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Age Assessment Practices in EU+ Countries

A baseline for Pact
Implementation



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A baseline for Pact implementation

March 2026

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.



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List of abbreviations

Abbreviation	Definition
BAMF	Federal Office for Migration and Refugees, Germany
CGRS	Office of the Commissioner General for Refugees and Stateless Persons, Belgium
CSO	civil society organisation
DISA	Asylum Seeker Identification and Screening Service, the Netherlands
EUAA	European Union Agency for Asylum
IND	Immigration and Naturalisation Service, the Netherlands
MRI	magnetic resonance imaging
NGO	non-governmental organisation
UDI	Norwegian Directorate of Immigration





List of country codes

Code	Country
AT	Austria
BE	Belgium
CY	Cyprus
DE	Germany
DK	Denmark
EL	Greece
FI	Finland
HR	Croatia
IT	Italy
LU	Luxembourg
NL	Netherlands
NO	Norway
PT	Portugal
SE	Sweden
SI	Slovenia
SK	Slovakia





About this mapping report

This report provides an overview of age assessment practices across EU+ countries ⁽¹⁾ and complements the European Union Agency for Asylum (EUAA) *Practical Guide on Age Assessment*, 2025 ⁽²⁾. While the practical guide is designed to enhance convergence on age assessment practices across the EU+ and help in ensuring compliance with the Pact on Migration and Asylum (hereinafter the Pact), this report maps current national practices and explores how EU+ countries are adapting their procedures for the implementation of the Pact.

Based on a survey carried out in mid-2025, the report provides information on current national practices, including methods in use, safeguards, the roles of the various relevant authorities and other stakeholders in age assessment, and planned or ongoing adjustments linked to the Pact. The survey also aimed to identify trends and promising practices that could inform peer learning and replication. The data will also serve as a baseline to help in supporting and follow the implementation of the new requirements introduced by the Pact, identifying ongoing challenges and enabling timely and effective responses.

Sixteen EU+ countries participated in the survey ⁽³⁾, reviewed the preliminary findings and validated the results via the EUAA Vulnerability Experts Network (VEN).

This report updates the findings and information reflected in the 2021 EUAA report ⁽⁴⁾.

The report concludes with a summary of the main findings and some targeted recommendations, aligned with the EUAA's *Practical Guide on Age Assessment* intended to support consistent and child-sensitive implementation of the Pact across the EU+ territories.

⁽¹⁾ The 27 Member States of the European Union and Iceland, Liechtenstein, Norway and Switzerland.

⁽²⁾ EUAA, *Practical Guide on Age Assessment*, 2025, <https://www.euaa.europa.eu/publications/practical-guide-age-assessment-0>.

⁽³⁾ Austria, Belgium, Croatia, Cyprus, Germany, Denmark, Finland, Greece, Italy, Luxembourg, the Netherlands, Norway, Portugal, Slovakia, Slovenia and Sweden.

⁽⁴⁾ EASO, *Age Assessment Practices in EU+ Countries: Updated findings*, 2021, <https://www.euaa.europa.eu/publications/age-assessment-practices-eu-countries>





Overview of current practices on age assessment

1.1. Available data

The EU+ countries who provided data on the number of age assessments conducted by the competent authorities in 2024, provided figures that varied significantly.

Austria and **Belgium** reported the highest numbers of assessments, 1 768 and 1 713 respectively. **Cyprus** reported 191 assessments, **Sweden** 60 (medical), **Finland** 57, **Denmark** 54, **Germany** 6 and **Slovenia** 2. **Croatia** reported no age assessments in 2024.

Several countries were unable to provide data due to decentralised systems or limited access to statistical information. These were **Greece, Italy, Luxembourg, the Netherlands, Norway** and **Portugal. Slovakia** indicated that very few assessments were conducted, owing to a generally low number of relevant cases.

This response rate indicates that, in the future, it might be useful to **collect information** not only on the number of age assessments carried out but also on the influx of unaccompanied minors and on the number of cases where there was a doubt about age.

1.2. Methods used

Age-assessment practices vary across countries in terms of methods used and actors involved but generally there are two broad approaches:

- use of **medical methods only**, or
- a combined approach integrating **non-medical and medical methods**, often applied in a sequential manner.

None of the countries declared that they used non-medical methods only to estimate age.

Several countries reported that **medical methods are the main approach (AT, DK, FI, LU, SI)**. The medical methods used include X-rays, physical development assessments, and dental assessments.

Luxembourg described a staged medical process. Following the applicant's declaration before an immigration officer, a wrist X-ray is taken, and after that, —if doubt remains—additional clavicle and dental X-rays are carried out, and a forensic evaluation is conducted, including medical interview/anamnesis.



Most respondents indicated that they **combine non-medical and medical methods** in age assessments (**BE, HR, CY, DE, EL, IT, NL, NO, PT, SK, SI, SE**). In these systems, age assessment generally begins with interviews and evidence gathering, followed by medical examinations if doubt persists.

With regard to these combined approaches, several countries provided detailed descriptions of **cascade or sequential models**.

- **Belgium** combines interviews, documentary analysis, observation reports from other professionals (social workers, teachers, guardian, etc.) and the exploration of alternative methods of estimating the age other than medical examination. The medical examinations, used as last resort, consist of a triple X-ray (wrist, clavicle, and dental).
- **Germany** applies non-medical methods first by qualified social workers from the Youth Welfare Office and resorts to medical examinations only if necessary.
- **Greece** uses a physical overview of the person, a psychosocial assessment, and a medical examination, implementing these methods successively and continuing only where doubt remains.
- **Italy** uses a social interview, psychological assessment, and an auxological⁽⁵⁾ paediatric examination, applied successively. In each case, Italy uses the least invasive methods possible and takes into account the claimed age, the sex and the psycho-physical integrity of the applicant.
- **The Netherlands** use a two-step age interview (a police registration interview and an in-depth age assessment interview by the Immigration and Naturalisation Service (IND), supported by data from Eurodac⁽⁶⁾ and any other relevant information gathered. Medical methods (a wrist X-ray, a clavicle X-ray and a doctor's interview) are used only where doubt remains.
- In **Norway**, the Norwegian Directorate of Immigration (UDI) initially assesses the doubt, then includes an age assessment interview as part of the personal interview. The age assessment involves gathering all documentary evidence, family information, and, where necessary, using the Bioage method.
- **Sweden** conducts an age interview and gathers information from the Social Welfare Board before deciding whether to order a medical age assessment (typically including a

⁽⁵⁾ Auxology (Greek αυξω - I let grow) is the science of human growth and development. Hermanussen, M. (2014). Auxology – an editorial. Italian Journal of Pediatrics, <https://pmc.ncbi.nlm.nih.gov/articles/PMC3930903/>

⁽⁶⁾ The European Asylum Dactyloscopy Database (Eurodac) is the EU's centralised biometric database, which stores the fingerprints of applicants for international protection and irregular migrants.



dental X-ray and a magnetic resonance imaging (MRI) scan of the knee joint). While not all methods are used in every case, all aspects integrate the final assessment.

1.3. Timeline

1.3.1. For initiating an age assessment

Responses indicate that, in most countries, age assessment procedures are initiated relatively quickly once the need is identified. The majority of authorities report initiation **within five days (AT, BE, CY, DK, EL, LU, NL, NO, PT, SK, SE)**. A smaller number of respondents indicated longer timelines, with procedures starting **within two weeks (FI, SI)** or **within one month (HR)**. **Italy** reported that initiation may take longer, while **Germany** did not provide an answer.

1.3.2. For the applicant to receive the final results

Timelines for receiving final results vary considerably. In **Slovakia**, results may be provided **on the same day**. In **Belgium** and **Greece**, results are typically communicated **within two weeks**. A larger group of countries reported delivery of results **within one month (AT, HR, CY, DK, DE, LU, NO)**. However, **longer timeframes** were reported by **Portugal, Sweden, Italy, the Netherlands, Finland, and Slovenia**.

1.4. Responsible authorities and stakeholders

1.4.1. Responsibility for initiating age assessments

Regarding the question of who holds the formal responsibility for initiating an age assessment, the **determining authority**— that is, the authority that decides on applications for international protection —is responsible for initiating the process in **Austria**, (the Federal Office for Immigration and Asylum), in **Cyprus** and in **Germany**, (the Federal Office for Migration and Refugees (BAMF)). In **Italy**, the determining authority often initiates age assessment, under the Ministry of Justice coordination. **Slovenia** indicated that the Ministry of the Interior coordinates the procedure (in some cases at the request of other authorities in contact with the applicant as could be reception authority, police).

Reception authorities can also initiate age assessment in **Cyprus** and in **Germany**, where the Youth Welfare Office may do so as a prerequisite for temporary care provision, as well as in **Greece** and **Italy**.

Immigration or border police are also frequently named by respondents as initiating authorities. This is the case in **Belgium** with the Immigration Police and **Slovakia**, with the Bureau of Border and Foreign Police responsible. **Italy** also reported the involvement of immigration police.



In some countries, **guardianship or child protection authorities** can initiate an age assessment. **Belgium** indicated that the Guardianship Service holds this role, while **Greece** mentioned a broader group of actors potentially initiating age assessment procedures as the General Secretariat for Vulnerable Persons, NGOs, international organisations, and juvenile prosecutors.

The Netherlands reported that an **identification and screening authority** namely DISA (Dutch Service for Identification & Screening Asylum seekers)—is responsible for initiating age assessments.

Portugal noted that **courts or prosecutors** may play a role in initiating age assessments, especially where legal guardianship or child protection considerations are involved.

Finally, a few responses indicated **shared or cross-ministerial responsibility**. **Croatia** reported that both the Ministry of Labour, Pension System, Family and Social Policy and the Ministry of the Interior are involved in age assessment procedures.

1.4.2. Responsibility for conducting and/or coordinating age assessments

In a majority of the EU+ countries surveyed, the responsibility for conducting and/or coordinating the age assessment procedure rests with the **determining authority**. This is the case in **Austria**, where the Federal Office for Immigration and Asylum oversees the process.

In **Cyprus**, the Asylum Service coordinates the process which is conducted by trained officers deployed by the service, and in **Germany**, BAMF branch offices coordinate the age assessments they initiate. In **Greece**, the Asylum Service may conduct and coordinate age assessments during or after the personal interview.

A similar approach is followed in **Denmark**, where the Danish Immigration Service coordinates the procedure as well as in **Finland** where responsibility lies with the Finnish Immigration Service. The Ministry of the Interior coordinates age assessments in **Croatia** and in **Slovenia**, the General Department of Immigration does so in **Luxembourg**, and the Migration Office in **Slovakia**.

In **the Netherlands**, the IND is responsible for coordinating the procedure, and in **Norway**, this role is carried out by the UDI. In **Sweden**, the Swedish Migration Agency (SMA) conducts its own assessment, interviewing the applicant and requesting information from the Social Welfare Board.

In **Greece**, **reception authorities** may conduct or coordinate the procedure depending on the individual's location: either the Reception and Identification Centre (RIC) or the Reception and Identification Service (RIS) may take responsibility. In **Germany**, the Youth Welfare Office may conduct an age assessment at their own discretion and on their own responsibility as a prerequisite for the temporary care of the unaccompanied minor. The BAMF, however, is not bound by the results of this assessment. If the responsible BAMF branch office has doubts about the age of the applicant, it can decide on a new age assessment



In **Slovakia** the **immigration police** (the Bureau of Border and Foreign Police) can take responsibility for conducting and coordinating age assessment, where may coordinate the age assessment.

Regarding the responsibilities of guardianship and child protection authorities, in **Belgium** (the Guardianship Service) coordinates age assessments and in **Sweden**, the Social Welfare Board may coordinate or participate in age assessments at the request of the Swedish Migration Agency.

In **the Netherlands**, the identification and **screening authority (DISA)** works alongside the IND.

In some Member States, **judicial authorities** coordinate the procedure, this is the case in **Italy** and **Portugal**.

Finally, **medical professionals** are often involved in **conducting** age assessments when other methods are inconclusive. This is the case in:

- **Belgium**
- **Denmark** (forensic dentist at the University of Copenhagen),
- **Italy** (medical professionals under judicial coordination),
- **Luxembourg** (Dudelange Hospital and National Health Laboratory),
- **Slovenia** (Institute of Forensic Medicine).
- **Sweden** (National Board of Forensic Medicine),

Overall determining authorities are most frequently responsible for coordination, often however sharing responsibility with reception authorities, child protection services, and medical professionals or the judiciary.

1.4.3. Responsibility for taking the final decision on the results

The responses indicate that, in the EU+ countries surveyed, the final decision on whether to accept the outcome of an age assessment is generally taken by the **determining authority** responsible for the asylum procedure.

This model is reported by **Austria** (the Federal Office for Immigration and Asylum), **Croatia** (the Ministry of the Interior), **Cyprus** (the Cyprus Asylum Service), **Denmark** (the Danish Immigration Service), **Germany** (BAMF recognises the Youth Welfare Office's primacy but decides independently whether the applicant's age has been determined beyond doubt for the purposes of the asylum procedure and branch supervisors may authorise medical assessments in consultation with trained case officers), **Finland** (the Finnish Immigration Service), **Greece** (the Greek Asylum Service), **Luxembourg** (General Department of Immigration), **the Netherlands** (the IND), **Norway** (the UDI), **Portugal** (the National Centre for Asylum and Refugees), **Slovenia** (the



Ministry of the Interior), **Slovakia** (the Migration Office) and **Sweden** (the Swedish Migration Agency).

In some countries, **reception authorities** may also be involved in accepting or making the final decision on the assessment, particularly where the individual is residing in a reception or identification facility. This applies in **Greece**, where the Reception and Identification Service (RIS) or the Asylum Service makes the final decision depending on who conducted and coordinated the age assessment process.

A more limited number of responses point to the involvement of **immigration or border police**, such as in **Slovakia**, where the Bureau of Border and Foreign Police may accept or decide on the outcome of the assessment.

In **Belgium**, the **guardianship authority** (Guardianship Service) is identified as the decision-making authority for other authorities including asylum and migration.

Finally, **judicial authorities** play a decisive role in **Italy** and **Portugal**, where courts or judicial bodies are responsible for making the final determination on age.

1.4.4. Overview of allocation of responsibilities

Building on the analysis presented in this section so far, Table 1. outlines the allocation of responsibilities for age assessment procedures in the EU+ countries surveyed.

Table 1. Competent authorities involved in the different phases of the age assessment process in the EU+ countries surveyed

	Initiates	Conducts and/or coordinates	Decides
AT	Determining authority (Federal Office for Immigration and Asylum)	Determining authority (Federal Office for Immigration and Asylum)	Determining authority (Federal Office for Immigration and Asylum)
BE	Guardianship authority (Guardianship Service) Immigration Police Immigration authority (Immigration Office)	Guardianship authority coordinates (Guardianship Service) Medical professionals conduct	Guardianship authority (Guardianship Service)
CY	Not specified	Determining authority (CAS)	Determining authority (CAS)
DE	Determining authority (BAMF) Child protection authority (Youth Welfare Office)	Determining authority (BAMF)	Determining authority (BAMF)



DK	Not specified	Determining authority (Danish Immigration Service coordinates AA) Medical professionals University of Copenhagen – Forensic Science conducts	Determining authority (Danish Immigration Service)
EL	Reception authority Guardianship / Child protection authorities (General Secretariat for Vulnerable Persons & Institutional Protection; NGOs/IOs; Juvenile prosecutors)	Determining authority (Asylum Service) Reception authorities (RIC / RIS – depending on location)	Determining authority (Asylum Service) Reception authorities (RIC / RIS – depending on location)
FI	Not specified	Determining authority (FIS)	Determining authority (FIS)
HR	Other authorities (Ministry of Labour, Pension System, Family and Social Policy; Ministry of the Interior)	Determining authority (Ministry of the Interior)	Determining authority (Ministry of the Interior)
IT	Reception authority Immigration police Judiciary Determining authority	Judiciary coordinates Medical professionals (conduct)	Judiciary
LU	Determining authority (General Department of Immigration)	Determining authority coordinates (General Department of Immigration) Medical professionals conduct (Dudelange Hospital & LNS)	Determining authority (General Department of Immigration)
NL	Identification and screening authority (DISA)	Determining authority (IND) Identification and screening authority (DISA)	Determining authority (IND)
NO	Not specified	Determining authority (UDI)	Determining authority (UDI)
PT	Judiciary	Judiciary coordinates	Determining authority (CNAR) Judiciary
SE	Not specified	Determining authority conducts the interview (Swedish Migration Agency i) Medical authority (National Board of Forensic Medicine conducts) Child welfare authority (Social Welfare Board)	Determining authority (Swedish Migration Agency)





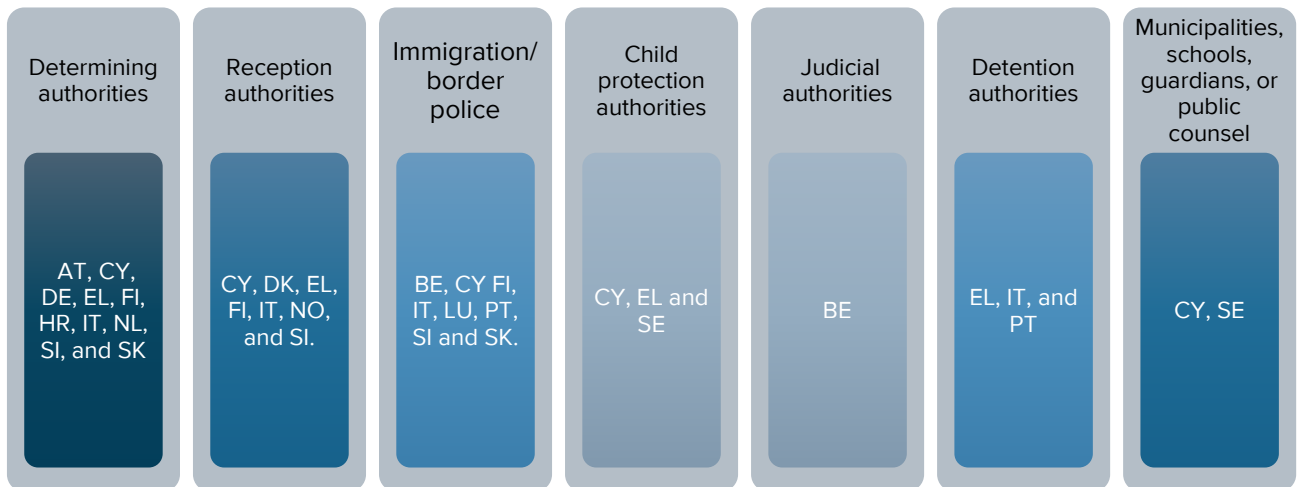
SI	Determining authority (Ministry of the Interior)	Determining authority coordinates (Ministry of the Interior) Medical authority (Institute of Forensic Medicine conducts)	Determining authority (Ministry of the Interior)
SK	Immigration police (Bureau of Border and Foreign Police)	Determining authority (Migration Office) Immigration police (Bureau of Border and Foreign Police)	Determining authority (Migration Office) Immigration police (Bureau of Border and Foreign Police)

1.4.5. Authorities raising age-related concerns

Age-related concerns are frequently raised by:

- **Determining authorities** in **Austria, Croatia, Cyprus** (jointly with other authorities involved), **Finland, Germany, Greece, the Netherlands,** and **Slovakia**, while **reception authorities** frequently flag doubts in **Cyprus, Denmark, Finland, Greece, Italy, Norway,** and **Slovenia**.
- **Immigration/border police** raise concerns in **Belgium, Finland, Italy, Luxembourg, Portugal,** and **Slovakia**.
- **Guardianship or child protection** authorities are involved in **Greece** and **Sweden**, and **judicial authorities** in **Belgium**. In **Greece, Italy,** and **Portugal, detention authorities** also raise age related doubts.
In **Sweden**, additional concerns may come from **municipalities, schools, guardians, or public counsel**, reflecting a broader local referral structure.

Figure 1 EU+ countries in which particular authorities and actors raise concerns about an applicant’s age





1.4.6. Professionals participating in multidisciplinary age assessment processes

The responses show that **determining authorities** play a coordinating role and **medical professionals** do collaborate with the determining authorities in all the Member States.

A common model involves asylum or immigration authorities beginning the age assessment using non-medical methods by **asylum or immigration authorities** (often interviews and reviews of existing information), sometimes supported by **youth welfare or child protection authorities** (e.g. **CY, DE, IT**).

Where doubt persists, authorities (**BE** – the Guardianship Service, **DE, DK, LU, NL, NO, PT** – the CNAR, **SE**), may initiate a medical age assessment, carried out by medics (paediatricians, radiologist, or forensic experts); the final decision on age assessment decision typically remains with the determining authority (**DE, DK, HR, NL, NO, SE**).

- In **Italy**: age assessment is conducted by multidisciplinary teams of experts (paediatricians, psychologists or child neuropsychiatrists, social workers, and cultural mediators). The experts are required to be culturally competent and are led by a professional coordinator. The teams are established regionally, with their size depending on the numbers of arrivals of unaccompanied children within a framework governed by national and interregional protocols.
- In **Portugal**, the judicial authorities and the public prosecutor have a coordinating role and liaise with the National Institute of Legal Medicine and Forensic Sciences.

Guardians, legal representatives, and interpreters/cultural mediators are frequently involved to support the child and ensure procedural safeguards, particularly for unaccompanied minors (**DE, IT, BE, LU, EL**). Their role is typically supportive and advisory with no decision making power.

Some countries reported limited or no multidisciplinary structures (**SI, SK**).

Table 2. presents an overview of the professional and institutional actors involved in age assessment procedures in the EU+ countries surveyed.

In general, respondents described working particularly closely with the medical professionals on age assessment processes. However, they noted that engagement with other key actors (e.g. child protection services, psychologists, cultural mediators, interpreters and social workers) remains limited.



Table 2. Professionals and institutional actors participating in the age assessment processes in the EU+ countries surveyed

Professionals/ Actors	AT	BE	CY	DE	DK	EL	FI	HR	IT	LU	NL	NO	PT	SE	S I	SK	TOTAL
Immigration/asylum authorities	✓	-	-	✓	✓	-	-	✓	-	✓	✓	✓	✓	✓	✓	-	10
Medical professionals (forensic doctors, paediatricians, radiologists)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	16
Psychologists	-	-	✓	-	-	✓	-	-	✓	-	-	-	-	-	-	-	3
Social workers	-	✓	-	✓	-	✓	-	-	✓	-	-	-	-	✓	-	-	5
Child protection services	-	-	-	-	-	-	-	-	✓	-	-	-	✓	-	-	-	2
Legal representatives /Guardians	✓	✓	✓	✓	-	-	-	✓	✓	-	-	-	✓	✓	✓	-	9
Cultural mediators/ interpreters	-	-	✓	✓	-	-	-	-	✓	✓	-	-	-	-	✓	-	5
Other (accommodation staff, teachers, judiciary)	-	✓	-	-	-	-	-	-	✓	✓	-	-	✓	-	✓	✓	6

1.5. Assessing the best interests of the child and other safeguards

1.5.1. The best interests of the child

Among the respondents, 10 countries (**CY, DE, HR, IT, LU, NO, PT, SE, SI, and SK**) reported that a risk assessment or best interests of the child assessment is conducted before an age assessment.

Where best interests assessments or risk assessments are conducted, several authorities may be involved:



- **Determining authorities** are responsible for conducting the best interests assessment often in collaboration with **child protection actors**. The BAMF consults the Youth Welfare Office when age-related findings differ, giving both the guardian and the minor a chance to clarify doubts in an asylum procedure managed by officers trained in dealing with applications of unaccompanied children. In **Slovenia**, the determining authority works together with the guardian to ensure the child's interests are taken into account before proceeding.
- **Child protection authorities** are involved in **Cyprus** and **Germany**. In **Cyprus**, the Social Welfare Office is responsible for assessing the child's best interests as needed. In **Germany**, the Youth Welfare Office provides input where age-related concerns arise.
- **Guardians** play a role in **Germany** and **Slovenia**, contributing to decisions on whether an age assessment is necessary and ensuring that the process respects the child's rights.

Additional information from respondents provides further insights into national approaches.

- In **Italy**, the process includes a preliminary interview by trained professionals, the informed consent of the minor, and the right to refuse age assessment.
- **Croatia** uses the available data on the child, including expert opinions, to guide the decision. If the data are insufficient, written consent from the child and their guardian is required, ensuring that the child's dignity is fully respected.
- In **Norway**, the UDI conducts the best interests assessment, although it is generally not a formal written procedure.
- **Portugal** stressed that the child's best interests are always considered. Age assessments are pursued only when there are serious doubt and a clear need to clarify the applicant's age. They proceed only when necessary.
- **Slovakia** reports that a best interests assessment is conducted in all cases involving accompanied and unaccompanied minors, regardless of whether an age assessment follows. Age assessments are seen as a measure generally in the child's best interests.

In contrast, six Member States—**AT, BE, DK, EL, FI, and NL**—reported that no formal risk assessment or best interests assessment is carried out prior to age assessment.

According to the responses received, consideration of the best interests of the child is embedded in age assessment mainly through guardianship/representation, child-friendly information, interpretation, informed consent, cascade approach ⁽⁷⁾ prioritising the least-intrusive

(7) 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



methods and the application of the principles of ‘the benefit of the doubt and the presumption of minority’. These safeguards are applied in practice according to the replies (**e.g. DE, SI, FI, NL, LU, IT, EL, NO, HR, BE, PT, CY, SK**).

Before age assessment **Belgium, Finland** (during the process), **Italy, Luxembourg**, and **Sweden** carry out a formal best interests or vulnerability assessment.

Finally, **Sweden** highlights a practical tension— the best interests of the child can conflict with and be outweighed by the state’s interests in establishing the identity of the person.

1.5.2. Benefit of the doubt and presumption of minority

All 16 countries surveyed reported that they apply the benefit of the doubt ⁽⁸⁾ in the age-assessment process (**AT, BE, CY DE, DK, EL, FI, HR, IT, LU, NL, NO, PT, SE, SI, SK**).

Where the principle is applied, the benefit of the doubt takes several, often complementary, forms, namely:

- treating the applicant as a minor where age-assessment results are inconclusive (**CY DE, EL, FI, HR, LU, NL, SI**);
- selecting the lowest age in the estimated age range resulting from an assessment, particularly where the range indicates that the person may be under 18 (**BE, CY DE, DK, EL, FI, SK, SI**);
- accepting the stated age of the applicant where it falls within, or reasonably close to, the estimated age range resulting from the assessment (**BE, CY DK**).

A number of countries emphasised that the benefit of the doubt applies during the age-assessment process itself, including where doubts arise, with further examinations being deemed disproportionate or unnecessary (**CY, IT, LU, NO, PT, SE**). **Sweden** specifies that this applies except where the applicant has refused age assessment without a reasonable explanation.

Additional safeguards were also reported. **Austria** referred to the application of the ‘four-eyes principle’, ensuring that decisions are reviewed by more than one decision-maker.

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 of the Asylum Procedure Regulation (APR): 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), <http://data.europa.eu/eli/reg/2024/1348/oj>).

⁽⁸⁾ Benefit of the doubt in the context of age assessment procedure means that in cases of uncertainty or ambiguity regarding a person's age, the decision should favour the individual being assessed. In other words, if conclusive proof is lacking, authorities should assume the lower age, ensuring that the individual is treated as a minor and granted the corresponding rights and protections.



Luxembourg reported that it does not apply the presumption of minority ⁽⁹⁾ where it is clear that the person is over 18. However, it does apply the benefit of doubt both where the age assessment results are inconclusive and where there is uncertainty as to whether the person is a minor.

1.5.3. Support of a guardian in age assessment

A total of 14 Member States stated that children are accompanied by a guardian or temporary representative during age assessment (**AT, BE, CY, DE, DK, EL, FI, HR, IT, NL, PT, SE, SI, SK**).

However, some respondents clarified that this support is provided only under certain conditions.

Belgium reported that a guardian is appointed only where the individual has been formally identified as a child or is considered particularly vulnerable or in urgent need; where these conditions are not met, support may not be provided. Similarly, **Luxembourg** indicated that a guardian is not appointed when the person is not considered a child, the individual is instead accompanied by an officer specialised in children's rights in **Luxembourg** during the procedure. In **Norway** guardians are appointed for all those claiming to be unaccompanied children, unless it is obvious that someone is above 18. Guardians can accompany a person claiming to be minor to an X-ray examination or if the guardian cannot, a reception officer will accompany the person.

1.5.4. Information provision

The countries surveyed were asked about when the applicant is informed about the purpose of the age assessment

In most countries (**DE, SI, FI, LU, EL, SE, DK, HR, SK, BE, PT, AT**), applicants are informed **once doubts about age arise** and before participation in the age assessment procedure is scheduled. In **Italy** and **the Netherlands** information is provided **immediately before** the age assessment begins. **Cyprus** and **Norway** reported that information is provided **as part of the age-assessment process itself**.

1.5.5. Consent

Most of the countries surveyed (**AT, BE, CY, DE, DK, FI, HR, IT, NL, PT, SE, SI, SK**) require the applicant to sign a consent form. In case of **Greece, Luxembourg**, and **Norway** reported that a consent form is not required.

Where consent is requested, practices differ as to timing. Consent is most often obtained before the procedure starts, when doubts about age arise (**AT, DE, IT, SI**), or during the interview or at the reception centre (**BE, DK, FI, HR**). In several countries, consent is required specifically before medical age assessment (**CY, NL, PT, SE**). **Slovakia** reported that the consent of the legal

⁽⁹⁾ Presumption of minority in age assessment means that any individual undergoing an age assessment should be considered a child unless and until an age assessment procedure conclusively determines otherwise. This principle ensures that, in cases of doubt, the individual is granted the rights and protections afforded to minors throughout the assessment process.



representative or guardian to the age assessment is required. If the legal representative or guardian does not grant such consent, the applicant is considered an adult in the asylum procedure.

Norway added, in relation to consent requirements, that age assessment is authorised by law and therefore does not require a signed consent form.

1.5.6. Current process for challenging a decision on age assessment

Of 16 countries surveyed, 12 responded that a procedure for **challenging age-assessment decisions exists (BE, CY, DK, EL, FI, IT, LU, NL, NO, SE, SI, SK)**.

In some countries, age-assessment decisions may be challenged **through a separate or dedicated procedure**, including before judicial or quasi-judicial bodies (**BE** – the Council of State; **DK**; **LU** –the family court; **IT**; **SE**). In other systems, challenges are handled **as part of the procedure for appealing international protection decisions (FI, NL, NO, SE, SI, SK)**. In **Cyprus** age assessment decisions may be challenged before the Administrative Court as a standalone administrative act or within the appeal procedure for international protection decisions.

In addition, **Slovenia** reported the availability of **alternative means** of challenging an age-assessment decision, in addition to formal appeal mechanisms.

Austria, Croatia, Cyprus and **Germany**, indicated that no procedure for appealing/challenging an age assessment decision is in place, while **Portugal** did not provide an answer.

1.5.7. Mutual recognition of age assessment results

A limited number of countries reported that they **generally recognise** other Member States age assessment results (**CY, DK, LU, PT, SE, SI**).

Most respondents reported that recognition is possible only **under certain conditions**, typically linked to the methodology or standards applied in the original assessment. These conditions include:

- the use of a multifactorial approach (**AT**);
- the combination of medical methods (**BE** - wrist, clavicle, and dental X-rays), a staged procedure in line with the guidelines produced by the German Working Group for Forensic Age Diagnostics (**DE**), in **SE** a dental X-ray or MRI scans of different bones, conducted by a competent authority, institute, or company, where the asylum application for international protection has not yet been examined;
- compliance with recognised standards (EUAA and national standards in **FI**, good quality in case of **NO**);
- **Greece** and **the Netherlands** also reported conditional recognition without giving further details.



Three countries confirmed that age-assessment results from other Member States **are not recognised**.

1.5.8. Overview of procedural safeguards applied in national age assessment processes

Table 3. provides an overview of the safeguards and practical measures applied by EU+ countries at different stages of age assessment and highlights variations in the nature and timing of these measures.

Table 3. Procedural safeguards and measures applied to ensure the best interests of the child before, during and after age assessment in EU+ countries surveyed

Rights and safeguards	Before age assessment	During age assessment	After age assessment
Appointment and involvement of the guardian / representative	BE, CY, DE, EL, FI, HR, IT NO, PT, SI, SK counselling	BE, CY, DE, DK (or a Red Cross assessor may be present), EL, FI, IT, NO, PT (determined by a decision of the public prosecutor), SI, SK counselling	CY (until the applicant's 18 years old), EL (if the applicant is found to be a minor), NO, PT determined by the decision of the public prosecutor, SI, SK (counselling unless the applicant is found to be an adult)
Information provision	CY, DE (on medical age assessment), EL, FI, IT, NO, PT, SI (with an interpreter), SK	BE (on medical age assessment), CY, DE (on medical age assessment), DK, LU (interpreter provided and caring conditions ensured when discussing with the doctor), NO, SI, SK	BE (at the applicant's request), CY, LU, NO, SK
Right to refuse	PT (refusal does not lead to the rejection of application for international protection nor does it prevent a decision being made on it), SI (but then presumed adult)		



Consent is required (the applicant's consent and/or the guardian's consent)	DE (both ⁽¹⁰⁾ in case of medical methods), FI (both), HR (both), IT , PT (only representative's consent) SI (both)	BE (for medical age assessment), CY (both), DE (guardian's or applicant's consent), EL (guardian's or applicant's consent)	
Medical examination as last resort	IT , SI	BE , CY , DE	
Cascade approach	CY	BE , CY , DE (in the medical assessment following AGFAD ⁽¹¹⁾ guidelines), IT (a multidisciplinary approach), NL , SI	
Right to stop the examination in case of discomfort or harmful effects		DK , EL	
Benefit of the doubt/presumption of minority	EL , IT , NL , SK	BE , CY , IT , SK	CY , EL , FI , HR , NL , SK , SI
Lowest age of a range of ages estimated is selected		CY , DE	CY , DE , SI
Right to be heard	IT , SI	CY , SI	CY , DK , FI , SI
Trained professionals,	CY , IT	CY , DE (for medical age assessment), IT , SE	CY
Vulnerability assessment or best interest assessment is conducted or best interests of the child is considered	BE (covering development and vulnerability of the applicant), CY , IT , LU (all elements, statements, situation of the person and documents), SE , SI	CY , FI (a best interests assessment is considered) SE ⁽¹²⁾ , SI	CY

⁽¹⁰⁾ From the guardian and the applicant.

⁽¹¹⁾ By the Working Group for Forensic Age Diagnostics of the German Association of Forensic Medicine.

⁽¹²⁾ This assessment weighs the child's interests against the state's interest in establishing identity, including age, and may result in proceeding with an age assessment even where it does not fully align with the child's best interests.



Placing the applicant in child specific accommodation	CY, EL, IT	BE CY	CY, EL (If the applicant is found to be a minor)
Support of a lawyer	CY, NO, SK (counselling and interpretation)	CY, NO, SK (counselling and interpretation)	CY, NO, SK (counselling and interpretation)
Appeal is available			BE (also re-examination if new elements arise), CY, DK (immediately), EL, IT, LU (through the family courts)
Margin of error is considered		CY, IT	
Child-centred approach	CY	CY, SE	CY, SE (if applicant is registered as a child, otherwise, the applicant is considered and processed as an adult)

The responses show that the authorities ensure that the **child's voice is heard** through a combination of the direct participation of the applicant, their representation, by requesting their consent, and procedural safeguards.

Most commonly, the child's views are considered directly during various interviews as the personal interview or the registration interview (**AT, BE, CY, DK, LU, NL, SE, SI**). Several countries also rely on a guardian or legal representative to support the child and convey the child's views throughout the procedure (**AT, BE, EL, PT, SE**).

The child's opinion is also taken into account through informed consent to age assessment (**CY, EL, FI, HR, IT, SE**), with some countries explicitly granting the right to refuse examinations (**EL, IT**). Two countries emphasise that the child should be heard throughout the entire process, rather than at specific stages (**FI, SK**).

Additional safeguards include **child-friendly information sessions** (**DK, EL, FI, IT, LU**) and the application of procedural guarantees as the presumption of minority during the procedure (**DE, IT**). Structural measures such as vulnerability or best interests assessments (**CY, SE**), training of officers (**IT, NO**), and the use of mediators (**IT**) appear to support the consideration of the child's views.





Adaptation of age assessment practices to the Pact on Migration and Asylum

2.1. Institutional and procedural changes

2.1.1. Legislative, policy or procedural changes in view of the Pact

Several countries plan to adapt current age assessment procedures rather than develop entirely new systems. (**BE** – plans to transfer responsibility from the Guardianship Service to the Office of the Commissioner General for Refugees and Stateless Persons (CGRS) and to strengthen a multidisciplinary approach; **DE**; **EL** – intends to merge two procedural stages into one; **IT**; **NL**).

A number of respondents highlighted the intention to incorporate or strengthen a multidisciplinary approach (**AT**, **CY**, **FI**, **SI**). Legislative changes were reported or anticipated in some countries (**CY**, **DE** – under consideration; **IT** – planned; **LU** – in progress). **Croatia** reported that it was not planning any major changes, while several countries indicated that measures to be taken are still to be determined (**DK**, **NO**, **PT**, **SE**, **SK**).

2.1.2. Changes in roles and responsibilities on age assessment in view of the Pact

Only a limited number of respondents reported that authorities will change roles or responsibilities in relation to age assessment as a result of the Pact (**BE**, **IT**, **NL**).

- In **Belgium**, the CGRS will become responsible for assessing the age of asylum applicants, while the Guardianship Service will remain the competent authority in the cases of persons who do not apply for international protection.
- In **Italy** the determining authority will become responsible for the age assessment of applicants of international protection.

A small group of countries indicated that no changes are foreseen (**AT**, **EL**, **LU**, **NO**). Most respondents stated that it is not yet clear whether changes will occur (**CY**, **DE**, **DK**, **FI**, **HR**, **PT**, **SE**, **SI**, **SK**).

2.1.3. Timeline for implementing the necessary changes

Most respondents indicated that any necessary changes are expected to be implemented within 2026 (**AT**, **BE**, **CY**, **DE**, **DK**, **EL**, **IT**, **LU**, **NL**, **NO**, **PT**, **SE**, **SI**, **SK**). **Croatia** reported a shorter timeline (within the next six months), while **Finland** indicated that implementation would take longer.





2.2. Legal safeguards under the Pact

The sections below address the main safeguards potentially affected by the Pact's implementation, which may also lead to design new practices or to further develop existing ones.

2.2.1. Guardianship

In most of the countries surveyed, no major or no changes to guardianship arrangements are expected under the Pact (**AT, BE, CY, DE, DK, HR, IT, NL, NO, SE, SI, SK**).

A smaller group reported anticipated changes (**EL, FI, LU** – in progress; **PT**) as to the use of temporary representatives during the age-assessment process, particularly where delays occur in appointing a guardian (**EL, FI**) and the implementation of shorter timelines (**BE**). **Portugal** reported no specific details at this stage.

2.2.2. Transparency and accountability

Age assessment decisions will be made more transparent by including the justification or reasoning in the applicant's case file (**BE, FI, HR, IT, NL, SI**) or by the involvement of the expert(s) as a means of ensuring accountability (**CY, SI**).

In other countries, accountability and transparency are ensured by informing applicants about the age-assessment process in advance, in line with Pact requirements (**BE, HR, IT**) or by adhering to medical specifications (**AT**).

Seven countries indicated that measures to be implemented in this regard are still to be determined, that there is no current knowledge on the issue, or that the issue is not applicable at this stage (**DE, DK, EL, LU, PT, SE, SK**).

2.2.3. Free legal counselling

Some countries (**AT, BE, NO, PT**) reported that they will ensure the right to free legal counselling through **free legal assistance or access** to a lawyer. Other countries (**CY, EL, IT, LU, NL, SE**) reported that legal counselling will be ensured through **legal assistance available during the asylum procedure**. **Croatia** and **Germany** indicated that the right to free legal counselling is ensured because it is explicitly set out in the Pact.

In other systems (**DK, FI, SI, SK**) the detailed modality remains to be determined.

2.2.4. Appeal process

A total of 10 respondents indicated that **national law will provide for an appeal process** against age-assessment decisions (**AT, BE, DK, EL, IT, LU, NO, PT, SE, SK**) while the rest of the respondents (**CY, DE, FI, HR, NL, and SI**) reported that no such appeal process is provided for.



Where appeal mechanisms exist or are planned, appeals are or will be handled as they currently are, **as part of the procedure for appeal against decisions on international protection (AT, DE, FI, LU, NO)**. Others reported that appeals are or will be handled **through a separate procedure**, including judicial avenues (**BE, IT, LU**). In **Luxembourg** administrative and judicial courts can process appeals on age assessment; the family court judge usually handles appeals on age assessment in a separate procedure; at the same time, it is also possible to challenge the results of an age assessment within the appeal against the asylum decision. Several countries stated that the structure of the appeal process is **still to be determined (BE, EL, SE, SK)**, while **Portugal** reported no knowledge at this stage. **Cyprus, Denmark, the Netherlands, and Slovenia** did not provide further details on the procedure.

In several countries, appeals will fall within the competence of **administrative courts or bodies (AT, BE, CY – the Administrative Court of International Protection, DE, EL – the RIS & GAS, LU, NO – the Appeals Board, SE – the Migration Court and the Migration Court of Appeal)**. In other cases, appeals are handled by **judicial courts (LU – the family courts, PT, SI)**.

Other countries stated that the competent authority is **still to be determined (DK, FI, IT, SE, SK)**.

Regarding preparation for the implementation of the Pact, some respondents indicated that the competent authority for appeals **is or will be involved in the preparation phase (AT, EL, NO, PT, SI)**, while others reported that this aspect is **not applicable (HR, NL)**. **Portugal** additionally reported the involvement of **medical authorities**, namely the Institute of Legal Medicine and Forensic Sciences in the preparation phase.

2.3. Documentation, information sharing and monitoring

2.3.1. Age assessment results

Most of the responses indicated that currently **age assessment results are documented** in the applicant's file, typically as part of the case management system (**AT, BE, CY, DE, FI, HR, LU, NL, NO, PT, SE, SI, SK**). **Cyprus** and **Greece** further specified that the results are shared in writing with the competent authorities.

Denmark and **Italy** (including assessment of a dedicated record system) indicated that documentation practices under the Pact are still to be determined or are under evaluation.

2.3.2. Information sharing with stakeholders under the Pact

Finland and **the Netherlands** indicated that information will be shared through training activities and working groups. In **Belgium**, training and presentations to stakeholders will be delivered; information on the age assessment procedure will also be displayed on the CGRS website. **Austria** and **Luxembourg** reported that information sharing will occur through the applicant's file,



including through the provision of access to relevant protocols, reports, statistical recording and monitoring of results (**AT**).

Arrangements are still to be determined or under discussion in some countries (**DE, DK, HR, IT, NO, PT, SE, SI, SK**). Italy noted that it has planned consultations and Sweden that it will conduct dialogues with relevant stakeholders. **Greece** considered that the question is not applicable, while **Cyprus** indicated that no information is currently available.

2.3.3. Monitoring and evaluation mechanisms

Some countries indicated that monitoring is embedded within existing procedures, such as routine quality assurance or oversight mechanisms (**AT, FI, HR, IT, NO**). **Italy** specifically mentioned the reviews conducted by the National Asylum Commission and **Norway** the work done by the UDI's quality assurance team.

Several respondents indicated that monitoring and evaluation mechanisms to assess the effectiveness of the age assessment processes are still to be determined (**BE, DE, DK, SE, SK, SI**). **The Netherlands** reported there are no plans to introduce any new mechanisms.

Cyprus, Greece, Luxembourg and **Portugal** reported that no information is currently available.

2.4. Capacity building and training

Most respondents indicated that **training initiatives are planned or envisaged** to align age assessment practices with the Pact (**AT, BE, CY, DE, FI, IT, LU, NL, NO, PT, SE, SI, SK**). **Denmark, Greece, and Croatia** reported that no such plans are in place.

Where training is planned, the **scope and focus vary**. Some countries indicated that **all relevant actors** will be trained, including asylum decision-makers and newly recruited officers (**AT, BE, CY, FI, IT, NL, NO**). In particular, **the Netherlands** reported that training would be updated to align with the Pact, while **Norway** specified that training will be provided for both representatives of unaccompanied minors and officers working with them. New training content will focus on **the Pact itself (BE, NL)** or on **procedural changes** resulting from its implementation (**BE, NO**).

Several respondents noted that training plans are **still in progress (FI, LU)** or **to be determined (DE, SE, SI, SK)**.

Some countries envisage specific roles for civil society organisations (CSOs) under the Pact, including training activities (**AT** – training by **UNHCR**, **BE** (training of case workers and experts involved in the multidisciplinary age assessment), **CY** – free legal counselling, and **EL** – service provision).

In many countries, the role of CSOs remains to be determined (**DK, FI, IT, NO, SE, SI, SK**). Several respondents reported no CSO involvement in the age-assessment process (**DE, HR, PT, LU, NL**).



2.5. Gap analysis

Seven authorities (**BE, CY, DE, EL, FI, IT, SK**) have already conducted a gap analysis to identify differences between current practices and Pact requirements.

1. **Belgium** found that shorter timelines for appointing guardians will require an increase in the number of available guardians, along with training and greater professionalisation of the role to meet Pact requirements. The CGRS shared the need for extra training and will also work with psychologists, anthropologist, sociologists, pedagogues and social workers to apply a multidisciplinary approach. It also noted a shortage of **child-specific COI** that would allow objective facts relating to an applicant's age to be verified during the age-assessment interview (e.g. information on school systems, rites of passage, the role of children in society, child-protection systems and other socio-cultural aspects), as part of a holistic approach.

Other countries reported that a gap analysis is planned or in progress (**AT, HR, LU, NL, PT, SE**). **Sweden** indicated that procedural changes seem to be less extensive than initially anticipated, with the main challenge being coordination among multiple actors to meet tight timelines for obtaining the necessary documentation.

Denmark, Norway, Slovenia indicated that no gap analysis has yet been conducted to date.

Austria, Cyprus and **the Netherlands** highlighted difficulties in identifying experts to contribute to age assessment procedures to establish a multidisciplinary approach or reinforce the existing one.

- **Austria** pointed to difficulties in finding experts willing to conduct psychosocial age assessments, even on a paid basis. Therefore, Dublin procedures would often not be completed in time and related procedural deadlines would not be met under the new system.
- **Cyprus** mentioned the reluctance of psychologists for the multi-disciplinary assessment as they have concerns about whether they are adequately trained for this role.
- **The Netherlands** is focusing on optimising current practices, particularly on using interdisciplinary insights to strengthen training for IND staff conducting age-assessment interviews.

Main findings and recommendations

3.1. Current practices on age assessment

Findings on available data

- There is a substantial variation in both the numbers of age assessments carried out and the availability of the relevant data across EU+ countries.

EUAA recommendations

- Greater **harmonisation in data collection** would help to enable comparisons of the frequency with which age assessments are carried out and the conditions under which they take place. Comparing the number of age assessments conducted with arrivals of unaccompanied children in each EU+ country would indicate how frequently age assessments are carried out and give an idea of the level of doubt that triggers them.
- Explore additional sources of information to solve the initial doubts, before referring a case for age assessment.
- Since age is an element of the person's identity, a **preliminary age verification** to obtain clarification, additional information and evidence could be carried out by the competent authorities and might make an age assessment unnecessary.
- Initiate an age assessment only when there are **substantiated doubts** about the individual's claimed age because it 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.

Findings on the methods in use

- Age assessment practices rely heavily on medical methods, either as the main approach or as part of a combined, sequential model. No country reported using non-medical methods alone, and several still rely primarily on medical examinations such as X-rays or physical assessments. Some of them report using consecutive X-rays of different areas for the same person (a triple X-ray test). While many Member States adopt a cascade approach starting with interviews and evidence gathering, the extent to which medical methods are treated as a true last resort varies.

EUAA recommendations

- A cascade approach should be adopted, starting with a multidisciplinary assessment encompassing various non-medical methods such as a review of documentary evidence, interviews, a psychosocial evaluation and a visual assessment based on physical appearance or other indicators. Only if these steps are inconclusive, should medical examinations be considered, provided it could feasibly dispel the remaining doubts.

- When sufficient evidence is obtained at any stage to resolve the initial doubts about age, the process should stop and the result be communicated, there is no need to exhaust all possible steps of the process.
- Medical examinations should be strictly limited to what is necessary and proportionate, and the least intrusive method available at the time must always be used, with full respect for the individual's dignity.
- Examinations involving nudity or observation of intimate body parts, such as sexual maturity observation must never be conducted for age assessment purposes since they are highly invasive and do not serve to estimate chronological age.
- When medical examinations are potentially effective means of resolving the doubts about the age, 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⁽¹³⁾ and be employed only when the previous steps have been exhausted and when they are expected to dispel the doubts about the applicant's age.
- The margin of error inherent in all methods should be documented, so that if the results are inconclusive, this can be taken into account; where there is uncertainty, the decision should favour the applicant in line with the best interests of the child and the benefit of the doubt principles.
- The applicant should have the opportunity to contest the results of the age assessment process, either as part of an appeal against the first instance decision or separately, depending on the applicable national framework.

3.1.1. Responsible authorities and stakeholders

Findings on roles and responsibilities in the age assessment process

- The responses indicated a wide range of authorities competent to **initiate** age assessment, depending on the national framework. Some systems allocate responsibility for initiating age assessment to the determining authority or to the child protection authority, while others involve multiple authorities.
- As for **coordination**, the determining authority is responsible in most countries while sharing responsibility with reception authorities, child protection services, and medical professionals or the judiciary.
- The **final decision on the outcome of age assessment** is mostly held solely by the determining authority, except in two countries (where the decision is made by the judiciary in one case or the guardianship authority in the other).
- Only a few Member States reported **tangible changes linked to the Pact**, mainly related to the selection of methods and reallocation of responsibilities. For most countries, the responsibilities around age assessment remain the same for now, although further developments are possible as the Pact's implementation advances.

⁽¹³⁾ Cornerstone of radiation safety to ensure that radiation doses are kept at a minimum



EUAA recommendations

- The **initiation** of age assessment for children who have applied for international protection should be the responsibility of the determining authority, following the Asylum Procedure Regulation (APR) ⁽¹⁴⁾. The age assessment can be **carried out** by qualified professionals who are **external** to the determining authority, or it can be conducted internally as long as there is no conflict of interest.
- Member States retain the discretion to outsourcing the age assessment and to designate a different authority to **issue an opinion**. The determining authority, which **bears final responsibility for the decision on the age assessment**, can then take the decision based on the results of the process.
- Clear, updated **protocols specifying roles, tasks and procedures for exchange of information** are crucial to ensure assessments remain efficient, child-sensitive, multidisciplinary and in line with the standards promoted by the Pact.
- Mutual recognition of age assessments conducted by other national or subnational authorities should be in place to prevent applicants undergoing unnecessary and repeated age assessments in the same country.
- Child protection authorities should be involved particularly where intersecting vulnerabilities are identified, as they can help ensure timely support. Closer collaboration with child protection authorities would also support a trauma-informed approach to the protection of children in the asylum procedure.

Findings on actors involved in the multidisciplinary age assessment

- Age assessment is generally coordinated by asylum or immigration authorities, with medical professionals involved in all Member States. In most systems, non-medical assessments are carried out first by the determining authority, sometimes with input from child protection services, while the final decision remains with the determining authority. Fully multidisciplinary models, such as in **Italy**, remain the exception, and some countries report limited or no use of a multidisciplinary approach.

EUAA recommendations

- The multidisciplinary age assessment should be carried out by professionals with expertise in age estimation and child development, such as social workers, (ethno)-anthropologists, psychologists and paediatricians, in order to assess various factors, such as physical, psychological, developmental, environmental and cultural factors, and further analyse the evidence ⁽¹⁵⁾.

⁽¹⁴⁾ 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), <http://data.europa.eu/eli/reg/2024/1348/oj>.

⁽¹⁵⁾ Recital 37 APR.





3.1.2. Implementation of safeguards

Findings on the implementation of the best interests of the child before, during and after an age assessment

- While respondents widely recognise and refer the best interests of the child in age assessment, the **operationalisation of the principle** appears to be fragmented and to rely on various procedural safeguards (guardianship, information provision, obtaining consent, use of least intrusive methods, etc.).
- The potential tension between the best interests of the child and state's interests in identifying the applicant can result in migration control objectives outweighing child-specific protection, especially where the applicant is not initially registered as a child.
- The fact that only a few countries formally assess the child's best interests before starting the procedure increases the risk of unnecessary, ineffective or potentially harmful age assessments, especially for vulnerable children. This means decisions could be made without a documented, child-specific analysis of whether an age assessment is necessary or appropriate in the first place.
- The appointment and involvement of guardians or representatives is reported **before, during and after** an age assessment. Other procedural safeguards such as obtaining consent, information provision, medical assessments as a last resort and following a cascade approach, are most commonly implemented during the **assessment** itself.
- While **consent** is generally required, some systems rely on joint consent (the guardian's and the applicant's), and others only on the guardian's consent; the right to refuse without negative consequences is recognised in only one country, potentially undermining free consent.
- Most authorities report applying the principles of **benefit of the doubt or the presumption of minority**, but how this is done varies considerably in practice. For instance, some countries apply the benefit of the doubt only at the end of the assessment when results are inconclusive, while others apply it throughout the procedure, including when deciding whether further examinations are necessary, by selecting the lowest age in an estimated range or by accepting the applicant's stated age.
- Applicants are generally **informed** of the purpose of age assessment before the procedure starts, once when doubts arise, but the timing is not consistent. In some countries, information is provided only immediately before or during the assessment, which limits the applicant's ability to understand the implications and prepare.
- While most authorities seek **consent for medical tests**, practices differ on when and how it is obtained, and a few countries do not seek consent at all.
- Procedures for challenging age-assessment decisions exist in most systems, although several countries offer no appeal or challenge mechanism separate from the asylum procedure.





EUAA recommendations

- The consideration of the **best interests of the child** should be viewed as 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 ⁽¹⁶⁾.
- When a child arrives with family members—such as a parent, sibling or other responsible adult—and an age assessment becomes necessary, every effort must be made to ensure that they are not separated during this procedure, unless it is in the best interests of the child.
- More uniform and verifiable operationalisation of the best interests of the child across all stages of the procedure is desirable. Tools should be used to record how rights and safeguards have been observed in age assessment process ⁽¹⁷⁾.
- 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.
- To safeguard the best interests of the child, in the absence of an adult responsible or of the parent(s), the guardian must support and assist the presumed child throughout the age assessment process.
- Until doubts are dissipated, the **presumption of minority** should consistently apply, this means treating the individual as a child, ensuring all safeguards are in place and providing reception conditions suitable for children. Therefore, the declared date of birth must be duly registered as provided by the applicant and cannot be disregarded at the point of identification. 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, the person’s declaration should be accepted.
- 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, case officers should consider factors like trauma, stress, language barriers or cultural diversity that could affect the consistency of their statements and ask for clarification.
- Clear guidance should require authorities to treat applicants as minors in cases of uncertainty, including by selecting the lower age range or accepting the stated age where appropriate.
- Children should **be heard** at all stages of age assessment, not only during interviews, following practices as those implemented by **Finland** and **Slovakia**. Direct participation

⁽¹⁶⁾ For more information see EUAA, *Practical Guide on the Best Interests of the Child in the Framework of International Protection*, March 2026, <https://www.euaa.europa.eu/publications/practical-guide-best-interests-child-0>. A new training module on the best interests of the child is being developed in view of the Pact and will be available in 2026.

⁽¹⁷⁾ See ‘Annex 3 – Checklists – Applicable standards, Information provision, Care and safety’ in: EUAA, *Practical Guide on Age Assessment*, 2025, <https://www.euaa.europa.eu/publications/practical-guide-age-assessment-0>.



should be ensured, with guardians supporting rather than replacing the child's voice, and child-friendly information on age assessment, with interpretation and rights and obligations.

- Applicants should have the opportunity to express their **views and to actively participate** in the age assessment procedure. The authorities should provide for an oral hearing of the applicants and their parents if present whenever they have any doubts regarding the claimed age or 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.
- **Information** on the age assessment process and its purpose must be provided in a timely manner, **before the process starts**, in an age-, culturally appropriate and child-friendly way. The applicant's understanding must be checked, and the applicant must be given the opportunity to ask questions. A cultural mediator, interpreter, the guardian and/or parents might be involved in the process. The guardian can help to explain why the claimed age is not accepted and why the evidence provided is insufficient.
- The applicant, guardian or parents must be given the opportunity to **consent** to or to decline to take part in the age assessment, and particularly at the stage of medical examinations if they are to occur ⁽¹⁸⁾. 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. While consent is only required when medical methods are used, the EUAA recommends seeking consent for the entire age assessment process including for **non-medical tests**, since 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 understands the purpose and scope of the entire age assessment process to foster cooperation.
- In line with the Article 25(5) APR both the applicant and their guardian 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 lead to a rebuttable presumption that the applicant is not a minor. If the applicant refuses, 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 encourage cooperation.
- Special needs and intersecting vulnerabilities (e.g. impairments, protection needs) identified before or during the age assessment need to be documented. Since being a

⁽¹⁸⁾ A sample consent form to participate in an age assessment can be found in Annex 4 of the Practical Guide on age assessment



child is recognised in itself as a vulnerability, age assessment is to be understood as (part of the) vulnerability assessment.

- The assessment must be reviewed if there are relevant changes in the applicant's circumstances or where the need for special procedural guarantees becomes apparent after completion of the assessment.
- Since applicants undergoing age assessment may ultimately be confirmed to be children, they should continue to have access to common areas and activities under the supervision of reception staff even if they are housed in separate rooms or areas, thereby promoting inclusion while maintaining a safe environment for all. If the age assessment finds that the person is an adult, they should be informed of the consequences. In some cases, for example, because the applicant has to complete their schooling or has younger unaccompanied siblings in the same centre, the applicant, even if assessed over 18, may remain in their current accommodation with appropriate supervision. Transfers should not be automatic but decided case by case, based on individual circumstances and the centre's arrangements.
- The **final decision** on the estimated age must be documented in writing and provided to the individual concerned and to their guardian. Additionally, this **information** should be explained orally to the applicant, tailoring the explanation to the applicant's level of understanding. 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.
- Where the decision has legal consequences for the applicant's treatment in the asylum or reception procedure, the age assessment decision should generally be formalised in an administrative act or decision. The reasons for the decision should be clearly set out and the document should include the applicant's perspective and provide information on access to an effective remedy.
- Additionally, where the results of the age assessment remain inconclusive or the estimated age range includes an age below 18 years, Member States must assume that the applicant is a minor.
- Post-assessment safeguards should be part of the process, particularly if the decision is negative; these should cover the transition to adult accommodation, the provision of follow-up support and ensuring that the right to an effective remedy can be exercised.
- Close collaboration with national child protection authorities since the screening, as stressed by the Pact.
- An **accessible and effective procedure for challenging** age-assessment decisions should be established in all countries, through either a dedicated mechanism or a clear link to asylum appeals, ensuring that applicants have a real opportunity to seek review.
- In all cases, applicants, (temporary) guardians and legal counsellors/advisers should be provided with clear information on the available options for appealing the decision, on the procedures and timelines, and on the relevant information that formed the basis of the decision made on age.





- **Free legal counselling and legal representation** ⁽¹⁹⁾ 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 as per the national rules and procedures, including pro bono representation. This also entails providing the guardian or parents and the applicant with the necessary information on how to appeal and the timelines to take into account.
- 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 estimation of age is found to have been made, immediate actions should be taken to **rectify the information** in the relevant databases and restore the person's correct identity.

Findings on the mutual recognition of other Member States age assessments

- Recognition of age-assessment results from other Member States is fragmented and conditional, leading to repeated assessments.

EUAA recommendations

- Practical criteria for recognising age-assessment results from other Member States should be agreed upon to avoid unnecessary repetition, at least where EU standards are used. For example, written decisions should include reference to the methods used 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.

3.2. The adaptation to the Pact: changes in age assessment practices

3.2.1. Institutional and procedural changes

Findings on legislative, policy or procedural changes (including changes to roles and responsibilities) due to the Pact

- Respondents frequently gave responses to relevant questions such as 'not sure' or 'under discussion', suggesting ongoing assessment processes or uncertainty regarding legislative, policy or procedural changes in several countries.
- Most Member States report limited or no confirmed changes to age assessment authorities and procedures in response to the Pact on Migration and Asylum, with only a few countries clearly identifying shifts in roles or responsibilities.

⁽¹⁹⁾ EUAA, *Practical Guide on Free Legal Counselling: Organisation of the provision of free legal counselling*, October 2025, <https://euaa.europa.eu/publications/practical-guide-free-legal-counselling>.





- Planned reforms mainly focus on adapting existing procedures rather than creating new systems, and often, details are still under discussion.

EUAA recommendations

- Member States should clarify at an early stage how responsibilities for age assessment will be allocated under the Pact to avoid gaps or overlaps during implementation.
- Planned procedural and legislative changes should be used as an opportunity to strengthen safeguards, including multidisciplinary approaches and clear coordination mechanisms.

3.2.2. Safeguards

Findings on potential changes regarding guardianship, transparency, accountability, free legal counselling and an appeal process

- A limited number of respondents described concrete measures to strengthen transparency and accountability. While the necessary changes are generally expected to be implemented within the next year, uncertainty remains high, particularly regarding the practical impact on age assessment and guardianship arrangements, which are largely expected to remain unchanged.
- The extent of preparation for changes regarding transparency, accountability and the right to an effective remedy under the Pact is inconsistent across countries and in many countries, still undefined. Some EU+ countries plan to increase transparency by recording the reasoning behind age-assessment decisions or by involving experts, while others intend to rely mainly on prior information to applicants or compliance with medical standards.
- The provision of access to free legal counselling is generally envisaged, but often indirectly through the asylum procedure rather than through age-assessment-specific arrangements.
- Although several countries plan to provide appeal mechanisms, others do not envisage any right of appeal, and in many cases the competent authority for appeals and its role in preparation for the Pact implementation remain unclear.

EUAA recommendations

- Timelines should be accompanied by concrete implementation plans, and any adjustments to guardianship—such as introducing the use of temporary representatives—should ensure continuity of protection and effective representation throughout the age assessment process.
- Member States should ensure that all age-assessment decisions are reasoned in writing and accessible to the applicant, and that accountability mechanisms are clearly defined.
- Free legal counselling should be guaranteed specifically for age assessment, independently from the asylum procedure, and available from the earliest stage.



- Competent authorities involved in age assessment should participate from an early stage to ensure consistent and effective implementation.

3.2.3. Capacity building and training

Findings on capacity building, training and the role of CSOs

- Approaches to CSO involvement vary widely. Most respondents plan to introduce or strengthen training by CSOs for personnel involved in age assessment to align with the Pact, but the scope, content and timing of such measures remain unclear in many cases. Training is more often focused on procedural or legal changes than on child-specific skills, and several countries report no training plans at all.
- The role of CSOs is limited and inconsistent across countries, with a few countries assigning them specific functions, while in other systems CSO involvement is absent or still undefined.

EUAA recommendations

- Training should be mandatory, regular and targeted at all actors involved in age assessment, covering child rights, communication with children, cultural competence, and multidisciplinary decision-making, not only Pact-related changes.
- Member States should clearly define and formalise the role of CSOs, including in training, legal counselling, and child support, drawing on examples such as UNHCR-led training in **Austria** or free legal advice in **Cyprus**. Early clarification of CSO engagement would strengthen safeguards and support consistent implementation of the Pact.
- Age assessors should have the necessary expertise to conduct age assessment using their own area of expertise.
- Training on age assessment methodologies and procedures in the context of asylum should cover legal obligations under the APR and related EU law including in the areas of:
 - 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.

This should be done to ensure that assessments 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 ⁽²⁰⁾. It may also involve other recognised academic or professional institutions.

- Refresher courses, peer learning, and continuous professional development should also be made available to enabler practitioners to maintain and update their expertise.

⁽²⁰⁾ For more information, see EUAA, *Training Catalogue*, 2022, <https://www.euaa.europa.eu/training-catalogue>.



3.3. Gap analysis

Findings on the initiatives to analyse gaps and differences between the current practices and the new requirements under the Pact

- While some countries have already carried out gap analyses, others have not yet assessed whether their systems can realistically meet Pact requirements.
- Age assessment systems face concrete capacity problems, especially the lack of available and willing experts such as psychologists, paediatricians and social workers, which makes multidisciplinary assessments difficult to carry out in practice and could result in Pact deadlines being missed.

EUAA recommendations

- Member States should address expert concerns and dilemmas by clarifying expectations regarding the margin of error and the possibility of being supported by other experts involved in age assessment. This collegiality approach can also help to reduce the pressure on the assessors undertaking a complex task such as age assessment, by making clear that the responsibility for a decision that carries significant consequences for the applicant is shared.
- To overcome capacity shortage and to ensure quality and compliance, authorities can invest in various initiatives, as described below.
 - Progressive capacity-building: professionals may initially meet the core requirements (abiding by legal standards, impartiality, child-sensitive communication) and they can then 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 (e.g. on trauma-informed approaches, cultural mediation or safeguards). The EUAA training curriculum 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. Channels of cooperation between different authorities and external organisations can be created to make sure that sufficient qualified professionals are available.
 - Peer learning and exchange: Encouraging assessors to share experiences and dilemmas through regular case discussions or supervision will ensure that expertise develops even in resource-limited contexts.



Annex 1: The questionnaire

The EUAA survey was launched in April 2025 within the EUAA Vulnerability Experts Network. This initiative builds on the EUAA's 2021 study on age assessment practices ⁽²¹⁾ and aimed at establishing an updated baseline of age assessment practices across EU+ countries, in light of the evolving legal and operational framework introduced by the Pact on Migration and Asylum. The survey questions were as follows.

Q1(A): Who officially requests the initiation of an age assessment?

Q1(B): Who is responsible for conducting and coordinating the age assessment procedure when the applicant's age is seriously doubted?

Q1(C): Who makes the final decision on whether to accept the outcome (opinion/recommendation) of the age assessment?

Q2: Will any of the above authorities change completely or change roles and responsibilities as it relates to the age assessment procedure in view of the implementation of the Pact?

Q3: Which stakeholders most frequently raise concerns or share doubts about an applicant's age with the authority responsible for officially requesting an age assessment?

Q4: Before requesting an age assessment, is there a risk or best interests of the child assessment conducted?

Q5: How do you ensure that the best interests of the child principle is consistently applied before, during and after the age assessment procedure?

Q6: How does the authority ensure that a child's opinion and voice is considered throughout the process?

Q7: Once the need for an age assessment is identified, how long does it typically take to initiate the procedure?

Q8: What method is mainly used to assess age in applicants for whom age is substantially doubted?

Q9: Which actors are involved in the multidisciplinary age assessment process in your country?

Q10: Once the age assessment procedure has started, how long does it typically take for the applicant to receive the final result?

Q11: Does the authority apply the benefit of the doubt in the age assessment process?

Q12: Does the authority apply the presumption of minority in the context of assessing age?

⁽²¹⁾ EASO, *Age Assessment Practices in EU+ Countries: Updated findings, 2021*, <https://www.euaa.europa.eu/publications/age-assessment-practices-eu-countries>



- Q13:** Is every child accompanied by a guardian/temporary representative during the age assessment?
- Q14:** When is the applicant informed about the purpose of the age assessment process?
- Q15:** Is the applicant asked to sign a consent form?
- Q16:** Do you have a procedure in place to challenge a decision on age assessment?
- Q18:** How many age assessments were conducted by the authority in charge during 2024?
- Q19:** What specific legislative, policy or procedural changes is your country planning to implement to align with the Pact on Migration and Asylum regarding age assessments?
- Q20:** Has your authority considered conducting or have already conducted a gap analysis to identify differences between your current practices and the requirements introduced by the Pact?
- Q22:** What is the timeline for implementing the necessary changes in age assessment practices?
- Q23:** Are there any plans to introduce or enhance training for personnel involved in age assessments to align with Pact requirements?
- Q24:** In what capacity will civil society organisations be engaged in your national system concerning age assessment?
- Q25:** How is your country preparing to ensure transparency and accountability in age assessment decisions as required by the Pact?
- Q26:** Will there be a change under the Pact in how guardianship is organised in view of age assessment?
- Q27:** How will you ensure the right to free legal counselling during the age assessment process?
- Q28:** Will the national law provide for an appeal process in case of a challenge to an age assessment decision?
- Q29:** Who is the responsible authority to handle appeals on age assessment? Will this authority be involved in the preparation phase concerning the Pact?
- Q30:** How do you plan to share information about the age assessment process with stakeholders involved in its implementation under the Pact?
- Q31:** How and where do you document age assessment results?
- Q32:** How will you ensure monitoring and evaluation mechanisms to assess the effectiveness of the age assessment procedure?
- Q33:** Please share any other important points, comments, or recommendations here.
- Q34:** Do you think the analysis of findings from this survey will be useful for your authority?





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