024) require that any decision on the applicant's status, including determinations affecting access to safeguards (e.g. appointment of a guardian), be reasoned, subject to the right of the applicant to be heard, and open to effective remedy. In practice, this means that if the outcome of an age assessment or age verification has legal consequences for the

⁽¹⁰⁵⁾ BSPED Position Statements on Paediatrics Age Assessment, <https://www.bsped.org.uk/clinical-resources/position-statements/#link6>, the British Dental Association (BDA) stated the use of dental X-rays 'an inaccurate method for assessing age'. The BDA also believes that it is inappropriate and unethical to take radiographs of people when there is no health benefit for them.

⁽¹⁰⁶⁾ Article 25(1) APR.

applicant's treatment in the asylum or reception procedure, it should generally be formalised in an administrative act or decision.

The decision letter should clearly state the **qualifications of the** experts involved in the age assessment, along with **their substantiated opinion** regarding the applicant's age. . In addition, when relying solely on the multidisciplinary approach, **the estimated age range** should be indicated. Similarly, when medical methods are applied, the **margin of error** associated with those methods must be specified.

Where medical or combined assessments provide an age range accompanied by a **probability estimate**, the degree of likelihood that the person is under or over 18 years of age should be explicitly mentioned, and the final decision should recognise that such assessments express probabilities rather than certainties.

The decision letter must also reason the **decision made by the determining authority**. Additionally, this information should be explained orally to the applicant ⁽¹⁰⁷⁾, **tailoring it to the applicant's level of understanding**. The explanation must be sufficiently precise, complete and accessible to allow the applicant to **fully understand the reasoning** behind the decision. The applicant should be given all the information necessary to exercise their right to **an effective remedy**, and to access legal assistance to appeal the decision on the age ⁽¹⁰⁸⁾.

In compliance with Article 8 CRC, identity documentation with the final age must be issued to promptly **restore the full identity** of the applicant ⁽¹⁰⁹⁾. It should be clarified that the assessment does not always establish an exact chronological age, but rather determines whether the applicant is to be considered a minor or an adult for the purposes of the procedure. Where results only provide an age range or remain inconclusive, **the principle of the benefit of the doubt must apply**, and the applicant should be treated **as a minor** ⁽¹¹⁰⁾.

At the same time, the determination should not preclude the applicant from later proving their exact date of birth. If, at a later stage, the applicant is able to obtain and present official documentation from the country of origin or other reliable sources, their registered age should be corrected accordingly in the official records.



Point to remember – Age assessment and the AMMR

Article 25(7) APR provides that Member States may **recognise age assessment decisions by other Member States** if the age assessment was carried out in compliance with Union

⁽¹⁰⁷⁾ The case of [A.C. v. France](#) (*op. cit.*, fn. 90) before the ECtHR highlighted that Member States should provide the procedural guarantees after the age assessment including the need to provide the applicant with the results of the different examinations and inform them of the possibilities for effective remedies.

⁽¹⁰⁸⁾ Failure to ensure a sufficient level of accuracy and preciseness in all decisions linked to the outcome of an age assessment might entail a violation of procedural obligations and due diligence arising from Article 8 ECHR, due to the situation of vulnerability of children.

⁽¹⁰⁹⁾ In compliance with Article 8 CRC, identity documentation with the final age must be issued to promptly **restore the full identity** of the applicant. With the same purpose, if the applicant can provide valid and sufficient evidence of their claimed age, even though not confirmed during age assessment, such age should be accepted and swiftly corrected in official records.

⁽¹¹⁰⁾ Article 25(2) APR.

law. To enable the recognition, the shared results of the age assessments may include reference to the methods applied and the reasoning leading to the decision, in the spirit of good cooperation between Member States. The information could be exchanged, for example, via Dublinet.

3.5. Challenging the decision on the age

The applicant should have the opportunity to contest the results of the age assessment process, either in a separate appeal or as part of the appeal against the first instance decision, depending on the applicable national framework.

Importantly, the right to appeal should be available **regardless of the outcome of the asylum procedure**. Children who are incorrectly classified as adults and are granted international protection should still have the opportunity to challenge the age assessment decision. Misclassification can result in the loss of child-specific safeguards during the procedure, such as appropriate reception conditions or the support of a guardian; it may also affect the application of consideration of child asylum claims, such as child specific forms of persecution, as well as access to rights after the decision on status, e.g. ongoing support, right to education, family reunification.

To avoid **irreparable harm**, appeal procedures should be conducted without delay, as prolonged uncertainty may deprive children of rights they are entitled to, for example the right to timely family reunification within the procedural deadlines set out in EU and national law. While the APR does not impose a legal obligation to provide a separate right of appeal against the age assessment decision, it also does not preclude it either. This approach aligns with the principles enshrined in the EU Charter, particularly Article 41 which guarantees the right to good administration, and Article 47 which ensures the right to an effective remedy and to a fair trial. This entails having access to the file and to timely information on the possibility of appealing or challenging the decision, and to legal assistance and representation through the appeal and subsequent procedures ⁽¹¹¹⁾.

3.5.1. Review of an age assessment decision in light of new evidence

An *ex officio* review of the age established in the decision issued by the determining authority should always be allowed, if new evidence or information emerges at a later stage. If an incorrect age estimation is identified, immediate actions should **rectify the information** in the relevant databases and restore the person's correct identity. This may be the case when, for instance, the applicant is able to provide ex post valid identity document to prove their identity, after a decision on age.

⁽¹¹¹⁾ Article 23(6)(b) APR in conjunction with Article 67(8) APR.

4. Emerging and new technologies

Some countries have tested the use of **genetic tests to assess biological age**. These tests measure a chemical modification of DNA called methylation. DNA methylation is biological process linked to ageing and can be affected by factors such as smoking, stress and disease. DNA can be extracted from many sources, including blood and saliva. Reviews of studies ⁽¹¹²⁾ that use DNA methylation to assess age in people of all ages report an average margin of error between 2 to 5 years ⁽¹¹³⁾. Most studies have focused on a limited population subset of white western Europeans. Further research is required to understand how ethnicity and other factors influence DNA methylation. There is good evidence that trauma and adversity increase epigenetic age. Using DNA for administrative purposes raises ethical issues regarding proportionality and consent as well as complexities in terms of safeguarding privacy, storing and accessing the samples.

The studies on the application of **emergent technologies** as artificial intelligence (AI) in migration and asylum management is an incipient trend carrying potential benefits as well as significant challenges and important ethical risks. As a consequence, the use of AI for migration and asylum processes as well as biometric identification has been qualified as high-risk purpose AI ⁽¹¹⁴⁾. While certain studies demonstrate a potential of machine learning to support a more accurate age estimation, the results depend on the quality of the data used and the accuracy of their categorisation when training the system. In addition, acknowledging the margin of error of new technologies and the potential bias continues to be important.

In any case, the APR explicitly states that age **assessments must be conducted by ‘qualified professionals’**. This terminology refers to individuals with the necessary expertise and training to carry out such assessments in accordance with established methodologies and safeguards. **Artificial intelligence does not fall within this definition.**

Without a proper understanding of the potential implications of AI systems, **human supervision and human autonomy** cannot be guaranteed. Equally important concerns for the deployment of these systems are related to the potential **biased and discriminatory results, to privacy, transparency and accountability**.

Therefore, the use of such technologies for age assessment purposes should be avoided unless and until they have undergone scientific validation and have been proven to be sufficiently reliable and effective across diverse settings in line with related ethical regulations. At present, such technologies are **not** provided for in **the legislation** and therefore **cannot be considered a lawful method of age assessment**.

⁽¹¹²⁾ Maulani, C. et al., *Age estimation using DNA methylation technique in forensics: a systematic review*, 2020. Egypt. J. Forensic Sci., Vol 10, 38.

⁽¹¹³⁾ Aliferi, A. et al., *Combining current knowledge on DNA methylation-based age estimation towards the development of a superior forensic DNA intelligence tool*, 2022. Forensic Sci. Int. Genet., Vol 57, 102637.

⁽¹¹⁴⁾ See Council of Europe, *Artificial Intelligence and Migration: Report of the Committee on Migration, Refugees and Displaced Persons*, Rapporteur Mr Petri Honkonen (Provisional version, 2025), 5



5. Additional resources

- [UNICEF Technical Note on age assessment.](#)
- [Council of Europe Recommendation CM/Rec\(2022\)22 of the Committee of Ministers and Explanatory Memorandum: Human rights principles and guidelines on age assessment in the context of migration.](#)
- [Separated Children in Europe Programme \(SCEP\) Position Paper on Age Assessment in the Context of Separated Children in Europe.](#)
- [UNHCR Technical guidance: Child Friendly Procedures.](#)
- [FRA, Age assessment and fingerprinting of children in asylum procedures – Minimum age requirements concerning children’s rights in the EU, 2018.](#)
- [European Council on Refugees and Exiles \(ECRE\) Legal Note on Age assessment in Europe.](#)
- [UNHCR observations on the use of age assessments in the identification of separated or unaccompanied children seeking asylum.](#)
- [2021 UNHCR Best Interests Procedure Guidelines.](#)
- [UNHCR/UNICEF, The Way Forward to Strengthened Policies and Practices for Unaccompanied and Separated Children in Europe.](#)
- [UNHCR Policy on Child Protection.](#)
- [UNHCR, Guidelines on International Protection No. 8: Child Asylum Claims under Articles 1\(A\)2 and 1\(F\) of the 1951 Convention and/or 1967 Protocol relating to the Status of Refugees, HCR/GIP/09/08, 22 December 2009](#)



Annexes

The purpose of the following annexes is to **support assessors with suggestions** on aspects that may be examined during the age assessment process. The questions provided are samples. They are **not prescriptive** and should **not be read aloud or applied mechanically**. Assessors are expected to **exercise their professional judgement and expertise** when using the suggestions made. The sample questions proposed are to be tailored to the needs of the Member States. They might not be relevant in all situations and therefore the questions should be selected and used on a case-by-case basis to ensure relevance.

Annex 1 – The age assessment interview

The age assessment interview is a semi-structured interview ⁽¹¹⁵⁾ which uses open questions to allow for and trigger discussion and a child-centred approach supporting the possibility of expression and effective communication in accordance with the person's psycho-physical development. The interview should be conducted in a dedicated space that ensures privacy and confidentiality. It should follow a child-friendly approach and always be carried out in the presence of a cultural mediator and an interpreter. Questions should be asked in an open, non-judgmental and neutral manner. Each question should allow sufficient time for the formulation of a response and should not be posed in an investigative style. Subsequent questions should follow the participatory development of the interview. This is important to build with the applicant a chronological timeline of the individual's significant life events to estimate their age.

This can entail the below.

- Techniques based on 'before and after questions' – also known as 'sandwich questions' – aimed at identifying two known events, one that occurred before the applicant's date of birth and one after that, to support the triangulation process.
- Interviews with family members or community members (where possible) who know the applicant, to approximate the birthdate by anchoring events in a chronological timeline. In this case, it is important to proceed carefully because false or misleading information may be provided for different reasons, either with the aim to convince the authority that a person in question is a minor even if they are adult ⁽¹¹⁶⁾ or to potentially harm the child's interests. Consent should be given by the person of concern. It is also important to take care not to expose the person in social interactions.
- Developing and using 'local' event calendars (a customised calendar which provides dates of significant events for a specific geographic area) to assist the assessors and support the applicant to remember. Therefore it is important that those assessing age be aware of the applicant's origin and the different types of calendars used in their

⁽¹¹⁵⁾ A semi-structured interview is a qualitative data collection method that combines elements of both structured and unstructured interviews. It involves a prepared set of open-ended questions, while allowing flexibility for the interviewer to explore new topics that arise during the conversation.

⁽¹¹⁶⁾ See also the [practical considerations box](#) focusing on trafficking in human beings and child marriage.

region (e.g. the [Hindu](#), [Hijri/Islamic](#), [Buddhist](#), [Iranian/Jalali](#), [Ethiopian/Ge'ez](#), and [Igbo](#) calendars).

When possible, having two assessors and comparing results of the timeline or life recollection allows for a more reliable result. The accuracy of the results depend on the assessors' experience, cultural competency and skills.

The integrity of the interview process is enhanced when assessors are independent from the determining authority responsible for making decisions about the applicants.

Observation of physical appearance (e.g. height, development, complexion) can be an additional factor to consider when assessing age. However, physical appearance should not be weighted more than as a mere indicator, since it is unreliable and legally questionable.

Areas of Inquiry	Examples of questions (non-exhaustive list – to be tailored to the context and personal circumstances of the applicant)
Family composition and history including <ul style="list-style-type: none"> • birth order and ages of siblings, • parents' ages, • significant life events. 	<ul style="list-style-type: none"> • <i>Can you tell me your date of birth, or the day and year you were born? If that feels difficult, can you tell me what you have heard from others about the time, season or year when you were born?</i> • <i>Who are the people in your close family, meaning the ones you lived with in the past (e.g. parents, siblings, grandparents or other relatives)?</i> • <i>How many siblings do you have? Are they older or younger than you? Please tell me about the age difference between you and your siblings.</i> • <i>Do you know how old your parents were when you were born? How old would they be now?</i> • <i>Do you remember any family celebrations/events, for example the birth of siblings or close cousins, the marriage of a close family member or someone's death? How old were you when those things happened? What year was that?</i> • <i>Did your family ever tell you stories about your early childhood years, such as when you started to walk, when you said your first word, started pre-school and primary school, lost your first tooth etc.? Explain/share what you remember ⁽¹¹⁷⁾.</i> • <i>Can you explain how you know/remember the exact year/month/date (of some of the events/milestones</i>

⁽¹¹⁷⁾ Care should be taken when asking this question, as it may lead to the emergence of vulnerabilities or specific emotional distress.

	<p>indicated above) so well? <i>Was there anything happening which helps you remember?</i></p>
<p>Other individual experiences.</p> <p>First responsibilities at home including paid work.</p> <p>Significant life changes or moves.</p> <p>Health issues.</p>	<ul style="list-style-type: none"> • <i>How old were you when you started your first paid job? Did you do any other work before, like working on your family's farm etc.?</i> • <i>Did you ever move with your family to another house, region, country? Do you remember how old you were?</i> • <i>Do you remember the year and month when you left your home country? How long ago was it, and how old were you?</i> • <i>Did you stay in any of the countries you passed through before arriving here? Can you remember how long you stayed there?</i> • <i>Were there any adults, older siblings or other family members or friends who travelled with you and can help to clarify your age? Can they be contacted?</i> • <i>Did you ever have any medical problems in your life, like surgeries or other diseases? Do you remember the type of disease and the year or how old you were?</i> • <i>Can you explain how you know/remember the exact year/month/date so well? Was there anything else happening during that time which helps you remember (e.g. a certain medical problem, the last year of the COVID-19 pandemic, a World Cup football game etc.)?</i> • <i>Are you vaccinated? Do you have any health documents on you like a vaccination card or medical records?</i> • <i>You said that you travelled through other countries and stayed in some of them for some time. Can you remember how long you stayed in the refugee camp / country X before moving on?</i>
<p>Education.</p> <p>Age of starting school.</p> <p>Grade progression.</p> <p>Memorable school events.</p>	<ul style="list-style-type: none"> • <i>Did you ever have the chance to go to school?</i> • <i>How old were you when you first started school?</i> • <i>Can you remember the year you started?</i> • <i>When you started working to help your family, could you still go to school? What grade were you in at that time?</i> • <i>How many years of schooling did you complete? Did you ever have to repeat any of the grades? If so, which ones?</i> • <i>Have you ever stopped attending school and if so, what was the reason?</i>

	<ul style="list-style-type: none"> • <i>What is the highest grade you have finished so far?</i> • <i>Do you remember which year you finished that grade or how long ago this was?</i> • <i>Can you explain how you know/remember this exact year/month/date so well? Was there anything happening which helps you remember?</i>
Cultural and religious milestones. Coming of age ceremonies. Religious and customary rituals.	<ul style="list-style-type: none"> • <i>At what age do young people typically start adult responsibilities in your country/culture? Were you still in your community when you were that age ⁽¹¹⁸⁾?</i> • <i>Does your community organise initiation rituals to show/celebrate that someone moves into adulthood? These can be a change in hairstyle, the clothes you wear etc. Have you taken part in such a ceremony or ritual and do you remember how long ago this was?</i> • <i>At what age did you start practising actively your faith (e.g. fasting)?</i> • <i>When did you begin attending religious services independently? How old were you?</i> • <i>Can you explain how you know/remember this exact year/month/date so well? Was there anything happening which helps you remember?</i>
Historical events. National celebrations, independence days, political changes, sports or cultural events. Natural disasters, floods, earthquakes, famine or food shortages. Conflicts, refugee movements or displacement, peace agreements or ceasefires.	<ul style="list-style-type: none"> • <i>Are there any big celebrations/national holidays that you and your community celebrate in your country of origin? Do you remember how old you were when you last took part in such a celebration?</i> • <i>You told us you are from country X. Do you remember any election or change in government when you were at home? How old were you then? Or do you remember the year when it happened?</i> • <i>Do you remember any big sport events, like a famous football match or tournament that people celebrated? How old were you then? In what year did it happen?</i> • <i>Did you, your community or region ever experience a natural disaster, like a flood, drought, earthquake etc.? How old were you then? Or do you remember the year when it happened?</i> • <i>Was there a war or conflict in your region or country that you remember or that people told you about? How old were you?</i>

⁽¹¹⁸⁾ Care should be taken when asking this question, as it may lead to the emergence of vulnerabilities or specific emotional distress.

- *Were there any community celebrations or gatherings when fighting stopped or peace was declared? How old were you then?*

Preparing the interview – Tips for the assessors ⁽¹¹⁹⁾

- Familiarise yourself with country-specific data and COI ⁽¹²⁰⁾ before the interview. Assessors need good knowledge on the cultural variations in physical development, education, life experiences and traditions practices in the region/country of origin of the applicant to be able to address the specific issues raised during the interview.
- **Prepare in advance** sets of questions tailored to the individual case on cultural and religious milestones and historical events, tailoring to suit the applicant's local context, customary and religious practices but also other specific needs they might have.
- Once an age assessment is requested by the responsible authorities, arrange for an interpreter speaking the applicant's language or dialect and, where possible, for a cultural mediator, trained in these kinds of interviews, to assist in the interview to help you better understand the context and avoid misunderstandings.
- Create a comprehensive [calendar of events](#) relevant to the person's country and region.
- Organise a comfortable setting (with food, water, access to toilet and regular breaks, maximum every 1.5 hours or as needed by the applicant, keeping in mind special needs).
- Schedule the meeting counting on the availability of the guardian and the legal counsellor.
- Accommodate, where possible, the applicant's gender preferences regarding the professionals involved in the assessment.

Conducting the interview – Tips for the assessors

- **Explain** the purpose of the interview, the role of the professional(s) involved and present (including the interpreter or cultural mediator) and the reasons why the claimed age is in doubt.
- Inform the applicant on the duration of the interview and the possibility that **multiple sessions** may be needed.
- Regularly cross-check the applicant's **understanding** of the information provided.

⁽¹¹⁹⁾ BASW – The professional association for social work and social workers, *Age Assessment: A Practice Guide*, 2023, <https://basw.co.uk/policy-and-practice/resources/age-assessment-basw-practice-guide>.

⁽¹²⁰⁾ Relevant COI can be found in the [EUAA COI Portal](#) or at [ecoi.net](#).



- Ask some initial general questions and offer some water as to create a **more relaxed atmosphere**.
- Use a **chronological approach**, but not necessarily in sequential order. Employ a circular questioning technique, revisiting topics to **check consistency** and giving the applicant the opportunity to clarify any inconsistencies during the interview. For example: *'I think you've told us that you are 17 now and that your journey to this country took 2 years. At one point in our discussion, you said that you were 16 when you left your country. Could you explain this further?'*
- Ask for the **sources of the information**. To this end, you can use 'confirmation questions' such as *'How do you know that?'*, *'Can you explain how you remember this exact year/month/date so well? Was there anything happening which helps you remember?'*
- To avoid re-traumatisation, do not make traumatic experiences (e.g. an applicant having witnessed the killing of a parent) a major discussion points in the age assessment interview. Should such an experience be shared during the assessment interview for the first time, make sure that the applicant has access to follow-up support where needed.
- Bear in mind that memories of past events vary based on the individual's age, state of mind, moment of the experience and nature of the events. For example, disruptive or traumatic memories may distort perception of time: they may be remembered as lasting indefinitely or, conversely, be barely recalled. Joyful events may be recalled with detail, appearing more significant than they were at the time.
- Keep detailed written notes or recordings of the interviews.
- Ask for any kind of supportive evidence if available (e.g. pictures shared voluntarily by the applicant portraying celebrations of school or family events). Documents like school records, family vaccination cards or other medical records, even without containing the age, can provide information on the applicant's approximate age.
- Pay attention to:
 - the level of tiredness, anxiety, tension in the applicant and the professionals involved in the assessment;
 - the social history and family composition (be mindful of situations like polygamous family composition where siblings may be of different mothers or fathers, or of the cultural assimilation of extended families to nuclear families);
 - the education, level of independence and self-care of the applicant (i.e. gather information about the types of activities that the person was involved in before arriving to Europe);
 - life experiences, disruptive and traumatic events that may have had an impact on the ageing process, may be difficult to recollect or cause further trauma.
- Use open ended questions and avoid an interrogative or inquisitorial formulation.
- Give the applicant the opportunity to ask clarifying questions and/or clarify inconsistencies in their responses.



Closing the interview – Considerations for the assessors

- Conclude the interview in a way that leaves the applicant with a sense of accomplishment and explain the next steps in the process.
- If the results are not conclusive or doubts after the age assessment interview process remain, you can continue applying the **benefit of the doubt** to the assessed person.

Calendar of events – Technique

- Identify what calendar is used in the applicant's culture and familiarise with it ⁽¹²¹⁾.
- Regularly update the calendar of events with the latest information relevant to different regions and cultures.
- Create a visual timeline using a large paper or digital tool or a table.
- Add known historical events relevant to their region.
- Identify the applicant's cultural and religious milestones and familiarise with them.
- Mark significant personal events mentioned by the applicant and add the year to be used as a reference. You can fill in the timeline in cooperation with the applicant (using tools like, for example, Life maps ⁽¹²²⁾).
- Use colour coding for distinct types of events (confirmed, ambiguous response etc.).
- Before closing the gathering of information linked to the timeline as it relates to certain milestones and events, cross check if there are any obvious discrepancies and give the applicant the chance to clarify/correct.

Table 3. Practical example of the Calendar of events technique

Event shared by applicant	Comments by the assessor
Birth year claimed: 2001.	The Ethiopian calendar (Ge'ez) is 7 years 'behind' the Gregorian calendar used in most parts of the world. Therefore, most likely the applicant was born in 2008.
13th birthday was celebrated in Egypt with a friend in 2014 when Prime Minister Abiy Ahmed was elected.	Abiy was elected in 2021 (calculating the years using Gregorian calendar); the 13th birthday celebrations recalled by the applicant would confirm that the applicant is potentially 16 years old in 2024.

⁽¹²¹⁾ More information can be found in Longstaff, A., [Calendars-from-around-the-world](#), 2005.

⁽¹²²⁾ See for example [Life Maps | Leeds Safeguarding Children Partnership](#).



Formulating an opinion

The assessor(s) triangulate(s) the information received from the applicant with known events and consider(s) cultural factors that may influence age perception or event recollection.

- After collecting evidence, including interview material and other sources of information and observation, the assessor(s) should study the consistency of the timeline and identify contradictions, if any. If clear discrepancies exist, it is crucial to carefully determine which evidence holds more weight and explain the reasons for prioritising certain elements. This process, known as '**weighing the evidence**' involves balancing differing aspects, considering one perspective against another. A key aspect of documenting an age assessment is to clearly distinguish between the evidence itself and its interpretation, ensuring that **facts** are separated from **opinions**.



Good practice – the 'minded to' meeting ⁽¹²³⁾

After reaching an initial conclusion about the applicant's age, the assessors will have a 'minded to' meeting with the applicant, the guardian and, when applicable, the legal counsellor, with the following purpose:

- present the interim conclusion on the assessed age;
- allow the applicant to respond, especially if the conclusion is adverse to what was expected;
- ensure that no information has been misunderstood, misinterpreted or overlooked;
- provide the applicant with the opportunity to share any additional significant details.

The assessors carefully consider the young person's input and adjust the assessment if new information arises. This meeting is not only a practical step to verify and remain open to new data but also a legal safeguard. At instances when such a meeting did not take place, judicial reviews challenging age assessments were successful.

The assessment report opinion, formulated and to be shared with the determining authority, should include:

- a summary of the preparatory activities taken to ensure a meaningful interview with the applicant;
- the date, location, set-up and timeline of the interactions with the young person (from the introduction to the closing of the age assessment);
- the support provided to the applicant before, during and after the age assessment interview;
- the method/format used to assess age as well as margins of error and how they were applied;

⁽¹²³⁾ BASW – The professional association for social work and social workers, *Age Assessment: A Practice Guide*, 2023, <https://basw.co.uk/policy-and-practice/resources/age-assessment-basw-practice-guide>.





- the name / identification number and role/expertise of the qualified professional(s) involved and of any other person present (e.g. interpreter or cultural mediator);
- the sources of information used to estimate age (COI reports, other statements etc.);
- the evidence that was gathered and why and how it was weighed;
- how the best interests were assessed and considered;
- a summary of the facts and observations and an explanation on how these were used to formulate the assessment report opinion;
- the signature of each of the assessors, and an indication of the estimated age / date of birth.

If the findings are clear, there is consensus among the assessors and all doubts are dispelled, the age assessment ends and a decision is issued. If **doubts persist**, a **referral to the next non-medical method** follows.

The reasoning of the recommendations made and of the opinion formulated in the report should be clear and followed not only by the determining authority but also by the guardian and other key stakeholders such as judges.

The applicant will receive the decision in writing. It will include information on appeal as per the national framework and information on the next steps.

The relevant documentation must be saved in the applicant's file and shared with the focal person of the panel of assessors (if any) to coordinate communication of the decision to the applicant/guardian and to other relevant authorities. The guardian should have access to the file.





Annex 2 – Psychosocial assessment

Article 25(1) APR makes reference to the psychosocial assessment. Such an assessment can include questions similar to those indicated above under [Annex 1: Age assessment interview](#). However, it goes into more depth to understand additional risk and protective factors linked to the development of the applicant being assessed.

Certain demographic data, if available, can be confirmed by asking a few pointed questions. In any case, the person conducting the psychosocial assessment should avoid asking questions for which information is already available. It is recommended to cross-check with the applicant demographic data available as a warming up exercise and to use the time to build rapport, for example: *'I see that you are from X and that you arrived few weeks ago. Is this correct?'*, *'Have you already managed to familiarise yourself a little bit?'*

Below a sample template for guidance on what can be important to cover

Date of the assessment	
Time in / Time out	
Assessment number	
Name(s) of the assessor(s)	
Name/contact/code of the interpreter (if applicable)	
Name/contact of the (temporary) guardian or adult responsible	
Name/contact of any other person present (e.g. cultural mediator, relatives)	

Areas of inquiry	
Name and surname of the person. Ask if they have a nickname too.	
Current residence	
Identification number	





Gender	F/M/X
Claimed date of birth / age	
Religion/faith	
Mother tongue	
Other languages spoken	
Ability to read/write in any of the languages	Yes/no If yes, specify:
Nationality/ethnicity/tribe	
Place of birth (city/village/region)	
Statelessness	Yes/no
Years of formal education completed	
Any available documents (original and/or copy) which can be retrieved to help estimate the age.	<ul style="list-style-type: none">• Birth certificate• Passport• ID card• School reports or similar• Baptism document / other religious documents indicating the name and age• Health related documents (medical reports / vaccine cards etc.)• Other (specify)
Any document that is not available at the time of the age assessment, but can be produced and submitted later ⁽¹²⁴⁾.	<ul style="list-style-type: none">• Same as in the row above.

⁽¹²⁴⁾ The applicant should be made aware during the information provision stage that they should produce any useful documentation that can support any claims made, including as it relates to age.





- Family composition and sample questions linked to social history

Name of parents.	
(Estimated) age of both parents.	
Civil status of the biological parents.	<ul style="list-style-type: none"> ○ Unwed ○ Married ○ Divorced ○ Separated ○ Re-married ○ Widowed ○ Deceased
Parents, siblings and their whereabouts.	<p>Create a timeline with the number of siblings indicated by the applicant and see where the applicant comes in (e.g. first/last/middle).</p> <p>Draw a symbolic family tree including the age of the significant people mentioned by the applicant (e.g. parents, siblings, grandmother, aunt, uncle) to help create a timeline and provide an overview of family composition.</p> <p>Ask if all siblings have the same mother and/or father, whether one of the parents were married more than once (for example multiple wives) and where the family members currently are.</p> <p>This approach can also help to find out if the applicant lived with any of the abovementioned people before leaving the country of origin.</p>
Marriage/relationships of the applicant.	Importantly, document any reference to child / forced marriage and potentially dependent children (including teenage pregnancy in case of girls).
Education, work and/or other duties.	<p>Topics to cover in the assessment:</p> <ul style="list-style-type: none"> • year when the applicant started formal education (including religious schools); • the names and locations of the schools attended; • names of the teachers; • how many grades the applicant attended; • distance between the school and home;



- favourite subjects and, in case the applicant left school early:
 - elaborate on specific reasons for the drop-out (e.g. to contribute to the family income);
 - the applicant's age when leaving school.
- if the applicant engaged in petty trade, farm work, housework, caring for younger siblings, other work next to school.

This information can help to create a timeline while also providing an insight to determine the development of the applicant and potentially why a child might appear older than they are, e.g. due to early onset of taking on big responsibilities.



Practical tip

In situations of potential child marriage / teenage pregnancy, additional protection or healthcare-related needs (including dependants) are to be addressed.

Sample questions: *'Can I ask you if you have already a family of your own?'*, *'Are you already a father/mother yourself?'* If yes – *'Do you know where your husband/wife or significant other currently is? Is your child with you or is someone else helping you to take care of the child?'*

In cases of a female applicant, continue with the questions below and briefly verify if there are any other potential urgent additional needs in this regard.

'Can I ask you if you have been pregnant in the past or if you are currently pregnant? If this is the case, have you already seen a doctor to check your health / the health of your baby?'

Asking women/girls about marriage and pregnancy can be very sensitive. The relationship and/or the pregnancy might have happened without the consent of the person (e.g. forced marriage / pregnancy as a result of sexual exploitation or violence). Therefore, the assessor asking such questions needs to be aware of the sensitivity of the topic and, before start discussing potential needs in more detail, needs to ensure that referral options for medical care and psychosocial support are accessible.

In case of a referral, explain to the applicant and guardian the reasons why such referral is beneficial and necessary. Stress that the information shared is treated confidentially. Bear in mind that consent is to be obtained before making the referral.

- Sample questions linked to **the journey** of the applicant to help to create a timeline

Information on the journey and health.

Can you explain to me why you decided to leave your country?

Do you remember when (year/month/season) you left your home country?

Which was the first country you moved to?

Do you remember the countries and/or regions you passed through before reaching here (if applicable)?

What was your main means of transport? Bus, car, walking, boat, plane, multiple modes?

Did you stop in any of these countries (where applicable) for longer periods? If so, can you tell me how long you stayed in each of the countries and what you did there?

Did you travel all the way alone, with family or in a group?

How did you sustain yourself during the trip? Did you work? For how long?

Did anyone help you to pay for the journey? How did you pay for your transport?

Did anything special happen when you left your country and in the countries you passed through –for example harvest, festivals, Ramadan, weather indicating a certain season, election or natural disaster?



Practical tip

If indicators of potential exploitation and THB are identified during the psychosocial assessment, you may ask the questions below to learn more about the circumstances, how the presumed child managed to organise their journey and their current situation.

Examples of questions: ‘Can I ask you how you organised your journey?’, ‘Did you have to borrow money from someone or do you owe money to anyone for your journey?’, ‘When you arrived here, were you expecting to meet anyone to help you settle?’, ‘Has anyone promised you work or given you with a phone or a phone number to call once you arrived?’, ‘What was your plan once you got here in terms of country to stay?’, ‘Do you know anyone here? Who did you plan to live with?’, ‘Is anyone keeping any of your papers for you such as ID card, passport or other documents, or has anyone taken such documents from you?’, ‘Has anyone asked you to work or do other activities since you are here – including activities/work you do not feel comfortable doing?’

In cases of **visible** tattoos (not to be mistaken with tribal tattoos), ask the applicant few questions about them. **Do not encourage removing clothes to show the tattoos.** Generally,

tattoos might provide some insight or indication linked to ownership (slavery/trafficking) or belonging to certain gangs/militias.

If indicators are identified in this regard, you will need to refer the applicant to the responsible authorities to clarify if the person is indeed a victim of THB, to ensure protection and to reduce/end the risk of potential ongoing exploitation. Such a referral should be discussed with the guardian. The best interests of the child and protection of the child should be at the centre of the considerations.

Examples of questions: *'I noted the tattoo on your arm; does the tattoo have a particular meaning?', 'How long have you had the tattoo?', 'Where did you get it /who did the tattoo?', 'Did you choose the motive yourself or did anyone advise/help you to choose?.'*

- **Additional aspects** to look out for during a psychosocial assessment (observation of **physical appearance / development / language** etc.)

Observations only

- **Physical appearance/nutritional status:** poor (e.g. pale, thin, obese) / healthy (e.g. strong, fit, average).
- **Personal hygiene:** clothes/hair/teeth – neat or neglected (taking the living circumstances of the applicant into account).
- **Hair/skin:** receding hairline, hair in ears/nose, facial hair, wrinkles around eyes/mouth/forehead/neck/, acne etc.
- **Other:** wrinkly hands, Adams apple visible (boys during puberty), visible tattoos, scars/injuries, piercings etc.
- **Voice and vocabulary used:** child-like voice, pitch, giving short/simple answers, elaborated vocabulary, general knowledge, incoherent statements etc.
- **Body language:** shy, anxious, irritated versus relatively relaxed, sitting straight, appropriate eye contact (considering culture); is the applicant staring/glaring etc.?
- **Behaviour:** introverted/extroverted, hostile, avoidant, cooperative, shy etc.

Note. The above are **pure observations**. The assessors should note down what might be relevant to help estimate the applicant's age along with any concerns linked to other potentially intersecting vulnerabilities. All these elements need to be documented and might lead to a referral where applicable (e.g. in case of THB, teenage pregnancy etc).



Point to remember

The assessment of the age must not be based solely on the applicant's physical appearance or behaviour.

- Depending on where a person comes from, the height and physical appearance might differ significantly (e.g. members of certain African tribes are taller and slimmer than average).
- Life experiences might affect the way the applicant presents and looks. Children who had to look after themselves since an early age, who experienced disruptive events including trauma, and/or who conducted harsh physical labour might appear older than they actually are (including in their physical appearance, the way they speak and the language they might use). Conversely, others might regress in the way they behave, speak and act.

Observation should lead to the collection of indicators that are compared and integrated with one another. A single indicator does not constitute reasonable doubt.

Closing the psychosocial assessment

- Give the applicant one more chance to ask questions /clarify anything they shared, before the assessment is officially closed. During this moment, a referral to other services providers might be discussed in case intersecting vulnerabilities / specific needs have been identified. Request the applicant's consent to do so.
- Inform the applicant on the next steps, as in the example below.
 - *You have indicated today that you consider yourself to be X years old.*
 - *All the information you have shared will now be analysed. You will receive a written notification of the decision on your age within [X days/weeks, depending on the national timeframe]. In the meantime, you will stay at [specify accommodation or care arrangement, e.g. a reception facility for children/asylum seekers], where you will continue to receive support and assistance until the decision is made.*

Analysis and formulation of the opinion

- The assessor(s) conclude(s) and prepare(s) an opinion, either immediately or in due time (depending on the circumstances). The opinion needs to be signed by each of the assessors, if applicable, and indicate the estimate age / date of birth.
- If the findings are clear, there is consensus among the assessors and **all doubts are dispelled**, the age assessment ends and a decision is issued.
- If **doubts persist, a referral to the next non-medical method follows**.

The relevant documentation must be saved in the applicant's file and shared with the focal person of the panel of assessors (if any) to coordinate communication of the decision to the applicant/guardian and to other relevant authorities.

Annex 3 – Checklists – Applicable standards, Information provision, Care and safety

Applicable standards

Both international and European legal frameworks lay down the below.

- ☐ If lost, documents verifying the identity have to be restored.
- ☐ The best interests of the applicant is considered from the moment an applicant was suspected to be under 18 (minor), throughout the assessment, and until conclusive results prove otherwise.
- ☐ The benefit of the doubt is applied where applicable.
- ☐ The applicant has immediate access to a temporary guardian (screening) and/or qualified, independent guardian, who acts in the applicant's best interests, safeguards the general well-being of the applicant and exercises the legal capacity throughout the asylum and reception pathway.
- ☐ The applicant has received information provision in a child-friendly manner, the information given is understood and confirmed by the applicant. The applicant has had the possibility to ask clarifications and pose questions.
- ☐ A legal counsellor is provided.
- ☐ The applicant has received age-appropriate information on the asylum procedure in a language they understand, including on the age assessment process where applicable.
- ☐ In the asylum procedure and any other processes including the age assessment impartiality, respect for dignity and non-discrimination are key principles to be upheld
- ☐ The applicant has participated in the process and their views have been heard and were considered according to the person's age and maturity.
- ☐ The applicant is supported by the guardian and provided with the opportunity to consent in taking part in the process and/or refuse to engage. (see [Annex 4 – Example consent form to participate in an age assessment](#)).
- ☐ When within the range determined by those conducting the age assessment, the applicant's claimed age is accepted. Otherwise, the lowest age (within the range) should be selected as a result.
- ☐ The applicant and their guardian and legal counsellor should be informed of the channels timelines and modalities to challenge a decision on the estimated age where applicable.
- ☐ Free legal aid and legal representation are provided to ensure access to an effective remedy where applicable.



- ☐ Age assessment has been conducted by qualified professionals on age assessment who are aware of the cultural and ethnic particularities.
- ☐ The minor has immediate access to a dedicated reception centre, pending the completion of the age assessment procedure.
- ☐ The multidisciplinary and cascade approach has been applied: least invasive process (gradual implementation of multidisciplinary methods), the process was gender- and culturally- appropriate.



**Information and introduction**

The following actions and aspects are to be considered in order to create a comfortable atmosphere and to nurture trust and cooperation. The items below are relevant throughout any of the assessment's methods.

☐ **Welcome.** Start by asking the applicant how they are, if they need a sip of water etc as to establish rapport. Introduce all individuals present, including interpreters and panel members, and provide space for the applicant and their guardian and legal counsellor to introduce themselves.

☐ **Purpose of the age assessment.** Explain the purpose of the assessment in simple terms, emphasising the need to verify age when doubts exist (e.g., lack of ID or other documentation). Inform the applicant and guardian about the approximate duration of the assessment to manage expectations.

☐ **Explaining the age interview/assessment process.** Outline how the interview / assessment will proceed, especially if multiple specialists will be present (e.g. panel arrangement) and explain the roles of those present.

☐ **Independence.** Inform that the person(s) conducting the interview/assessment is/are not responsible for asylum or legal status decisions, nor linked to law enforcement. Depending on the country, those involved in assessing age might be linked to the reception authorities and/or the health / social welfare and child protection authorities. In any case, the assessors must not have any conflict of interests.

☐ **Confirm understanding.** Ask the applicant to explain what is going to happen in their own words and invite questions or requests for breaks at any time. Allocate time for the guardian and legal counsellor to ask questions or clarifications.

☐ **Confidentiality.** Inform that the person(s) conducting the interview/assessment are bound by confidentiality.

☐ **Seeking consent.** If not yet done, obtain now consent from the applicant/guardian before proceeding with the actual interview/assessment, ensuring they understand the process before signing the consent form. (see [Annex 4 – Example consent form to participate in an age assessment](#)).

☐ **Documentation.** Clarify the purpose of **notetaking/recording** to ensure transparency.

☐ **Decision on the estimated age.** Inform the applicant/guardian about the timeline for receiving a **decision letter** and advise to preserve the notification / decision letter in a safe and accessible location.

☐ **Appeal.** Inform the applicant/guardian on the options how to challenge the decision on the estimated age, the timeframe for doing so and when/where such an appeal is linked with appealing a negative decision on the asylum application. Ensure that the guardian and the applicant know how to access free legal aid and legal representation to be able to seek an effective remedy.

☐ **Closure.** Allocate time for the applicant , guardian, interpreter, and panel members to say their goodbyes respectfully.



Care and safety

- ☐ If you suspect that the applicant has been / is a victim of THB, follow-up with a specialist is advised.
 - ☒ If the applicant wears torn clothes/shoes, ask kindly if they have another set of clothes/shoes. If not, make sure that they are referred to a person at the reception facility who can support the matter.
 - ☐ If the applicant presents with an odour, see if sufficient soap and water is being provided for regular hygiene in the place where the applicant lives and refer to the relevant colleague and guardian (e.g. social worker or centre's coordinator). This is particularly relevant for girls who might have started menstruating.
 - ☐ If the applicant appears malnourished and/or in need of medical attention, a referral to a general practitioner is advised.
 - ☐ If there might be a suspicion of pregnancy, initiate a referral in collaboration with the guardian and granted that consent by the applicant was provided.
- In case of any other form of protection needs identified in terms of current housing arrangement, see if a referral to a safe shelter might be needed.





Annex 4 – Example consent form to participate in an age assessment

This example consent form aims to ensure that (presumed) children and their guardians have a full understanding of the age assessment process before providing consent. It shows how information can be presented in a clear and child-friendly way, covering the different steps, rights and safeguards. This form is provided as an example only: it can and should be adapted to the specific national context, procedures and applicable legislation, as well as to the individual situation of the applicant.

All information related to consent and refusal to it must be given in a child-friendly language. The consent form should be available in multiple languages.

My name is: _____

My indicated claimed age is: _____

My ID number is: _____

I am originally from: _____

By signing this form, I agree to take part in the age assessment process. I understand and agree with the points below.

- I need to go through an age assessment because my claimed age is not certain to the authorities
- I have been informed of the reasons why the authorities have doubts on my age
- I will need to talk with the age assessment specialist(s) for them to estimate my age.
- I am accompanied by my guardian, the legal counsellor and the cultural mediator.
- The age assessment team could use the following ways to estimate my age:
 - Ask me questions, in a language I can understand, about my life, family, school, things I like and I have done.
 - Look at my documents (for example a passport or school certificates) that I might be able to share in form of photos to see what they say about my age.
 - If the information I provided at the beginning is not sufficient, they could ask me to see other professionals after the first age assessment interview. These might be a psychologist or a doctor for children, so they can see how I have grown and can estimate my age.
- I was informed that medical checks involving X-rays are only a last resort. An X-ray is a picture of my bones (teeth, hands, collar bones); it is not painful. If they want me to take an X-ray, they have to explain everything to me and answer all the questions I might have. I should not be asked to take several X-rays because it can affect my health in the long run.
- No matter the method, I have the right to stop the process whenever I want.
- After a few weeks, I will get a letter with the team's decision about my age.





- If I do not agree with their decision, I can challenge it. They will explain to me how to do so according to the national practice in the country.
- The team will share basic details only, like the result of my age assessment, with the authorities working on my asylum application.
- My personal information will stay private and will be kept confidential.
 - The only exception is if the team thinks I might hurt myself or others. In this case, they may share my information to protect other people and myself.
- Some of my information (not my name) might be used for research or statistics.

Today's date: _____

Signature of the person explaining the above (if not the guardian): _____

Signature of my guardian/representative/parent (where applicable): _____

Signature of the cultural mediator (where applicable): _____

Signature of my legal counsellor (where applicable): _____

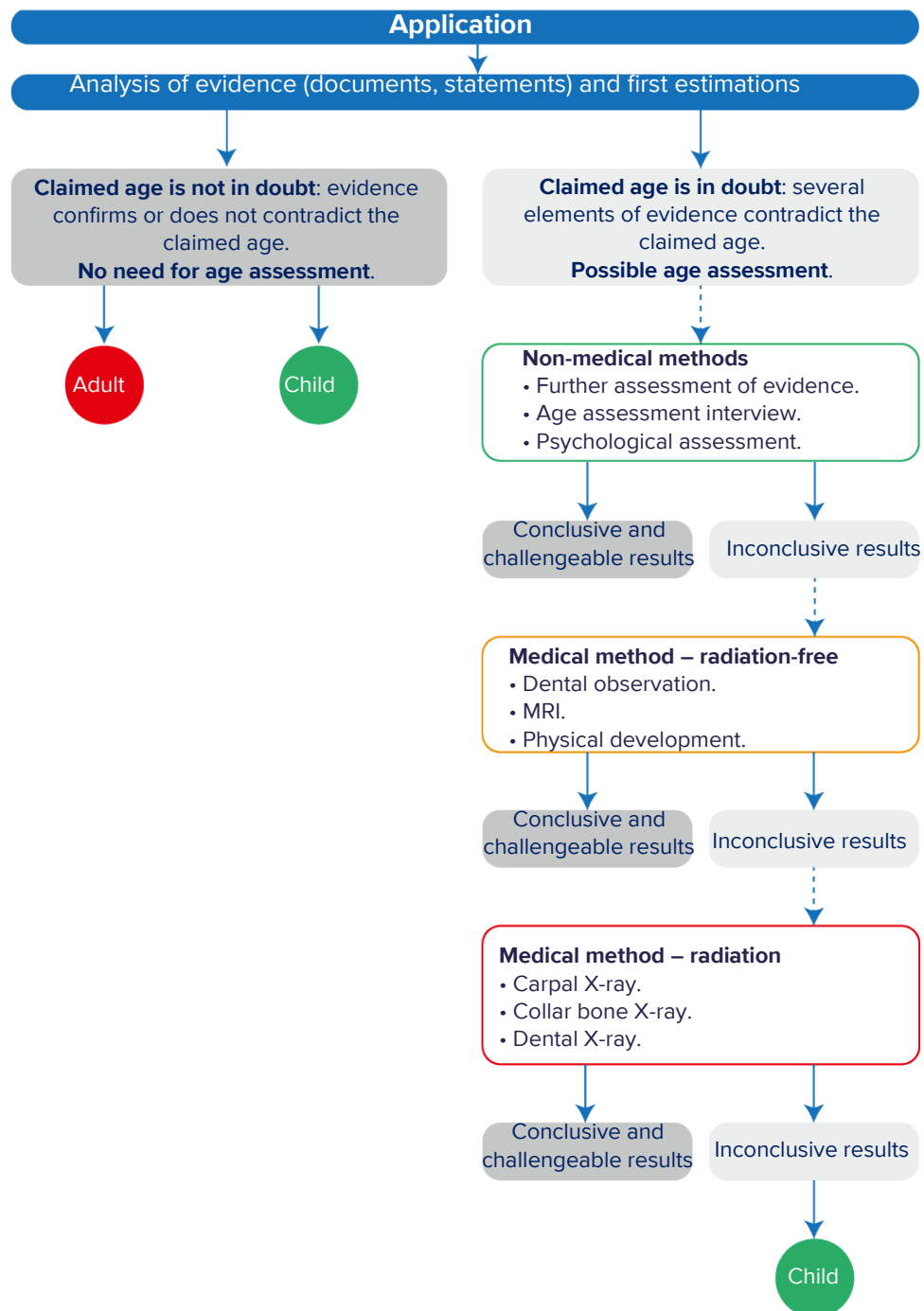
My signature: _____



Annex 5 – Overview of the age assessment methods from the [2018 edition of the guide](#)

The methods currently in use are classified as medical and non-medical depending on whether they require the involvement of a physician. Under medical methods, a distinction between radiation-free methods and methods involving radiation has been made.

This classification and the gradual use of the methods to prevent unnecessary examinations are reflected in the following flowchart. No reference is made to the safeguards and rights of the process since they were analysed in both the previous chapter and in the age assessment process flowchart.

Figure 3. Flowchart of the methods

Guidance on the gradual implementation of methods

As soon as the wish to apply for international protection is expressed by the applicants, they become entitled to certain rights (to remain in the territory, to basic material reception conditions and to have his or her special needs identified or assessed). In case of a possible child, the identification of special procedural needs and the provision of special reception conditions are a priority due to their inherent vulnerability. In accordance with Article 25(5) Directive 2013/32/EU, all evidence obtained may help to establish the child's age and/or



eliminate or alleviate the need to undertake additional age assessments; therefore, it should be the starting point before deciding whether there is a need for age assessment or not.

Analysis of available evidence and first estimations

As stated in Article 24 of the International Covenant on Civil and Political Rights ⁽¹²⁵⁾ and in Article 7 of the CRC: ‘Every child shall be registered immediately after birth and has the right to acquire a nationality.’

A birth certificate is the document that bears witness to the person’s birth, the date, the place, the sex and the parents. The primary purpose of civil registration is to create a legal document that can be used to establish and protect the rights of the individual.

As mentioned earlier, some countries do not systematically register the vital events of their citizens or residents (births, marriages and deaths) and some of them do it very rarely or late. Therefore, such registration may not meet the standards of public records for the authorities in EU+ states (preventing double registration of the same event, gaps or inconsistencies in the records, etc.). Furthermore, due to events that occurred in their country of origin or the circumstances of their flight (armed conflicts or persecution and/or discrimination from the national authorities, etc.), these legal documents may not be available to persons in need of international protection and therefore they will not be able to provide valid proof or reliable certificates of their identity.

Taking into consideration the abovementioned circumstances and the efforts of the applicant to submit all the information at his or her disposal, authorities should accept the following documents, among others, as supporting evidence:

- passports,
- ID documents,
- residence cards,
- travel documents such as the ones provided by the UNHCR,
- other countries’ certificates (religious or civil) probing the civil status (marriage, births, family booklet) of the applicant or any family member with any reference to the age of the applicant.

Other than these documents, sources of useful information such as common databases (for example the Schengen Information System ⁽¹²⁶⁾, Eurodac or Interpol’s Stolen and Lost Travel Documents ⁽¹²⁷⁾) could contain information on the applicant’s age.

Likewise, statements or documents available in the file of the applicant’s family members or relatives can be used to clarify and/or confirm the claimed age without the need for further

⁽¹²⁵⁾ UN General Assembly, International Covenant on Civil and Political Rights, United Nations, Treaty Series, vol. 999, p. 171, 16 December 1966, <https://www.refworld.org/legal/agreements/unga/1966/en/17703>.

⁽¹²⁶⁾ SIS: a large-scale information system that supports external border control and law enforcement cooperation in the Schengen area.

⁽¹²⁷⁾ SLTD: a database that contains records on stolen, lost or revoked travel documents such as passports, identity cards, UN laissez-passer or visa stamps.





assessment. In order to prevent endangering the child or family, special caution must be taken when collecting this kind of data. This is particularly so in the international protection context.

When performed by staff experienced in working with children, some first estimations based on physical appearance can be used to reinforce the initial analysis. When used in conjunction with other available information, these can then be used to support the results of a preliminary screening.

However, since the estimation is based purely on physical characteristics and can therefore easily lead to arbitrary, subjective and inaccurate results, extreme caution must be taken when giving weight to such considerations. For this reason, the observation of physical appearances cannot be considered as a method of age assessment in and of itself, nor can it be used in isolation since it cannot provide any specific chronological age with certainty.

Physical appearance may serve to separate or distinguish the obvious cases (persons with undoubted characteristics of adults or children), but it should not be used for cases of late teens or young adults. In those cases, benefit of the doubt (confirming the claimed age or referring to a proper age assessment) shall apply until there are conclusive results.

The International Organization for Migration and other experts warn that the life experiences of children may have influenced their development. This would mean that they may be behind in certain aspects and more developed in others. Research in the field shows that post-traumatic stress disorder may lead to premature biological ageing of between 5 years and 10 years of age ⁽¹²⁸⁾.

As limitations in current methods may lead to an incorrect age assessment or estimation, a revision mechanism must be in place to correct an age that has been inserted incorrectly into the system. Once an age assessment has been identified as incorrect, appropriate actions should be taken immediately (change of accommodation, appointment of a guardian if the applicant is found to be a child, etc.).

Germany – Applicable standards

1. interview (two qualified and experienced staff members), overall impression of development including qualified visual inspection;
2. in case of doubt, medical examination — method with the lowest impact on the child's health.

Norway — In all cases where an unaccompanied child has not presented a valid ID document with high notoriety, there is a need to conduct a further investigation of the applicant's identity including, among others, age assessment. The basis of this age assessment is the information obtained about the applicant's age during the asylum process, i.e.:

- the applicant's own information about his or her age;
- ID documents;

⁽¹²⁸⁾ Ladwig, K-H., Brockhaus, A.C., Baumert, J. et al., *Post-traumatic stress disorder and not depression is associated with shorter leukocyte telomere length: findings from 3 000 participants in the population-based KORA F4 study*, Ouellette, M.M. (ed.), PLOS ONE, 2013, 8(7), e64762. doi:10.1371/journal.pone.0064762.



- ID information from other Member States (if the applicant has been identified in other countries);
- verification of the applicants ID in his or her country of origin;
- statement or comment on the applicant's age from other actors such as a legal guardian, lawyer, social service or health workers;
- statement or comment on the applicant's age by the immigration police (who conducts the registration of applicants) and a case owner who conducts the asylum interview;
- medical age examination;
- medical age assessment.

In cases where a medical age examination is conducted, the medical age assessment shall be assessed in relation to other information in the case. The policy guidance provides guidelines on how to weigh the various elements discussed above.

Claimed age is in doubt: potential need for age assessment

When there is substantiated doubt about the claimed age of the applicant (the claimed age is doubted, the available evidence does not support it or contradicts it), the need for age assessment may arise. In such cases, the authorities need to select the method or methods to use for that purpose.

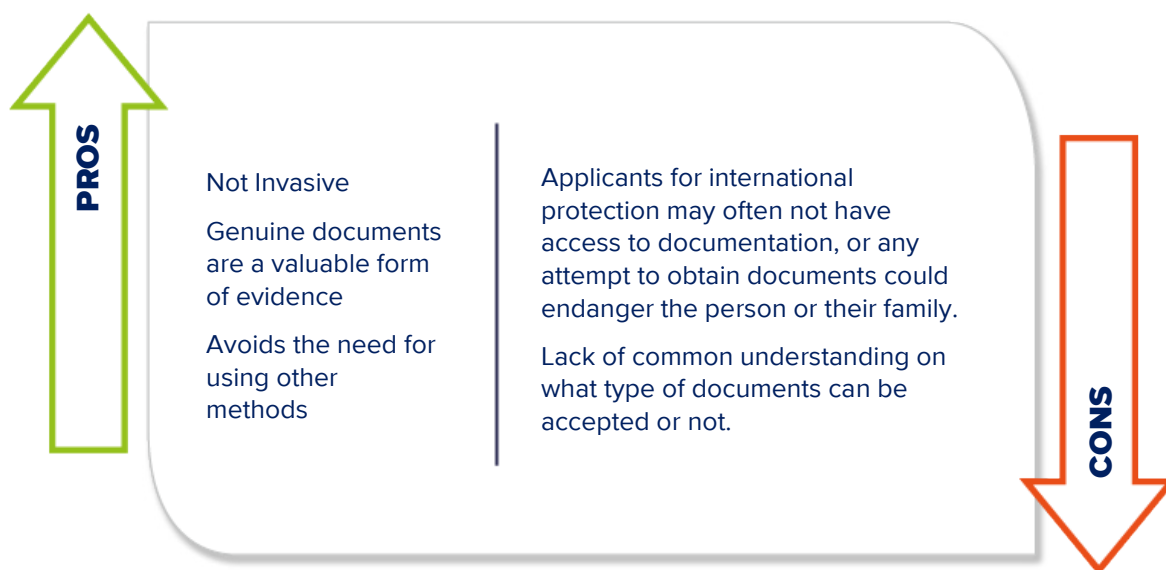
An overall review of the methods currently in use, together with a brief description of the process involved, follows in the next section. The methods are divided into 'medical' and 'non-medical' depending on whether a clinician is involved or not. Medical methods are also classified depending on whether they imply the use of radiation or not.

The UN Committee on the Rights of the Child's General Comment No 6 states that the identification of a child as unaccompanied or separated includes age assessment, which should take into account physical appearance, but also psychological maturity.

(a) Non-medical methods

Further assessment of evidence

When the initially collected documents or the available information do not include any reference to age, a further assessment of other documents by the asylum or migration officials may be necessary. Some documentation, even without containing the age, can provide some information on the estimative age of the applicant, i.e. school records, family vaccination cards or other medical records. For example, one could know that some vaccinations are received by an infant at a certain age or margin of age and that the card was issued at a specific time, so as a result the owner's age can be approximately estimated.



Age assessment interview

This method involves collecting and analysing the account given by the individual whose age is being disputed.

The main differences between psychosocial assessment methods are the background and specific expertise of the person conducting the assessment as well as the areas of exploration. Whereas the psychological assessment would be conducted by experts in child psychology or child development, the age assessment interview would be mainly conducted by officials serving with the asylum or migration authorities and experienced in interviewing children in the asylum procedure.

During the age assessment interview, the interviewer attempts to reconstruct a chronological sequence of life events where the age of the person can be deducted or estimated. A local calendar of events ⁽¹²⁹⁾ (a customised calendar which provides dates of significance events for a specific geographic area) combined with ‘before and after questions’ ⁽¹³⁰⁾ (aimed at identifying two known events, one having occurred before and one having occurred after the child’s date of birth — these questions are also known as ‘sandwich questions’) can be useful tools to assist the officials, the applicant or the family members to approximate the child’s birthdate.

- In order to gather the views in a child-friendly manner and encourage the child to provide information, officials directly dealing with the child should be trained in the use of **child-friendly interview techniques** ⁽¹³¹⁾. Where possible the interpreter should also be familiar with interviewing children.

⁽¹²⁹⁾ More information can be found in the Food and Agriculture Organization’s Guidelines for estimating the month and year of birth of young children (2008).

⁽¹³⁰⁾ More information can be found in the Food and Agriculture Organization’s Guidelines for estimating the month and year of birth of young children (2008).

⁽¹³¹⁾ More information about the EASO ‘Interviewing children’ training module is available at <https://euaa.europa.eu/training-catalogue/interviewing-children-0>

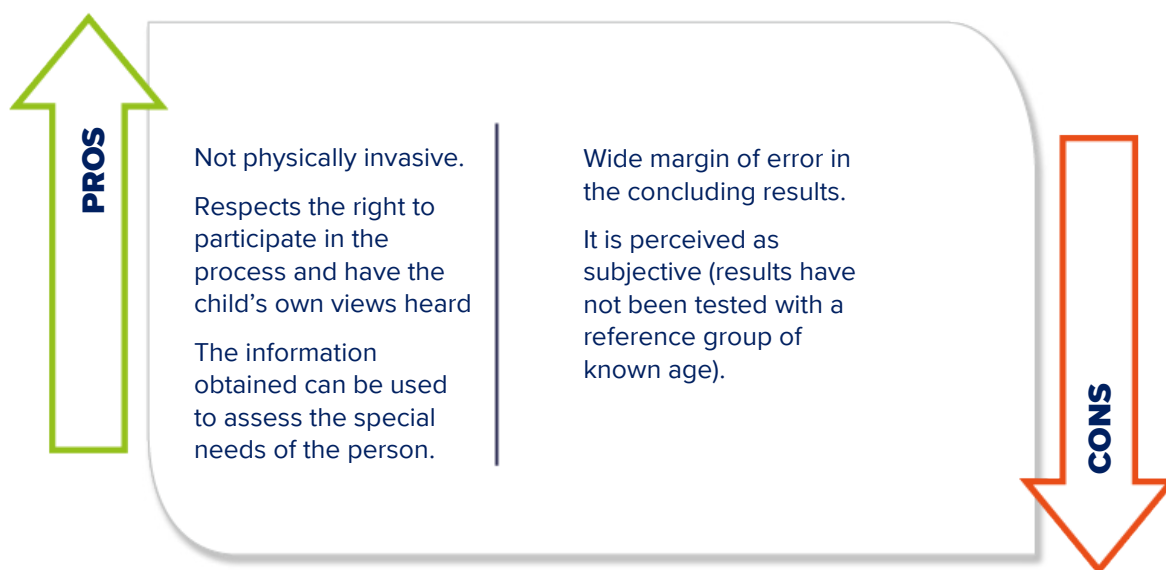
- Providing the applicant with adequate information before the interview starts is essential to guarantee the participation of the person, to develop a collaborative attitude and to build trust between the actors involved. The interviewer needs to provide relevant information in simple terms (the purpose of the interview, the role of the persons involved and present, and the reasons why the claimed age is in doubt), must ensure that the applicant understands both the information and the interpreter and must make sure that the needs of the applicant have been met to the maximum extent possible (gender of the interviewer and of the interpreter, the necessary arrangements for the interview, etc.). It is equally important that the applicant is given the opportunity to clarify any inconsistencies during the interview.
- When deciding to undertake the age assessment process it should be guaranteed that the burden of proof is shifted to the authorities in the case of children. Children are not able to explain things in the same way that adults can and this limitation is particularly evident when speaking with children who have a different cultural background and where age may not be as relevant as in Western cultures (for example, different calendars are used in different cultures). Furthermore, they may consider themselves to be adults or might be considered to be adults in their communities.
- The interviewer must be familiar with country of origin information in order to be able to detect relevant issues during the discussion ⁽¹³²⁾.
- Ultimately, if the conclusion of the assessment is adverse to the applicant, the reasons must be clearly explained through the use of an interpreter and in the presence of the child's guardian/. The applicant should be informed both orally and in writing of the possibility and procedure to challenge the decision.

Examples from practice

Ireland – If a person claims to be aged under 18 years of age but appears to be older at the International Protection Office, an experienced staff member (with the assistance of an interpreter if required) will conduct an informal interview to try and form a reasonable opinion on whether the person is a minor and in need of referral to TUSLA, a child and family agency. The interview includes questions on details of early childhood, education and the ages of other family members. If there is any uncertainty following the interview, benefit of the doubt is given in favour of the applicant and the referral to TUSLA takes place.

Malta – The first step is an interview within 10 working days with the age assessment panel. If the age remains in dispute then other professionals are involved, including a referral to a radiology department for hand and wrist X-rays. The current procedure involves a multidisciplinary effort which includes police authorities, professionals from the caring professions and medical professionals. The interview, one of the main tools used for such an assessment, can be considered to be holistic in that it aims to capture as complete a systemic profile of the alleged minor as possible. The subsequent results of the methods selected by the age assessment team are considered collectively

⁽¹³²⁾ See [EUAA COI portal](#).



Psychosocial assessment

The aim of this method is to assess mental rather than physical maturation. Assessment techniques make use of cognitive and behavioural appraisal and psychological assessment of the applicant to assess his or her age. Therefore, the assessor needs to have specific expertise in psychology or in the developmental stages of children and young adults.

The basis of this method is a semi-structured interview in which an experienced and trained assessor (usually a social worker or a psychologist) explores areas of the person's life story. During the interview or interviews, the assessor would assess the psychological maturity of the person in conjunction with a behavioural appraisal. The results may also reflect some estimations based on physical appearance.

In order to be effective, trust between the examinee and the assessor is essential. For this reason, the assessment should be undertaken over a period of time and should involve other professionals in contact with the assessed person, such as reception staff or teachers. Some relevant indications in this regard were provided in the benchmark case-law from the UK High Court of Justice, the Merton judgment⁽¹³³⁾. This judgment gives 'guidance as to the requirements of a lawful assessment by a local authority of the age of a young asylum-seeker claiming to be under the age of 18 years'. Following the Merton judgment, all (local) authorities are required to ensure their assessments are full and comprehensive and that the process for assessing age is clear, transparent and fair.

⁽¹³³⁾ B v. London Borough of Merton (2003) EWHC 1689 (admin), in which judgment was handed down by Justice Stanley Burnton in the High Court on 14 July 2003.

A Merton-compliant assessment will normally include a face-to-face meeting with the young person, setting out the general background of the applicant and adhering to standards of fairness ⁽¹³⁴⁾. A relevant consideration would be the following.

It is important to be mindful of the ‘coaching’ that the asylum-seeker may have had prior to the interview, on how to behave and what to say. Having clarified the role of the social services, it is important to engage with the person and establish as much rapport as the circumstances allow. This process is sometimes known as ‘joining’.

Some important aspects to be observed when conducting the assessment are highlighted in relevant case-law:

- when possible, two assessors should be involved in the process;
- information on the role of the assessor/s and the interpreter should be provided according to the educational and maturity level of the person;
- attention should also be paid to the level of tiredness, trauma, bewilderment and anxiety of the assessed person;
- the ethnicity, culture and customs of the person being assessed must be observed throughout the assessment — the country of origin information may be of help in this regard to flag relevant topics for discussion;
- when undertaking the assessment, the assessor should ask open-ended and non-leading questions;
- the assessor could use different tools to ease the account of the person (drawings, expressive tools).

When conducting the interview, the following features might provide useful information to make an age estimation:

- the applicant’s physical appearance and demeanour, observations of groups dynamics (activities with peers);
- manner of interaction with the assessor;
- social history and family composition; ▪ developmental considerations (i.e. information about the types of activities that the person was involved in before arriving in Europe);
- education, level of independence and self-care; ▪ health and medical assessment;
- life experiences and traumatic events that may have had an impact on the ageing process.

This information should be considered in conjunction with the information obtained from the analysis of other evidence and then used to draw the conclusion from the assessment. The conclusion of the assessment must be provided in writing and the aforementioned aspects should be included in the report, with additional considerations or information to follow up. It is

⁽¹³⁴⁾ The Merton compliant is often used to describe whether an age assessment is case-law compliant. There is no prescribed way in which local authorities are obliged to carry out age assessments; the courts, however, provided guidance to local authorities in a case involving the Merton Council (B v. London Borough of Merton (2003) EW HC 1689 (admin)). All local authority age assessments must be compliant with the case-law of Merton and following caselaw since this judgment.



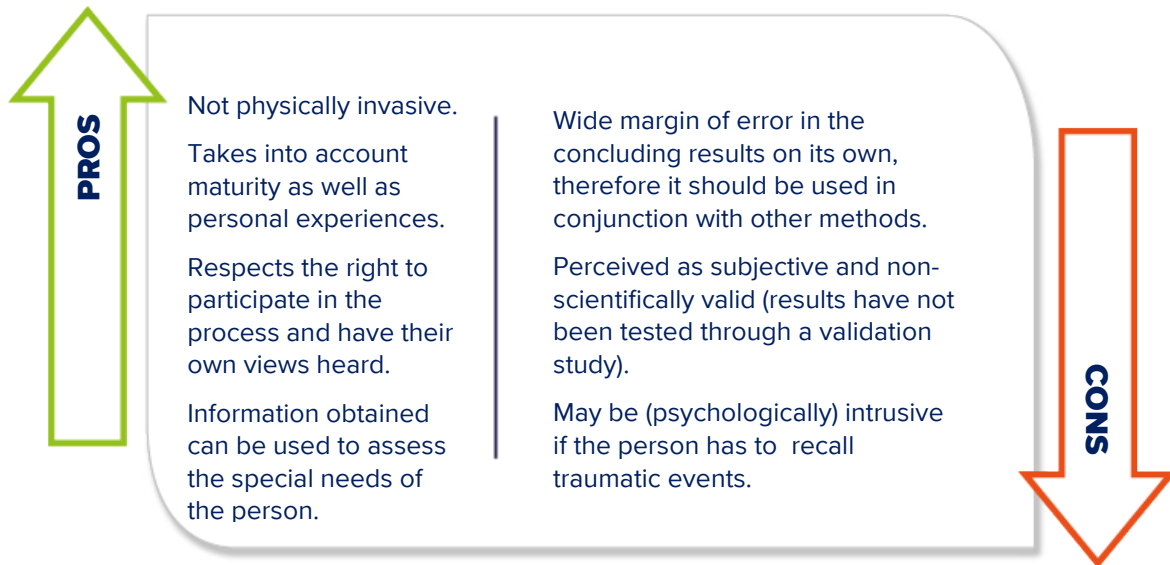
of the utmost importance to ensure the youth welfare expertise and experience of the assessor/s.

When the conclusion of the assessment is adverse to the applicant, the reasons must be clearly explained through the use of an interpreter and in the presence of the child's guardian. The applicant should be informed both orally and in writing of the possibility and procedure to challenge the decision.

United Kingdom — Guidelines on how to conduct in line with the general rulings. Those who are assessing age must:

1. explain to the claimant the purpose of the interview, as specified in Merton, paragraph 55;
2. seek to elicit the general background of the claimant, including the claimant's family circumstances and history and educational background and the claimant's activities during the previous few years — ethnic and cultural information may also be important — as specified in Merton, paragraph 37;
3. make an assessment of and ask questions to test the claimant's credibility if there is reason to doubt the claimant's statement as to their age, as specified in Merton, paragraph 37;
4. give the claimant the opportunity to explain any inconsistencies in their account or anything which is likely to result in adverse credibility findings — this is best done as soon as possible, when matters are 'fresh in the mind', as specified in:
 - Merton, paragraph 55,
 - R (FZ) v London Borough of Croydon (2011) EWCA Civ 59, paragraph 20,
 - R (NA) v London Borough of Croydon (2009) EWHC 2357 (admin), paragraph 52;
5. remember that cases vary and the level of inquiry required in one case may not be necessary in another, as specified in Merton, paragraph 50. The Association of Directors of Children's Services (ADCS) in the UK has endorsed the following guidance for social workers when carrying out age assessments.
http://adcs.org.uk/assets/documentation/Age_Assessment_Guidance_2015_Final.pdf
http://adcs.org.uk/assets/documentation/information_sharing_proforma_april_2015.doc.



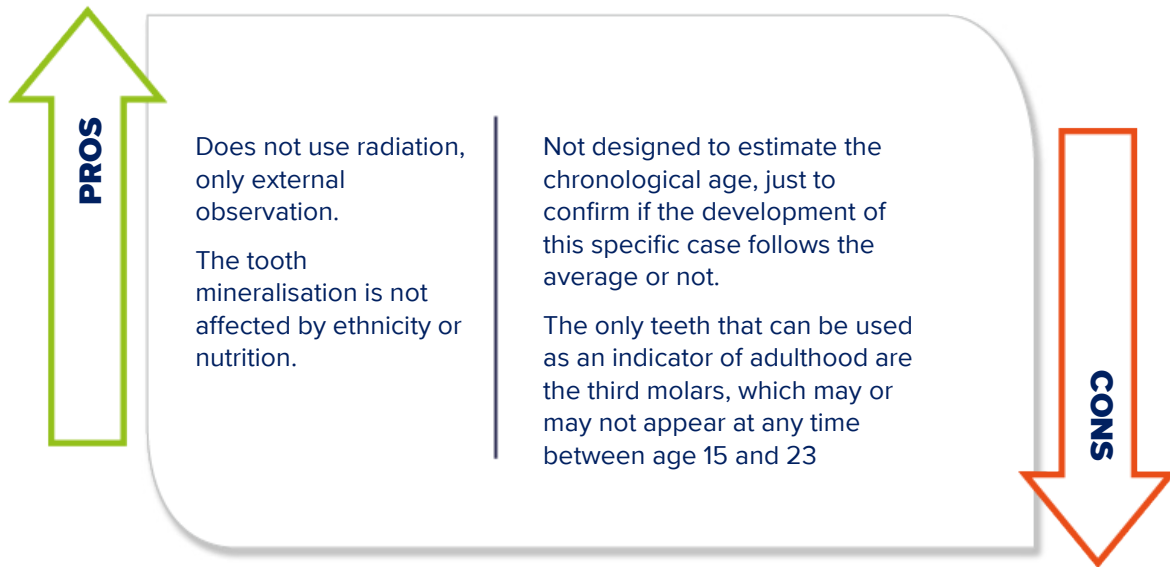


(b) Medical methods (radiation-free)

Dental observation

This method involves visual inspection in order to determine the maturity of teeth and does not involve the use of an X-ray. A trained dentist compares the applicant's teeth development to a set of developmental stages as laid out in established eruption charts or reference values and establishes a range of possible ages. Studies tend to cover either the development of children's teeth for the age span of 3-16 years or the development of the wisdom teeth in the age group 15-23 years ⁽¹³⁵⁾.

⁽¹³⁵⁾ For more information: UNICEF, Age assessment practices: a literature review and annotated bibliography (2010); SCEP, Position paper on age assessment in the context of separated children in Europe (2012); Norwegian Computing Centre, Age estimation in youths and young adults (2012), available at <https://nr.no/en/publication/976408/>; Baccetti, T., Franchi, L. and McNamara, J.A. (Jr), 'The cervical vertebral maturation (CVM) method for the assessment of optimal treatment timing in Dentofacial orthopaedics', ScienceDirect, (2005), Vol. 11, Issue 3, pp. 119-129; Cameriere, R., Ferrante, L. and Cingolani, M., 'Age estimation in children by measurement of open apices in teeth', PubMed, (2005), Vol. 120, Issue 1, pp. 49-52.



Magnetic resonance imaging (MRI)

MRI, or MR, combines the use of a powerful magnet with an advanced computer system and radio waves to produce accurate detailed pictures of organs and tissues, bones and other internal body structures. Unlike X-rays or CT/CAT scans (computed tomography, also called computed axial tomography), MRI machines are radiation free.

The strength of an MRI magnet is called 'field strength' and is measured in units called 'Tesla' or 'T.' There are two types of scanners: 1 T. and 1.5 T. scanners (usually widely available at a lower cost) and 3 T. scanners (more expensive thus less available). Higher field strength means the scanner has a stronger magnet and the ability to produce more detailed images in a shorter period of time. Depending on a number of factors, such as the type of images to be obtained (cross-sections or 'slices' of the body), the type of technology used (high field versus open or open upright MRI), the intended outcome of the MRI and if the patient moves, an MRI scan can typically last from between less than 10 minutes to 1 hour.

According to George et al. ⁽¹³⁶⁾, the degree of bone fusion appears to be at a more advanced stage in images from X-rays than in MRI images. Consequently, the results from an MRI would give a slightly lower age estimation than the results from a plain radiograph. This outcome is acceptable as it would not be detrimental to the applicant.

A pre-screening procedure needs to be followed. MRI scans may not be suitable for all patients, such as applicants with cardiac pacemakers, tattoos and metal implants or in need of other special precautions due to its magnetic field.

As applicants have to stay still on a hard table for a long period of time and the machine produces loud knocking sounds, patients with claustrophobia and children typically get

⁽¹³⁶⁾ George, J., Nagendran, J. and Azmi, K., 'Comparison study of growth plate fusion using MRI versus plain radiographs as used in age determination for exclusion of overaged football players', Br J Sports Med, (2012), Vol. 46, Issue 4, pp. 273-278, doi:10.1136/bjsm.2010.074948.

anxious when undergoing the procedure in a traditional bore scanner. This problem may be solved through the use of open MRI scanners.

Hand/wrist: the traditional approach is based on age assessment from X-ray images; however, experiments using alternative image modalities such as the MRI of the wrist have been carried out (for example in the age estimation of football players in age-related tournaments). A system of six grades for fusion was designed (Dvorak, 2007) ⁽¹³⁷⁾. In another study on football players performed by the Fédération Internationale de Football Association, MRI and X-ray wrist images acquired from the same person on the same day were investigated for comparison ⁽¹³⁸⁾.

Recent studies have confirmed the value of this examination and show a strong correlation between MRI stages and the chronological age; however, combining the use of MRIs with other techniques to increase the accuracy of the results is also recommended ⁽¹³⁹⁾

As the gender of the person being subjected to the assessment may have an effect on the method's margin of error ⁽¹⁴⁰⁾, the gender of the applicant is a factor that needs to be taken into consideration when selecting the method.

Recent developments address the use of automatic bone age determination. These determinations are based on medical computer vision and machine learning. These developments have made the classification of the images into the stages easier and have reduced the inter-observer and intra-observer discrepancy (defined in Annex 1, Glossary).

Knee: based on the fusion of growth plate in maturation of the knee.

The MRI staging system was developed for the knee (Dedouit, 2012) ⁽¹⁴¹⁾. Its reliability and validity for age assessment has been evaluated in the age group 10-30 years and is based on a five-stage system. The report indicates a high correlation with age and good inter-observer and intra-observer discrepancy, but further studies are needed to verify the approach.

Example from practice

Sweden — Sweden is currently using the MRI of the knee joints, together with X-rays of the wisdom teeth, for the age assessment procedure for unaccompanied children. The medical age assessment is conducted by the Swedish National Board of Forensic Medicine and involves two different examinations. The first one is a panoramic X-ray of a wisdom tooth and the second one is an MRI of the knee. Both examinations are aimed at the 18-year limit. The images will be analysed by two independent dentists or radiologists and these should

⁽¹³⁷⁾ Dvorak, J. and George, J., 'Age determination by magnetic resonance imaging of the wrist in adolescent male football players', *British Journal of Sports Medicine*, (2007), Vol. 41, No 1, pp. 45-52.

⁽¹³⁸⁾ Dvorak, J. and George, J., 'Age determination by magnetic resonance imaging of the wrist in adolescent male football players', *British Journal of Sports Medicine*, (2007), Vol. 41, No 1, pp. 45-52.

⁽¹³⁹⁾ Serin, J., Rérolle, C., Puchaux, J., Dedouit, F., Telmon, N., Savall, F., and Saint-Martin, P., 'Contribution of magnetic resonance imaging of the wrist and hand to forensic age assessment', *International Journal of Legal Medicine*, (2016).

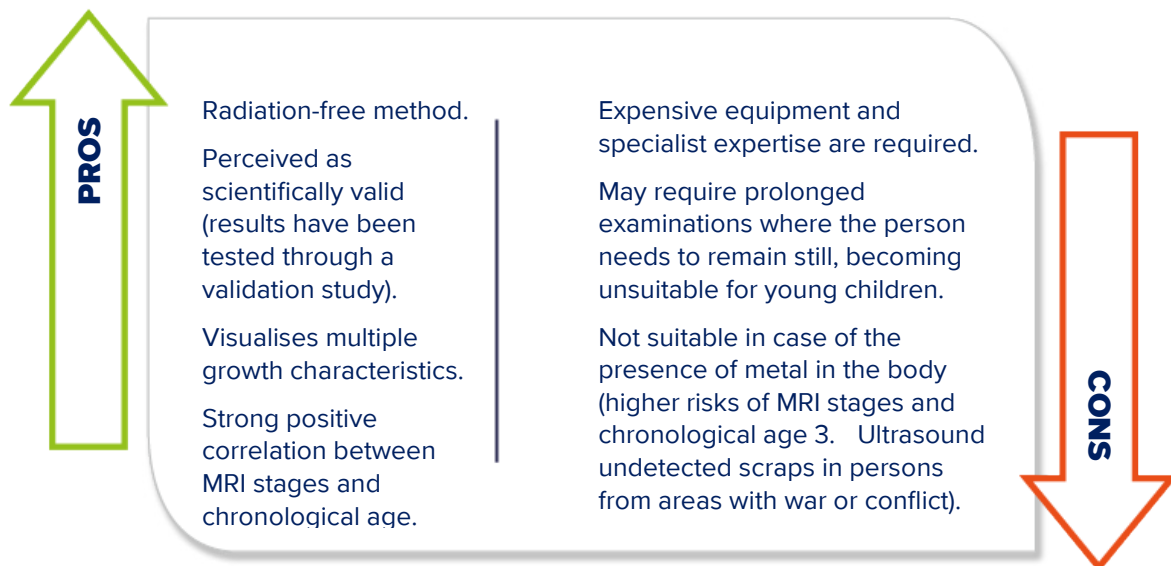
⁽¹⁴⁰⁾ Tscholl, P.M, Junge, A., Dvorak, J. and Zubler, V., 'MRI of the wrist is not recommended for age determination in female football players of U-16/U-17 competitions', *Scand J Med Sci Sports*, (2015), doi:10.1111/sms.12461.

⁽¹⁴¹⁾ Dedouit, F. and Auriol, 'Age assessment by magnetic resonance imaging of the knee: a preliminary study', *Forensic Science International*, (2012), pp. 217-232.

mutually agree on the degree of maturity in the growth zone in order for the analysis to provide a satisfactory basis for the medical examiner's final age assessment. This is an integrated protection mechanism and expression of the principle of benefit of the doubt.

Assessing that an applicant's age is over 18 also requires that the tooth root has reached the final level of maturity, although this level of development rather occurs 1-2 years after the 18-year limit. The same level of maturity in the growth zone (1-2 years after the 18-year limit) is studied when it comes to the MRI of the knee. These are additional safeguards to better respond to the need to maintain benefit of the doubt when this is called for.

Clavicle: experiments have been carried out using a four-stage grading system for the clavicle. These have shown that age estimation is feasible but MRI-specific reference studies are needed. Recent research has shown a positive correlation between MRI stages and chronological age ⁽¹⁴²⁾. However, the observation would require more experienced observers than in other methods, since it may be difficult to distinguish the initial stages from the latest stages of ossification.



Ultrasound

A medical ultrasound (also known as diagnostic sonography or ultrasonography) is a diagnostic imaging technique based on the use of ultrasound to see internal body structures such as tendons, muscles, joints, vessels and internal organs.

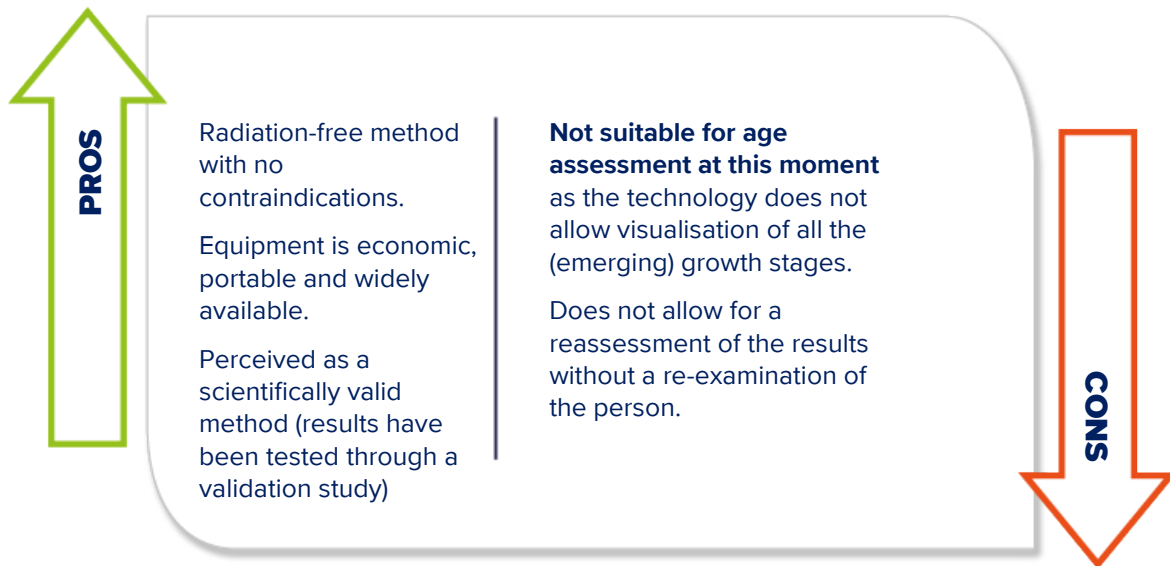
An ultrasound is sound waves with frequencies which are higher than those audible to humans (> 20 000 Hz). Ultrasonic images, also known as sonograms, are made by sending

⁽¹⁴²⁾ 1. Hillewig, E., Degroote, J., Van der Paelt, T., Visscher, A., Vandemaele, P., Lutin, B., D'Hooghe, L., Vandriessche, V., Piette, M. and Verstraete, K., 'Magnetic resonance imaging of the sternal extremity of the clavicle in forensic age estimation: towards more sound age estimates', *Int J Legal Med.*, (2013), Vol. 127, Issue 3, pp. 677-689, doi:10.1007/s00414-012-0798-z.

2. Hillewig, E., De Tobel, J., Cuhe, O., Vandemaele, P., Piette, M. and Verstraete, K., 'Magnetic resonance imaging of the medial extremity of the clavicle in forensic bone age determination: a new four-minute approach', *Eur Radiol.*, (2011), Vol. 21, Issue 4, pp. 757-767, doi:10.1007/s00330-010-1978-1.

pulses of ultrasound into tissue using a probe. The sound echoes off the tissue, with different tissues reflecting varying degrees of sound. These echoes are recorded and displayed as an image to the operator. This radiation-free method has been tested for age estimation on the hand and wrist ⁽¹⁴³⁾, the clavicle ⁽¹⁴⁴⁾ and the iliac crest ⁽¹⁴⁵⁾.

The studies concluded that assessment by **ultrasound should not yet be considered a valid replacement for bone age assessment** since the growth stages are not always visualised.



Physical development assessment

Physical development assessment includes the comparison of height, weight and skin rating across individuals or populations in relation to a set of reference values. Depending on the EU+ state's practice, the physical development assessment may include a general physical examination to describe any signs of a condition which may interfere with the maturation rate.

When it involves measuring and assessing visible signs of sexual maturity it is also called **sexual maturation observation**.

- In boys, examination is based on penile and testicular development, pubic hair, axillary hair, beard growth and laryngeal prominence.

⁽¹⁴³⁾ Mentzel, H.J., Vilser, C., Eulenstein, M., Schwartz, T., Vogt, S., Böttcher, J., Yaniv, I., Tsoref, L., Kauf, E. and Kaiser, W.A., 'Assessment of skeletal age at the wrist in children with a new ultrasound device', *Pediatr Radiol*, (2005), Vol. 35, Issue 4, pp. 429-433; Khan, K.M., Miller, B.S., Hoggard, E., Somani, A. and Sarafoglou, K., 'Application of ultrasound for bone age estimation in clinical practice', *J Pediatr*, (2009), Vol. 152, Issue 2, pp. 243-247, doi:10.1016/j.jpeds.2008.08.018.

⁽¹⁴⁴⁾ Quirnbach, F., Ramsthaler, F. and Verhoff, M.A., 'Evaluation of the ossification of the medial clavicular epiphysis with a digital ultrasonic system to determine the age threshold of 21 years', *Int J Legal Med.*, (2009), Vol. 123, Issue 3, pp. 241-245, doi: 10.1007/s00414-009-0335-x.; Schulz, R., Zwiesigk, P., Schiborr, M., Schmidt, S. and Schmeling, A., 'Ultrasound studies on the time course of clavicular ossification', *Int J Legal Med.*, (2008), Vol. 122, Issue 2, pp. 163-167, doi: 10.1007/s00414-007-0220-4.

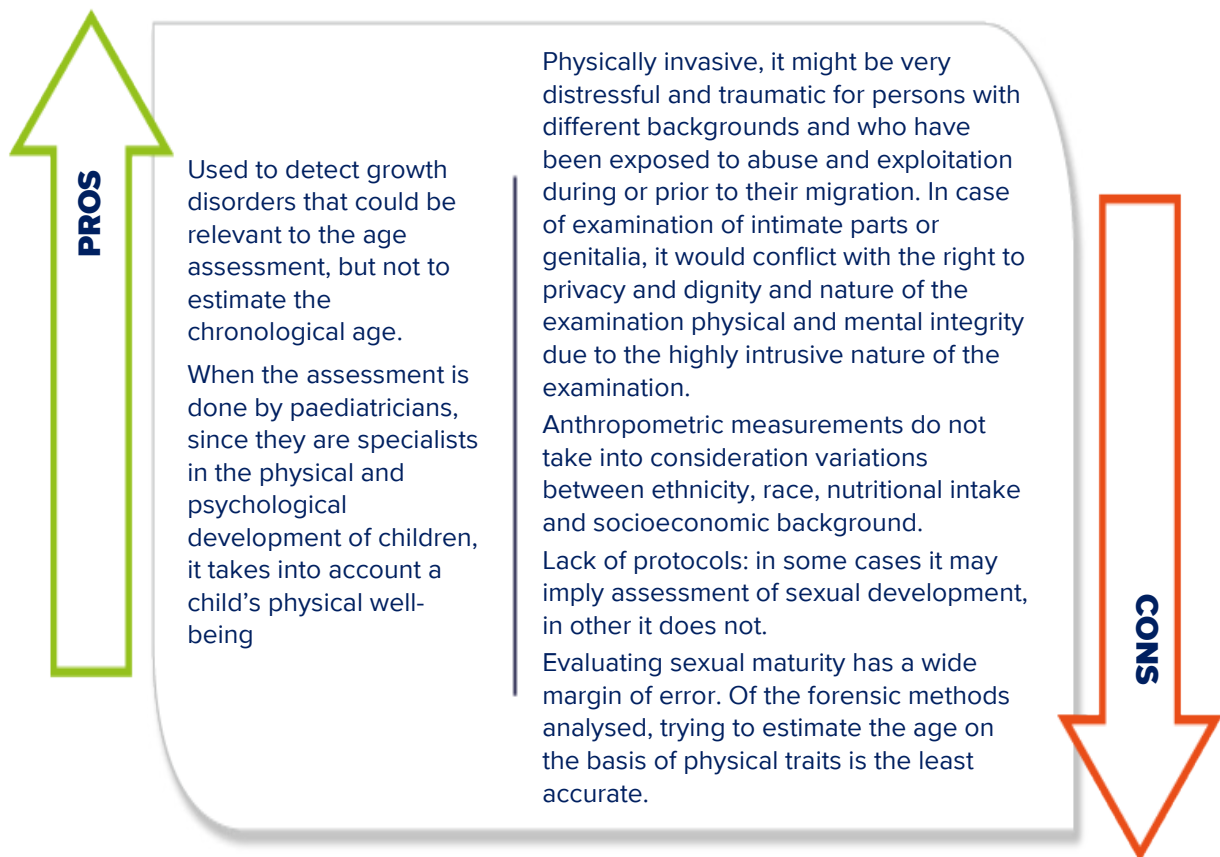
⁽¹⁴⁵⁾ Schmidt, S., Schmeling, A., Zwiesigk, P., Pfeiffer, H. and Schulz, R. 'Sonographic evaluation of apophyseal ossification of the iliac crest in forensic age diagnostics in living individuals', *Int J Legal Med.*, (2011), Vol. 125, Issue 2, pp. 271-276, doi: 10.1007/s00414-011-0554-9.

- In girls, the examination is focused on breast development, pubic hair, axillary hair and shape of the hip. On average, girls reach full sexual maturity at the age of 16 years and boys at the age of 17 years ⁽¹⁴⁶⁾.

Depending on the practice and the examinations carried out in the specific EU+ states, apart from a paediatrician, other physicians such as a gynaecologist may be involved.



As reflected in the final recommendations and through the guidance, EASO considers that no method implying nudity or the examination of genitalia as a sexual maturity observation should be used under any circumstance.



⁽¹⁴⁶⁾ For more information: SCEP, Position paper on age assessment in the context of separated children in Europe (2012); UNICEF, Age assessment practices: a literature review and annotated bibliography; Schmeling et al., 'Forensic age estimation in unaccompanied minors and young living adults' in Forensic medicine — From old problems to new challenges (2011); Schmeling et al., 'Age estimation of unaccompanied minors — Part 1. General considerations', Forensic Science International, (2006). The Royal College of Paediatrics and Child Health concludes that 'overall, it is not possible to actually predict the age of an individual from any anthropometric measure, and this should not be attempted' (The King's Fund and the Royal College of Paediatrics and Child Health, 1999:40).



Medical methods (using radiation)

X-ray

X-ray, also called 'radiography', projects limited radiation (called electromagnetic waves) to generate the images of the inside of the body in different shades of black and white. This is because different tissues absorb different amounts of radiation. Calcium in bones absorbs X-rays the most, so bones look white. Fat and other soft tissues absorb less and look grey. Air absorbs the least, so lungs look black.

Skeletal age is determined from the development stage of bones. These examinations estimate development stages from the fusion/maturation of specific bones. The main methods of X-ray include carpal, collarbone, dental or hip. While many EU+ states make use of these methods they do not apply them in the same way and often use different combinations and/or order. This diversity of practices is mainly due to the fact that age assessment procedures remain, to a large extent, determined by national legislation with procedures evolving through national jurisprudence.

Carpal (hand/wrist) X-ray

This consists of the evaluation of the form, the size of bone elements and the degree of epiphyseal ossification through hand radiographs. An image is compared against the following.

1. Radiographic atlas, which consists of standard images of the relevant age and sex to determine the development stage. For this approach, the Greulich and Pyle atlas has become the standard reference. This method was a result of a 1935 study which aimed to assess skeletal maturity rather than evaluate age, and it did not take into account interracial or socioeconomic differences.
2. Individual bones (single bone method) where the degree of maturity is determined for the individual bones and combined to calculate an overall maturity stage. For this approach, the Tanner-Whitehouse approach (exists in three editions) is the main reference. The second edition is based on the assessment of skeletal maturity and a prediction of adult height. Each of the 20 bones in the hand is individually compared with a series of pictures of the development of that particular bone. Reference standards were established in the 1950s and 1960s. On average the skeletal development of hand bones is complete at the age of 17 years in girls and at 18 years in boys ⁽¹⁴⁷⁾.

While ethnic origin does not exert a noteworthy influence on ossification rates, socioeconomic status is a key factor that affects the rate of ossification. A high socioeconomic status accelerates ossification rates, whereas low socioeconomic status delays ossification. Consequently, applying X-ray standards to individuals of a lower socioeconomic status leads

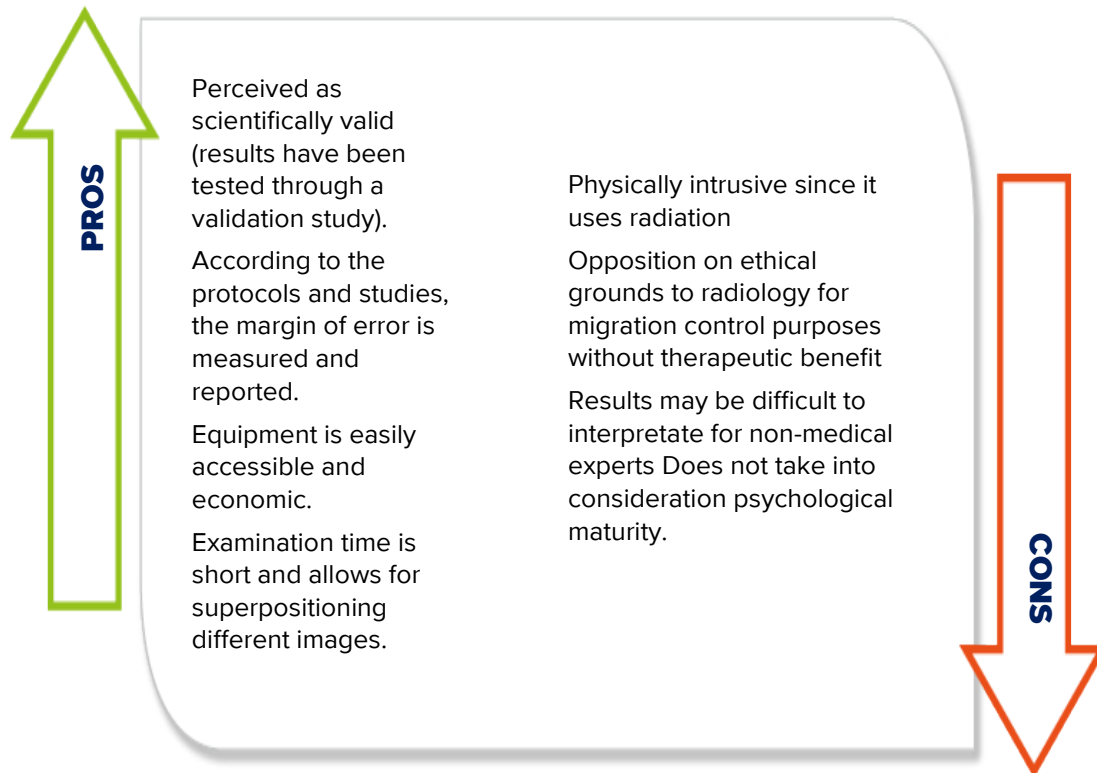
⁽¹⁴⁷⁾ For more information: Tanner, J.M. et al., 'Reliability and validity of computer-assisted estimates of Tanner-Whitehouse skeletal maturity (CASAS): comparison with the manual method', *Karger*, (1994), Vol. 42, No 6; Frisch, H. et al., 'Computer-aided estimation of skeletal age and comparison with bone age evaluations by the method of Greulich-Pyle and Tanner-Whitehouse', *Pediatric Radiology*, (1996), Vol. 26, Issue 3, pp. 226-231; Gertych, A. et al., 'Bone age assessment of children using a digital hand atlas', *Computerised Medical Imaging and Graphics*, (2007), Vol. 31, Issues 4-5, pp. 322-331.



Despite its wide variability, different studies have claimed that the development of the third molar probably provides the best way to discriminate between an adult and a child and should be one of the most used age assessment procedures for late teenage individuals.

Pelvic bone X-ray

As positioning of the bones change as a person approaches adulthood ⁽¹⁵⁴⁾, skeletal age can be determined by the appearance of certain bones of the pelvis.



Examples from practice

Finland – A medical age assessment to establish the age of an applicant is carried out by the Department of Forensic Medicine at the University of Helsinki at the request of the police, the Border Guard or Finnish Immigration Service. Methods used are dental observation, carpal X-ray and dental X-ray. Two experts shall draw up a joint assessment. At least one of the experts shall be an employee of the Department of Forensic Medicine at the University of Helsinki. An expert may be an approved medical practitioner or an approved dentist with the necessary competence.

Netherlands — The medical age assessment does not attempt to establish the age of the applicant, but is only meant to distinguish between adulthood and possible minority. In light of this, a hand/wrist X-ray is analysed. If the wrist is not completely fused, the examination ends and the applicant is considered a minor. If it is completely fused, an additional (three)

⁽¹⁵⁴⁾ For more information: Schmeling, A. et al., 'Age estimation of unaccompanied minors — Part 1. General considerations', Forensic Science International, (2006); Schmidt, S. et al., 'Sonographic evaluation of apophyseal ossification of the iliac crest in forensic age diagnostics in living individuals', International Journal of Legal Medicine, (2011).



collarbone X-rays will be taken. Two independent radiologists have to separately come to the conclusion that both clavicles are fused. An additional expert (forensic anthropologist), after gathering both radiologists' conclusions, will make a decision on the basis of their results. In case of inconclusive results or disagreement between the radiologists' reports, the applicant is considered a minor. The decision can be appealed.

(c) Some additional considerations

MRI, X-ray and computed tomography (CT/CAT) are different techniques used to capture the image of the bone growth. These images will be compared to reference studies to establish the stage of the growth development that the image corresponds to and eventually to frame the range of age related to this growth stage.

MRI or MR

- Combines a powerful magnet with an advanced computer system and radio waves to produce accurate, detailed pictures of organs and tissues, bones and other internal body structures. To produce the cross-sectional imaging, an MRI uses magnetic fields and radio frequencies.
- Suitable for imaging organs, soft tissue and internal structures.
- Radiation free.

X-ray

- An X-ray uses a limited amount of radiation that passes through the body to capture a single image of the examinee's anatomy.
- Dense objects, such as bones, block the radiation and appear white on the X-ray picture.
- Involves radiation.

CT/CAT

- Examination that combines X-rays with computers to produce 360-degree, cross-sectional views of the body through multiple X-rays taken at different angles.
- Suitable for image bone, soft tissue and blood vessels all at the same time. It provides the radiologist with details of bony structures or injuries. Due to the radiation exposure, the CT is not recommended for pregnant women or children unless absolutely necessary.

Another important factor to be taken into consideration is the latest developments in the use of computer assisted interpretation of X-ray images or of MRI images. The purpose of this software is to reduce the intra-observer and inter-observer deviation (called inter-rater), so the same image is categorised in the same way despite possible intra-observer (same observer evaluating the same image at different times) or inter-observer (different observers evaluating the same image) errors.





Publications Office
of the European Union

