

## Review of current laws, policies and practices relating to age assessment in sixteen European Countries



Countries involved in the study: Austria, Belgium, Denmark, Estonia, Finland, Hungary, Ireland, Italy, Malta, The Netherlands, Norway, Poland, Portugal, Slovenia, Spain and The United Kingdom.

Separated Children in Europe Programme  
Thematic Group on Age Assessment  
May 2011

### **About the Separated Children in Europe Programme (SCEP)**

The Separated Children in Europe Programme (SCEP) is a joint initiative established in 1997 by some members of the International Save the Children Alliance<sup>1</sup> in collaboration with the United Nations High Commissioner for Refugees (UNHCR)<sup>2</sup>. An integral part of SCEP is its Network of partners from non-governmental organizations (NGOs) across Europe<sup>3</sup>. SCEP has developed a broad definition of the term “separated child,”<sup>4</sup> which recognises that some children may appear “accompanied” when they arrive in Europe but in practice the accompanying adult may be either unable or unsuitable to assume responsibility for their care. The SCEP undertakes a range of research, policy, advocacy and capacity building activities aimed at promoting the full realization of separated children’s rights across Europe.

In order to provide a straightforward account of the policies and practices required to ensure the promotion and protection of the rights of separated children, the SCEP, together with UNHCR, has produced the *Statement of Good Practice*<sup>5</sup>, which outlines good practice on such specific issues as identification, age assessment, family tracing, guardianship, interim care, the asylum and refugee determination process and durable solutions. In 2009 also the United Nations Children’s Fund (UNICEF) has endorsed the 4<sup>th</sup> revised edition of this document.

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<sup>1</sup> Save the Children has merged to become one Organization and is now called “Save the Children International”

<sup>2</sup> This paper does not necessarily represent the views of UNHCR since the SCEP NGO Network often develops its detailed policy positions separately.

<sup>3</sup> The full list of SCEP Members is available at: [http://www.separated-children-europe-programme.org/separated\\_children/about\\_us/contacts/ngo.html](http://www.separated-children-europe-programme.org/separated_children/about_us/contacts/ngo.html)

<sup>4</sup> Separated children are under 18 years of age, outside their country of origin and separated from both parents, or their previous legal, or customary primary caregiver. Compared to “unaccompanied”, the term “separated” child more accurately defines the essential problem that such children face, i.e. they lack care and protection of their parents or primary caregiver and as a consequence suffer socially and psychologically from this separation.

<sup>5</sup> The fourth edition of the Statement of Good Practice is available at: [http://www.separated-children-europe-programme.org/separated\\_children/good\\_practice/index.html](http://www.separated-children-europe-programme.org/separated_children/good_practice/index.html)

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## I. Introduction

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This document is a synthesis of current laws, policies and practices related to age assessment in 16 countries in Europe collected by the Members of the SCEP between June and November 2010. The main purpose of the report is to give readers an overview of the various age assessment policies and methods implemented in the selected European countries. It is also meant as a tool for further dialog and research to improve current policies and practice and identify good practices.

### **a. Background: Age assessment practices in Europe**

In the framework of this document, **age assessment** refers to the procedures through which authorities seek to establish the chronological age of an individual. Age assessment is applied in a variety of contexts and for a number of different purposes. It is of special concern to the SCEP when it pertains to **separated children**.

Separated children may be seeking asylum owing to a fear of persecution or the lack of protection in their own country due to human rights violations, armed conflict or disturbances. They may be seeking other forms of protection because they have been trafficked for sexual or other exploitation, or because they have travelled to or within Europe to escape conditions of serious deprivation or to look for new opportunities and a better life. Many of these will be children without valid identity or residence documents.

In these contexts, age assessment is used in Europe mainly to establish whether or not (and for how long) an individual is under 18 years of age and therefore eligible for protection under the United Nations' Convention on the Rights of the Child (UN CRC) and other relevant international, European, regional and national legal instruments<sup>6</sup>.

As a recent report issued by the European Union Agency for Fundamental Rights stated, "age assessment procedures apply a variety of methods, for example, checking documentary evidence, interviews or medical examinations (such as magnetic resonance tomography, bone and dental assessment, and radiological testing)". The report points to "a lack of a standardized approach between or even within EU countries"<sup>7</sup>. A comparative study published by the European Migration Network in 2010, focusing on reception, return and integration of separated children in EU, also confirms that "all Member States attempt to determine the age of an unaccompanied minor using a variety of techniques"<sup>8</sup>.

These techniques often do not take into account ethnic variations, they are based on reference materials that for the most commonly used tests are out of date, and generate a margin of error that makes them too inaccurate to use. The testing techniques used include:

- Physical examinations: these focus on determining the maturity of a particular part of the body (bones, teeth, etc.). As these points of maturation do not occur in tandem with a particular chronological age, an age determination based on these methods can only establish a range of possible ages. The most commonly used techniques for assessing physical development include:
  - a) Sexual maturity assessment: Standards for puberty exams are largely based upon the work of JM Tanner, who in 1962 identified clear stages of puberty, which develop over a 2-3 year period.

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<sup>6</sup> As this report will confirm, age assessment is used primarily to establish whether an individual is below or above 18. However, it may be relevant for separated children also in other contexts, for example within the juvenile justice system to establish whether a child has attained the age of criminal responsibility.

<sup>7</sup> European Union Agency for Fundamental Rights (FRA), *Separated, asylum-seeking children in European Union Member States. Summary Report*, 2010

<sup>8</sup> European Migration Network (EMN), *Policies on Reception, Return and Integration arrangements for, and numbers of, Unaccompanied Minors – an EU comparative study*, 2010.

Unfortunately, 11 is the average age for the onset of puberty, often making this material ineffectual past the age of 13.

- b) Dental observation: Like puberty, teeth develop in clear patterns in certain age ranges. Inopportunately, the only teeth that can be used as an indicator of whether or not someone is an adult are 3rd molars, which, due to genetic and environmental factors, may appear anywhere from 16-25 years of age. The alternative, a study of tooth mineralization, is unaffected by ethnicity or nutrition, but even without these influences has a +/-2 year margin of error.
- Radiological tests: these scrutinize skeletal changes that occur near the chronological ages of 15/16 or 18. The most commonly used technique is a carpal (hand and wrist) x-ray, where the fusing progression of the carpal bones is examined. This test is highly criticized as the reference material for it has not been updated since the 1930s and this material drew upon a test group from the United States of America only. Other options include, dental x-rays--where the presence of and/or development of the roots of 3rd molars are examined--or the collar bone x-ray, where the fusing process is once again examined.
  - Practical observations: these include a number of assessment techniques that use visual, cognitive, behavioural appraisal and psychological assessment of a young person to assess age. These tests range from the very rudimentary – e.g. immigration officials using rough visual estimates, through to psychological and sociological reviews undertaken by trained professionals. Often, due to expense, psychological assessments are not undertaken by medical professionals, but instead by government staff. As they measure behaviour and cognitive ability, practical observations are highly influenced by environmental factors and are subjective.

States in Europe use the above-techniques independently or in conjunction with one another. Age assessment, though, is not merely a technical exercise. It can be the door to accessing a whole range of fundamental rights. In the broader framework of its Statement of Good Practice, the SCEP has developed a set of standards outlining the principles, policies and practices required to implement age assessment procedures that will ensure the promotion and the protection of separated children's rights. Moreover, age assessment is one of the thematic priorities of the SCEP's current strategy (2009-2013) and a specific thematic group composed of members of the Network has been set up. The Network is developing a number of activities aimed at achieving the following overall objective: "Separated children whose age is disputed enjoy all their rights (especially to protection) provided by national and international legal frameworks as a result of age assessment methods and procedures being in line with the Statement of Good Practice".

#### **b. SCEP standards on age assessment**

As a starting point to both plan in details its activities and measure impact achieved against baseline data, in May 2010 the SCEP Network planned to undertake a review of the current situation regarding laws, policies and practices concerning age assessment in Europe, measured against a set of criteria developed on the basis of the SCEP Statement of Good Practice.

##### **SCEP criteria for age assessment review**

The following criteria were developed on the basis of section "D5. Age Assessment" of the SCEP Statement of Good Practice. They were used to measure the current situation in European countries regarding the respect of separated children's rights whose age is disputed (see below)<sup>9</sup>.

- Age assessment procedures are undertaken as a measure of last resort, where a) there are grounds for serious doubt and b) other approaches (such as interviews and attempts to gather

<sup>9</sup> These standards related to age assessment should be read in conjunction with other standards aimed at ensuring the fulfillment of separated children's rights, in particular with the Statement of Good Practice's "First Principles" – section "B").

documentary evidence) have failed to establish the individual's age.

- Informed consent is gained from the child.
- A multi-disciplinary approach is adopted.
- Age assessment is undertaken by professionals who are a) independent (whose role is not in potential/conflict with the interests of the child), b) with appropriate expertise (adequately trained) and c) familiar with the child's ethnic and cultural background.
- Procedures balance physical, developmental, psychological, environmental and cultural factors.
- Margin of error is adequate to each exam (based on updated references) and is always indicated clearly.
- If the individual's age range resulting from the exams includes the minor age, s/he is identified as a child.
- Examinations are never forced or culturally inappropriate.
- The least invasive options are selected and the child's dignity is respected at all times.
- Assessments are gender appropriate.
- An independent guardian is appointed and has oversight of the procedure.
- The procedure, outcome and consequences of the assessment are explained to the individual in a language that s/he understands.
- The outcomes of the assessment are presented in writing.
- There is a procedure to appeal against the decision and the necessary support to do so is provided
- In cases of doubt, before/pending age assessment procedures, the person claiming to be under 18 year old is treated as a child.
- An individual is allowed to refuse to undergo an assessment of age where specific procedure would be an affront to the child's dignity or where the procedure would be harmful to the person's physical or mental health.
- A refusal to undergo certain procedures does not prejudice the assessment of age or the outcome of the application for protection.
- Age assessment is undertaken in a timely fashion.

The criteria outlined above are the key-reference for assessing all different aspects of age assessment situations in the countries reviewed. They represent the main recommendations of the SCEP in order to ensure that all separated children whose age is disputed fully enjoy their rights as primarily listed in the CRC.

### **c. Methodology**

A Questionnaire was designed according to the above-standards (see Annex I). It was circulated among the SCEP Network and filled in between **June and November 2010** by **SCEP Members** based in **16 European Countries**:

- |           |                   |
|-----------|-------------------|
| • Austria | • Malta           |
| • Belgium | • The Netherlands |
| • Denmark | • Norway          |
| • Estonia | • Poland          |
| • Finland | • Portugal        |
| • Hungary | • Slovenia        |

- Ireland
- Italy
- Spain
- UK

## II. Summary of national age assessment situations

### AUSTRIA<sup>10</sup>

In Austria there is a set of legal provisions applicable to age assessment. In the vast majority of cases age assessment is initiated because authorities suspect that an individual who declares to be a child is aged above 18 years. Since the beginning of 2010, age assessment is more often applied also to family reunification cases. In very few cases age assessments are performed because authorities suspect that a person claiming to be an adult is in fact a child (normally this happens in cases of suspected trafficking and/or commercial sex work).

Especially since early 2010, age assessment has been applied as a routine practice to nearly all separated children. Even when possessing identity documents, their authenticity is questioned and their age is disputed. Normally, other approaches (e.g. trying to gather documentary evidence – when not dangerous for the individual and/or his/her relatives and close persons) are not attempted prior to resorting to age assessment examinations. Age assessment is in the largest majority of cases initiated by the Federal Asylum Office. Other authorities initiating the process are: Alien Police and Austrian Embassies.

Usually, informed consent is gained from the child whose age is being disputed. The child is informed about the reasons why age assessment is initiated, the fact that his/her age will be determined through medical and other examinations, the procedures that will be followed and the consequences that may likely result from the process. Information is provided to the child in a language that s/he can understand, but not in a culturally sensitive fashion and age-appropriate way.

Age assessment procedures applied do not comply with a multi-disciplinary approach, mainly because they focus on medical exams (carpal x-ray, dental x-ray, collar bone x-ray, dental observation, sexual maturity and physical development assessment) and not on psychological, cognitive and behavioural factors. The prevailing method used is a combination of the above-mentioned exams. Examinations are performed by different professionals, including: radiologists, dentists and forensic institutes' experts. A paediatrician is not involved in the process, and neither are social workers or cultural mediators. Professionals performing age assessment tests are normally not familiar with the child's cultural and environmental background, nor are they trained on how to conduct testing in this specific context.

Age assessment is performed mostly within a month after the arrival/interception of the separated child. Timing, however, varies from place to place and from case to case. A margin of error is normally not envisaged in the results of the exams used, whereas a "minimum age" is indicated. Certificates presenting the result of age assessment exams indicate the "average" age taken from the arithmetical mean of the "minimum ages" resulting from examinations used. Results are not clearly and thoroughly explained to the child.

Pending age assessment results, a guardian is usually not appointed (only in a few cases), although the child is often accommodated in child care facilities. Age assessment results are not made through a formal decision. The child is not informed about possibilities to appeal age assessment results, nor is s/he provided with adequate support for the appeal. There is no evidence about the consequences of a

<sup>10</sup> The information in this section was provided by the organisation 'Asylkoordination Österreich'.

refusal to undergo age assessment exams, as frequently children disappear from reception centres before the examinations are performed.

Statistics on age assessment cases are provided by the Ministry of Interior on a monthly basis, although they do not fully encompass recognition rate, appeals and decisions on age assessment cases.

Summary of most critical issues:

- Age assessment is carried out as a routine practice in nearly all cases of separated children seeking asylum;
- The methods applied do not focus on multi-disciplinary approach; they encompass exams that are dangerous for the child's health (x-ray);
- No margin of error is applied, generally;
- It is very difficult to challenge age assessment results.

## **BELGIUM<sup>11</sup>**

In Belgium there are legal provisions applicable to the age assessment of separated children, as part of reception and guardianship laws as well as administrative acts. Legal reform on the topic is currently being discussed by the relevant institutions. In most cases, age assessment takes place because authorities suspect that an individual who declares to be a child is aged above 18. Age assessment is performed almost on a regular basis when an individual arrives at the border, even when s/he has identity documents, which may be suspected to be fake and/or not valid to enter and stay in the country. The use of age assessment examinations has increased from 2006 to 2008 (with, respectively, 13.57% and 21.62% of individuals declaring to be children referred to assessment), with a slight decrease in 2009 (18.19%)<sup>12</sup>. Normally, other approaches to assess the age of the child are not attempted before resorting to medical examinations. Sometimes social workers providing assistance to the presumed child attach relevant documents to prove his/her minor age, although there is no evidence of the impact they have on each case.

The Guardianship Service is the only authority allowed to initiate age assessment, although doubts concerning the individual's age may be raised also by other bodies (Foreign Office, Police etc.). Before performing age assessment, the informed consent of the presumed child is obtained; s/he is informed about the fact that his/her age will be determined through medical and other examinations and about the procedures that will be used as well as the consequences that may likely result. Such information is provided through an interpreter, in a language that the child can understand. The assessment derives from a triple test: collar bone, wrist and dental x-rays. No other physical exam is applied. Despite it being envisaged by law, a psychological assessment is not performed either. Tests are performed by 3 different radiologists and the interpretation of respective results is the responsibility of a doctor from a selected hospital (the Guardianship Service has agreements with 3 hospitals at present). No paediatrician is involved in the process, nor are social workers or cultural mediators. Professionals are usually trained to undertake the age assessment, but they are often not familiar with the child's cultural and environmental background.

Age assessment on average takes place within a week, although timing varies from place to place according to the reception centre where the child is accommodated. With the reception crisis, delays up to 3 months have occurred. This is partly due to a legal gap between the guardianship act (which states

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<sup>11</sup> The information was provided by the organisation 'Platform Minors in Exile'.

<sup>12</sup> Source: Belgian Guardianship Service.



that age assessment should be undertaken immediately) and the reception act (which allows a delay of three working days, in practice nine days counting in weekends and bank holidays). A margin of error is envisaged, but based on out-of-date indicators<sup>13</sup>. Age assessment results are presented in a certificate and explained to the child. Pending age assessment, the child is not always treated as a child; in particular, although stated by law, a temporary guardian is not systematically appointed and the child is seldom placed in child reception facilities.

Age assessment results are made through an administrative decision (taken by the Guardianship Service). The child is normally informed about the possibility, and receives adequate support, to appeal it. However, appeal possibilities are limited to asking for a re-interpretation of the 3 tests performed (see above). Likewise, the child is informed about the possibility to refuse undergoing age assessment examinations. There is no evidence, however, about the consequences of a refusal to undergo age assessment, or about the impact that such refusal can have on a protection request (besides the individual being treated as an adult or child according to the age attributed).

Statistical data about age assessments are partially available as collected by the Guardianship Service. However, the latest annual report of the above-institution dates back to 2005; some data on age assessment is available on the Guardianship Service website.

Summary of most critical issues:

- During the age assessment process, the child is not systematically considered and treated as a child; in particular, a guardian who could also assist the child throughout the assessment is not appointed;
- The methods used do not comply with a multidisciplinary approach; even though provided by law, a psychological assessment is not part of the assessment;
- In practice, the child is not systematically given the benefit of doubt and in some cases institutions, although three tests are undertaken, will only use the results of one of them, e.g. the one indicating that the child is over 18.

**DENMARK<sup>14</sup>**

In Denmark there is a specific reference in the law to age assessment in the context of migration. A new provision in the Danish Aliens Act specifically relates to age assessment, stating that “[Police] and the Immigration Service may request that an unaccompanied alien who has stated to be under the age of 18 participates to a medical examination to determine his/her age”. Normally age assessment is initiated because authorities suspect that an individual who declares to be a child is aged above 18. However, the above-mentioned commentary to the new law proposals states that the aim is to implement age assessment to a greater extent than before. According to this new policy, age assessments will not be performed only when it is obvious from an immediate assessment that the applicant is either a child or an adult. Individuals may be referred to age assessment even when they possess identity documents as these may be suspected to be faked and/or are not valid for entry and stay.

Age assessment can be initiated by the Police and by the Immigration Service. Informed consent is usually not gained from the child, although s/he is informed about the reasons why the process is initiated, the fact that his/her age will be determined through medical or other examinations as well as the procedures that will be used and the consequences that may result from the assessment.

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<sup>13</sup> Most common x-ray techniques in Europe use reference materials that are more than 75 years old and draw upon a small test group from the United States of America only.

<sup>14</sup> The information in this section was provided by Save the Children Denmark.

Information is conveyed to the child in a language that s/he can understand, in a culturally appropriate and age-sensitive fashion.

Examinations used for age assessment do not comply with a multidisciplinary approach. They include carpal x-ray, dental x-ray and dental observation, and physical development assessment, whereas the procedure does not focus on behavioural and psychological factors. Tests are undertaken by specialists from the Institute of Forensic Medicine. A paediatrician is not involved in the process, nor is a social worker, whereas a cultural mediator or counsellor from the Danish Red Cross assists the child throughout the process. Professionals undertaking the examinations are in an independent position and are generally trained to undertake age assessment tests.

The process takes place between a week and a month's time after arrival or interception of the child. A margin of error is normally envisaged for each examination. Results are clearly explained to the child by the above counsellor. A guardian is not appointed pending age assessment results, but the child is accommodated in a child care facility. Age assessment results are made through an administrative decision by the Danish Immigration Service. There is the possibility to appeal the decision to the Ministry of Integration, and the child is informed about the possibility to appeal and provided with limited support to do so (no legal assistance is provided, but the Red Cross counsellor advises him/her). There is no evidence about the consequences of refusal, but the child normally either undertakes the tests or disappears.

Statistics about age assessment are partially provided by the Ministry of Integration and the Immigration Service. However, these data have been made available only recently, as part of the commentary to the draft-law amending the Aliens Act (see above). It appears that in 2009, out of 529 separated children who applied for asylum in Denmark, 120 of them underwent age assessments. In 73% of cases it was thus established that the individual stating to be a child was aged 18 years or above<sup>15</sup>.

Summary of most critical issues:

- During the age assessment process, an independent guardian is usually not appointed;
- There is no transparency on data – especially regarding appeals;
- There is no real possibility to refuse undergoing age assessment;
- No legal support is provided for the child to appeal;
- In case of refusal, burden of proof lies with child;
- Methods used for age assessment only partially comply with multidisciplinary approach.

**ESTONIA<sup>16</sup>**

In Estonia, according to the legislation, if the Citizenship and Migration Bureau (CMB) has reasonable doubts regarding the information provided by an asylum seeker as it concerns his/her age, medical examinations for age assessment may be conducted with the consent of the applicant or his/her representative. If necessary, the Citizenship and Migration Board will require specific expertise from the Forensic Science Institute. The need of an assessment may also emerge if the individual is involved in

<sup>15</sup> For further information, please see:

- Ministry of Integration, DRAFT Proposal to Law - amending the Law on Foreigners and Integration Act (The treatment of cases involving unaccompanied alien minors), Comments to the law proposal, 2010.  
- Cand. scient.pol Inger Backer Neufeld and cand. Mag. Caspar Strand, Red Barnets rapport om handel med børn i Danmark, 2006.

<sup>16</sup>The information in this section was provided by 'Estonian Union for Child Welfare'.

legal proceedings, in which case the examinations will be disposed by the court. If medical examinations to assess age are refused, the Police and Boarder Guard Board shall, according to legislation, consider the person to be an adult, unless the person is clearly a minor.

The applicable method for age assessment in Estonia is the assessment of physical growth based on the Tanner & Whitehouse (TW-2) method. Age assessment tests are carried out by the Estonian Forensic Science Institute, which is a state agency established on 1 January 2008 and administered by the Ministry of Justice. Unaccompanied minors are identified primarily on the basis of their own statements, appearance, behaviour etc. In case of doubt medical tests may be used. Tests may be ordered by the CMB at the start of the asylum procedure or, if doubts about the person's age occur in the course of legal proceedings, by the court. If an age assessment is ordered by the CMB, the minor is placed in the initial reception centre for the duration of the examination. The test is conducted with the consent of the minor or their legal representative who are informed that a refusal to undergo age assessment may result in a rejection of the asylum claim. There is a possibility to appeal against the way the procedure was conducted.

In practice there is record of only two cases of age assessment applied to the case of presumed children whose age was disputed. The methods used were a combination of physical development assessment, dental x-rays and consultation with children's radiologists. The individuals were assessed to be adults and treated as "illegal" migrant.

Summary of most critical issues:

- If age assessment is refused, the child will be considered an adult and refusal may result in the rejection of the asylum claim.
- No access to appeal age assessments results, only the procedure.
- Methods used for age assessment only partially comply with multidisciplinary approach.

**FINLAND<sup>17</sup>**

In Finland, provisions regulating age assessment are contained in different pieces of legislation, including: the law on the use of radiations (1991), followed in 1997 by a special permit issued by the Radiation and Nuclear Safety Authority of the Department of Forensic Medicine at the University of Helsinki authorizing teeth and skeleton x-rays for age assessment; while an amendment to the Aliens Act which came into force on 1 July 2010 provided a legislative framework to age assessment.

In the context of migration, age assessment is almost only initiated because authorities suspect that an individual who declares to be a child is aged 18 years or above. Attention is paid to individuals claiming to be adults who are suspected to be children only in exceptional cases. Sometimes the testing is conducted with the aim to determine the exact age of a child, being this considered in his/her best interest; in these cases, age assessment is requested by authorities other than the ones dealing with immigration.

According to the law, age assessment can be initiated only when there are reasonable grounds for suspecting the reliability of the information that the individual has provided on his/her age. However, practice varies as different interpretations exist of what constitutes "reasonable". Age assessment is often initiated even when the individual has identity document. It seems that authorities more often than not tend to question these documents when they state that the person is a child. On the opposite,

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<sup>17</sup>The information for this section was provided by the 'Central Union for Child Welfare'.

though, there have been a few cases when the police accepted not to proceed to age assessment after the individual whose age was disputed presented copies of their birth certificates.

The use of age assessment has increased over the past two years. This is partially due to the high increase in numbers of separated children entering the country since 2008, but along with that, a stronger pressure to perform age assessment has evolved as well. As a result, the number of tests conducted increased from some dozens as an annual average in the previous 15 years to 95 age assessments carried out only in the first half of 2009. Normally, other approaches are not attempted prior to resorting to age assessment examinations, except for some questions that the Police might ask the individual aimed at reconstructing his/her own story. There is the fear that since the legislation envisages clearer procedures for tests, age assessment are now more often being entirely left to medical examinations than in the past.

Age assessment can be initiated by the Police, the Border Guard or the Finnish Immigration Service. Individuals who claim that a wrong age was attributed to them cannot request age assessment. Informed consent is gained from the child; s/he is informed about the fact that his/her age will be determined through medical and other examinations, about procedures that will be used and the likely outcomes of the process. Information is provided in a language that the child can understand, in a culturally sensitive and in an age-appropriate manner.

Examinations do not fully comply with a multidisciplinary approach. Different exams are used, including carpal x-ray, dental x-ray and dental observation. Anamnesis of diseases and environmental factors are considered during an interview prior to performing x-rays; the procedure does not focus on psychological assessment. Exams are performed by two different experts first independently and then jointly in order to come to a shared result. Tests are performed at the Department of Forensic Medicine of the University of Helsinki, although sometimes they are also conducted at central hospitals, municipal health centres or private health care institutions. No paediatrician is involved in the process, nor are social workers or cultural mediators.

Age assessment can take several months before being accomplished. A margin of error is envisaged and in case the range includes the minor age, the individual is considered and treated as a child, although this is not always the case. Pending age assessment results, a guardian is appointed in most cases and s/he would assist and represent the presumed child throughout the process. There are no concrete possibilities to appeal against age assessment results. The child is informed about the legal provisions in case s/he refuses to cooperate throughout the age assessment procedures. The law foresees that “anyone who refuses to undergo an examination is treated as an adult if there are no reasonable grounds for refusal. A refusal to undergo an examination may not as such constitute grounds for rejecting an application for international protection”.

No data are made publicly available about age assessments in Finland. The Ministry of Interior occasionally releases some data – typically in the framework of a commentary to new draft-laws<sup>18</sup>.

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<sup>18</sup> For further information, please see:

- Aliens Act (301/2004), amendment Section 6a (549/2010) on Medical Age Assessment (came into force on 1 July 2010). In English: <http://www.finlex.fi/en/laki/kaannokset/2004/en20040301.pdf>
- Annika Parsons: *The best interests of the child in asylum and refugee procedures in Finland*. Ombudsman for Minorities, Helsinki, 2010. [http://www.intermin.fi/intermin/vvt/home.nsf/files/VV%20lapsen%20etu%20-selvitys\\_englanti/\\$file/VV%20lapsen%20etu%20-selvitys\\_englanti.pdf](http://www.intermin.fi/intermin/vvt/home.nsf/files/VV%20lapsen%20etu%20-selvitys_englanti/$file/VV%20lapsen%20etu%20-selvitys_englanti.pdf)
- Heli Aali: a study on age assessment procedure in Finland, a final thesis of a law student at Turku University, March 2010. (in Finnish)

#### Summary of most critical issues:

- The decision to initiate age assessment presents a high degree of discretion by public authorities; there is little transparency about why certain individuals are referred to age assessment while others are not;
- The individual whose age has been wrongly established cannot apply for age assessment or re-assessment;
- When an age is established, the way the date of birth is recorded varies from one police department to the other;
- Since new legislation was adopted which more clearly regulates procedures for medical tests, authorities seem to increasingly rely solely on medical tests to assess an individual's age.

#### **HUNGARY<sup>19</sup>**

In Hungary, specific provisions on age assessment applicable to separated children are contained in the Asylum Act (2007). In practice, age assessment is normally initiated because authorities suspect that an individual who declares to be a child is aged above 18. Age assessment is usually initiated when there are grounds for serious doubt concerning the individual's age and not as a routine practice, nor when the individual has identity documents, unless these are proved to be false (however, very rarely separated children arrive with documents). The use of age assessment examinations has increased over the past 2 years. Other approaches are normally not attempted prior to resorting to examinations.

Authorities who can initiate age assessment are the Office of Immigration and Nationality and the Regional Refugee Department. Informed consent is generally gained from the child; s/he is informed about the reasons for initiating age assessment, the fact that his/her age will be established through medical or other examinations, the procedures that will be used and the outcomes that may likely derive from the process. Information is provided to the child in a language that s/he understands and in a culturally sensitive and age-appropriate way.

Examinations performed do not comply with a multi-disciplinary approach. They include dental observation, sexual maturity assessment, physical development assessment by a paediatrician and a family doctor, and seldom carpal x-rays. Tests do not focus on cognitive and/or behavioural elements or on psychological maturity. Doctors performing age assessment examinations include a paediatrician, a family doctor and a radiologist to undertake the x-rays. The paediatrician's role is central in the process. Neither social workers nor cultural mediators are involved. Generally, professionals involved in the process are in an independent position, but they are not familiar with the child's cultural and environmental background, and they are seldom trained to conduct age assessment and about the reasons for that.

Age assessment procedures are normally initiated after the individual applies for asylum, within the time of the preliminary examination of the application (15 days). A margin of error is envisaged for each exam applied, although they are only partially based on reliable parameters. Outcomes of age assessment examinations are clearly presented in a certificate. If the range includes the minor age, the individual is treated as a child. A guardian is only appointed after the age assessment. The child is accommodated in child care facilities.

There is rarely a possibility to appeal the results of the age assessment tests that are included in the asylum decision and not made through a separate decision. The child is however informed about the

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<sup>19</sup> The information for this section was provided by 'Menedék- Hungarian Association for Migrants'.

possibility to appeal; however, so far there have been no cases in which someone challenged age assessment decisions. If the child refuses to undergo age assessment examinations, s/he will be treated as an adult. The child is informed about both the possibility and the consequences of such refusal. No data on age assessment practice is made available in Hungary<sup>20</sup>.

Summary of most critical issues:

- The methods used for age assessment focus only on physical aspects and do not consider psychological aspects or cultural and environmental factors;
- There are no detailed provisions regulating age assessment procedures in the country;
- No training is envisaged for professionals performing age assessment.
- Guardians are appointed after age assessment is conducted, which means no guardian is present to assist the child before and during the age assessment test.
- Lack of an appeal mechanism

**IRELAND<sup>21</sup>**

In Ireland, age assessment is referred to in the Refugee Act (1996) and in the Child Care Act (1991). A new Immigration, Residence and Protection Bill is currently being debated at the Parliament. This law, which would replace the current Refugee Act, contains provisions specifically aimed at regulating age assessment. In practice, age assessment is normally initiated by the Garda National Immigration Bureau (GNIB) and the Office of Refugee Applications Commissioner (ORAC) when they suspect that an individual who declares to be a child is aged above 18. Age assessment is usually initiated when there are grounds for serious doubt concerning the individual's age. Where possible, public officials in charge attempt other approaches prior to resorting to age assessment examinations, such as making contact with the school in the child's country of origin.

Age assessment is initiated by different authorities, including: the GNIB – who would refer the individual to the ORAC or to the Health Service Executive (HSE) – and by the ORAC itself, who has the final say in establishing the individual's age. Social workers assisting a child referred to the State care can also initiate age assessment, through a request to the ORAC.

Before assessing his/her age, informed consent is usually not gained from the child, nor is s/he informed about the reasons why age assessment is initiated and the procedures that will be applied. The child receives brief and general information about the consequences that may derive from the age assessment outcomes, and sometimes this information is provided in a language that the child can understand and in an age-appropriate manner. Examinations used do not comply with a multi-disciplinary approach, in that they do not encompass physical development assessments. No medical exams are applied, while the process focuses on cognitive and behavioural appraisal, psychological interviews, physical appearance and questions of the individual's own story (e.g. activities s/he was engaged in prior to leaving his/her country, education history, ability to care for him/herself etc.)

Age assessment is normally performed by an “authorized officer” from the ORAC. A paediatrician is seldom involved in the process. Often, the officer performing the age assessment interview is a social worker. No cultural mediators are involved, and the professionals performing the assessment are not

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<sup>20</sup> For further information, please see: Report by the Parliament Commissioner for civil rights in case number AJB 7210/2009 (Issued: January 2010).

<sup>21</sup> The information for this section was provided by the Irish Refugee Council.

always familiar with the child's cultural and environmental background, nor are they trained to conduct testing effectively or familiar with the reasons for conducting age assessment. There is no standard timing to when age assessment is initiated after a child's arrival, as it varies from case to case depending on when a presumed child comes to the authorities' attention.

As no medical tests are used, margins of error are not applied in the process. In theory, when unsure of the age of an individual claiming to be a child, authorities should give him/her the benefit of doubt; however, the application of this principle is discretionary in practice. The outcomes of age assessment are not presented in writing, although they are sometimes explained to the child (depending on the social worker responsible for the case). Pending age assessment conclusion, the child is usually not treated as a minor. In particular, an independent guardian is not appointed. However, if the child has been placed at the HSE, a social worker will assist him/her during the age assessment interviews. The child may also occasionally be placed in child care facilities.

Age assessment results are made through an administrative decision issued by ORAC. There is no procedure to appeal against the results. If the individual has been identified as a child as a result of age assessment procedures, and the authorities s/he has been subsequently referred to doubt that his/her age has been determined correctly, they may refer him/her to ORAC for re-assessment. The child is not provided with a real option not to participate in the age assessment process. Usually s/he is informed that in this case the burden to prove the minor age will be entirely with him/her.

Data and statistics on age disputes and assessment cases are available only upon request to the HSE. However, these data do not include information on recognition rates, appeals and decisions on age assessment cases<sup>22</sup>.

Summary of most critical issues:

- Lack of legal framework for age assessment;
- Lack of standardized procedures for age assessment;
- Lack of child-friendly measures in the process;
- Pending age assessment results, the child is often placed with adults
- No procedures exist for the child to appeal the results of the age assessment tests. Authorities meanwhile can get the results reassessed if they doubt the decision. ;
- Lack of consistent and appropriate training for officials conducting age assessment.

**ITALY<sup>23</sup>**

At the time of this report, there was no comprehensive and specific legal act regulating age assessment in Italy. A series of provisions are contained in different legal and administrative acts of the immigration law, asylum law and a law on the use of x-rays. A specific regulation on age assessment has been issued by the Ministry of Interior, clarifying the provisions contained in the asylum law. In May 2008, the Ministry of Interior mandated the Ministry of Health to issue a set of standard procedures for

<sup>22</sup> For further information, please see:

- Charles, K. (2009) *Separated Children Living in Ireland: A report by the Ombudsman for Children's Office* Dublin: Ombudsman for Children's Office
- Joyce, C., Quinn, E. (2009) *European Migration Network: Policies on Unaccompanied Minors in Ireland* Dublin: The Economic and Social Research Institute
- Mooten, N (2006) *Making Separated Children Visible: The Need for a Child-Centred Approach* Dublin: Irish Refugee Council
- HSE Document (date unknown) *Practice Guidelines for Age Assessment of Young Unaccompanied Asylum Seekers*

<sup>23</sup> The information in this section was provided by 'Save the Children Italy'.

assessing the age of separated children. Such procedures were produced in 2009 but as of today have not been legally adopted.

In practice, most age assessment cases related to separated children are initiated because authorities suspect that an individual who claims to be a child is aged above 18. Sometimes age assessment is requested to establish whether the child is aged above or below 14 in relation to criminal responsibility. In a few cases, organizations assisting a presumed child will request a (re-)assessment when they believe that s/he has been wrongly identified as an adult. Age assessment is normally initiated as a routine practice, besides exceptions in some areas of the country. Often age assessment is initiated even when an individual has identity documents, particularly when they are not valid for entry and stay (e.g. birth certificate) and/or are suspected by law enforcement authorities to be faked. Seldom are other approaches attempted prior to resorting to age assessment through medical tests. This happens mainly when NGOs persuade the law enforcement authorities to wait until other means to establish the child's age have been explored without any feedback.

Age assessment can be initiated by law enforcement authorities including judicial police and by judicial authorities. In practice, however, other institutions can also refer the presumed child to age assessment (e.g. local authorities, professionals from child care facilities). Informed consent is seldom gained from the child and the child is likewise rarely informed about the reasons why age assessment is initiated. Additionally, there is no procedure to inform the child that his/her age may be determined through medical and other exams, what procedures will be used and the consequences that may come from its outcomes. The above information is rarely provided to the child in a language that s/he can understand, in an age appropriate and culturally-sensitive manner.

Age assessment procedures usually do not comply with a multi-disciplinary approach. Exams used focus on physical factors (carpal x-ray, dental observation, sexual maturity assessment, physical development assessment by a paediatrician) and do not assess psychological, cognitive and behavioural aspects. Only seldom more than one exam is applied, while most often the assessment is based on one exam only. A paediatrician is hardly ever involved in the process. Neither are social workers or cultural mediators. In few cases professionals undertaking age assessment are familiar with the child's cultural and environmental background and they are generally not trained to conduct testing effectively nor are they informed about the reasons for age assessment.

In many cases age assessment occurs upon arrival or interception of the child on the territory, normally within the first 24 hours. In a number of cases, the margin of error is not indicated at all, or in an unclear way: for example, the certificate issued states the "compatibility with the adult age" without indicating any age range. Parameters on which carpal x-ray is based rely upon out-of-date and limited data. The outcomes of the age assessment process are seldom explained to the child clearly, in a language and fashion that s/he can understand. Pending age assessment, the child is usually not treated as a minor, so consequently an independent guardian is not appointed to assist the child through the process and s/he may be placed in facilities for adults (migrants or asylum seekers) or not offered any shelter at all, particularly if s/he is without documents.

Possibilities to appeal against age assessment are very limited. Age assessment results are usually not made through a formal decision. The child is normally not informed about the possibility to appeal against the results, nor is s/he provided with adequate support to do so. Similarly, the child is generally not informed about the possibility to refuse undergoing exams and the consequences of such refusal in a language that s/he can understand and in an age-appropriate manner. There are no statistics available on age assessment.

Summary of most critical issues:



- Age assessment is increasingly performed as a routine practice; public authorities have too much discretion in deciding when or whether to initiate age assessment procedures;
- The process usually focuses on only one exam, normally considering physical development aspects only;
- There are very limited possibilities to appeal against age assessment results in practice.

#### **MALTA**<sup>24</sup>

In Malta, legal provisions regulating age assessment are contained in the Immigration Policy Document (2005). In practice, age assessment is normally initiated because authorities suspect that an individual who declares to be a child is aged above 18. Age assessment is performed as a routine practice to all individuals claiming to be a child, who often do not have identity documents. However, age assessment is initiated even if the individual claiming to be a child possesses identity documents. As age assessment is initiated in virtually all cases of individuals claiming to be children, its use has increased over the past years as more separated children have reached the country. Other approaches are not attempted before resorting to medical and other exams, primarily because most immigrants are seeking international protection and thus using diplomatic channels would pose them at risk.

Age assessment may be initiated by anyone who comes into contact with an individual claiming to be a separated child. Cases are usually referred by the immigration police upon arrival or through NGOs or UNHCR. There is no evidence that informed consent is gained from the child before s/he is referred to age assessment. Once there, the child is informed about the reasons why age assessment has been initiated, about the fact that his/her age will be determined through medical and other exams and the consequences that may likely result from the age assessment outcomes. Often such information is provided to the child in a language that s/he can understand, in a culturally appropriate fashion and in an age-sensitive manner.

Age assessment procedures comply only partially with a multi-disciplinary approach. The prevailing method used is an interview, while the wrist x-ray is performed where there is still reasonable doubt about the age declared by the individual. While the wrist x-ray is performed by a radiologist, the interview is undertaken by an “age assessment team” consisting of two social workers and an integration and welfare officer. No paediatrician is involved, while cultural mediators seldom assist in the process. Professionals undertaking age assessment are not in an independent position and their role is in potential conflict with the individual’s interest to be identified as a child. They are often familiar with the child’s cultural and environmental background and trained to conduct age assessment and its reasons.

Age assessment usually takes place within a week after the individual claiming to be a child comes into contact with authorities. If medical tests are requested, the process can take up to a month. If age assessment is initiated following the individual changing his/her date of birth, age assessment will take place then. A margin of error is indicated where medical tests are used and in case the age range includes the minor age, the individual will be identified and treated as a child. The results of the age assessment are normally presented in a certificate and clearly explained to the child in a language and manner that s/he can understand.

In principle, the individual claiming to be a child is treated as a minor pending age assessment, and s/he is placed within child care facilities. However, an independent guardian is not appointed and therefore cannot assist the child throughout the process. Age assessment results are not made through an

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<sup>24</sup> The information in this section was provided by the organisation ‘AWAS’.

administrative decision but form the basis for further decisions including those concerning the care and assistance to be provided to the individual. In the majority of cases, children are informed about the possibility to appeal against age assessment results and are provided with adequate assistance to do so. Appeal is carried out through an independent entity as envisaged by the Refugee Act.

The child is informed about the possibility to refuse undergoing age assessment. In case the child refuses to undergo age assessment, this does in principle not affect the protection process and decision, and discussions are carried out with the child to ascertain what the reasons are behind refusal. Data concerning age assessment are only partially available, and they encompass statistics on recognition rates, appeals and decisions on age assessment cases. These data are collected by the Agency for the Welfare of Asylum Seekers and other entities carrying out ad hoc researches.

Summary of most critical issues:

- Age assessment is performed as a routine practice to virtually all individuals claiming to be children;
- The methods used only partially comply with a multi-disciplinary approach;
- Professionals undertaking age assessment are not in an independent position and their role is in potential conflict with the individual's interest to be identified as a child;
- Pending age assessment results, an independent guardian is not appointed and cannot therefore represent and assist the child throughout the process.

**THE NETHERLANDS<sup>25</sup>**

In The Netherlands, legal provisions concerning age assessment are contained in the Aliens Order and in the Aliens Regulations.

In practice, age assessment is usually initiated because authorities suspect that an individual who claims to be a child is aged above 18. In rare cases, related to the commercial sex market, age assessment is initiated based on the doubt that an individual who declares to be an adult is indeed a child. Age assessment is normally initiated when there are grounds for serious doubt concerning the presumed child's age. In particular, this happens when the Immigration and Naturalization Service (IND) doubts the minor age of a child, and the individual cannot provide evidence to prove his/her age. Age assessment can be initiated even when the individual has identity documents that are suspected to be faked and/or are not valid for entry and stay in the country.

The use of age assessment has increased over recent years. There is a protocol for age assessment, according to which whenever an IND employee, during research about the individual's identity, doubts the age declared by an asylum applicant, this doubt has to be confirmed by at least two other employees. These employees are not specifically trained in relation to age assessment. The age assessment is offered by the Ministry of Interior to the child when there are no valid identity documents to prove the alleged minority of the child.

The child needs to give his/her informed consent and needs to sign a request for the age assessment. S/he is informed about the reasons why age assessment is initiated, about the fact that his/her age will be determined through medical and other examinations and the procedures that will be used. The

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<sup>25</sup> The information in this section was provided by 'Defence for Children International - ECPAT the Netherlands'.

above information is provided in a brochure in a language that the child can understand and with an interpreter clarifying its contents.

Examinations used do not comply with a multidisciplinary approach. They include carpal x-ray (limited examination: only 1 photo of the radius not the entire wrist) and collar bone x-ray (extensive examination of 3 photos). The IND decides whether a limited or an extensive examination is needed. No exams focusing on physical development, psychological, cognitive or behavioural aspects are included in the procedure. A radiographer from the Dutch Forensic Institute (NFI) performs the x-ray and decides if the x-ray is sufficient for the radiologist to investigate the age. A physical anthropologist of the NFI translates these results into a child calendar-age. There are two results possible: 'not proven of age' and 'proven to be of age'. No paediatrician is involved in the assessment, nor do social workers or cultural mediators assist in the process. The independence of professionals performing age assessment is very questionable: in particular, the NFI is part of the Ministry of Justice, such as the IND. The names of radiologists performing the age assessment are not provided. They stay anonymous. There is no other centre where the individual can revert to for a re-assessment to challenge the first assessment's results. As professionals performing age assessment are anonymous, it is not possible to state whether they are or are not familiar with the child's cultural and environmental background or whether they are trained to conduct testing effectively and are informed about the reasons for age assessment. An Institution for Medical Advice (Stichting Medisch Advies Kollektief) has performed a hundred counter assessments in the past years and has challenged the results of age assessments.

Age assessment is usually conducted within a week's time after the doubt concerning the child's age is raised. No margin of error is envisaged for the exams applied. If the two (anonymous) radiologists involved in the procedure (see above) do not agree about the age assessed, they will be requested by the NFI to revise or confirm their opinions and to reassess the results provided. These results are not clearly presented in a certificate, nor are they explained to the child in a language and manner that s/he can understand. Pending the age assessment, no guardian is appointed (and no guardian is present during the assessment). The guardianship organization for separated children, Nidos, is informed about the outcomes of age assessments. A guardian is appointed when the child is assessed as a minor. The child is sometimes accommodated in child care facilities and other times placed with adults including in detention centres or large-scale camps.

The age assessment result is a formal decision. There is however very limited possibility to appeal against age assessment results in reality. The child is made aware about this possibility only if a lawyer informs him/her. In case the child refuses to participate in the age assessment process, his/her adult age will be assumed. Moreover, the credibility of his/her asylum application will be questioned by the IND. The child is informed about the possibility to refuse undergoing age assessment exams and about its consequences in a language that s/he can understand and in an age-appropriate manner. This is done through a brochure informing him/her about the whole age assessment procedure (see above).

Data and statistics on age assessment are not regularly available. Occasionally reports are made about numbers of age assessment cases in a given year; however these do not include information on recognition rates and appeals.<sup>26</sup> Furthermore the protocol for the age assessments has often been revised over the past years which had consequences for the children.

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<sup>26</sup> For further information, see:

- Protocol "Leeftijdsonderzoek", Ministerie van Justitie Nederlands Forensisch Instituut, January 24th 2011. 2010, available at: [http://www.nederlandsforensischinstituut.nl/dienstverlening/onderzoeksgebieden/Leeftijdsonderzoek\\_bij\\_levenden.aspx](http://www.nederlandsforensischinstituut.nl/dienstverlening/onderzoeksgebieden/Leeftijdsonderzoek_bij_levenden.aspx).
- Mr. W. Lozowski, "Leeftijdsonderzoek: de twijfel blijft", Nieuwsbrief Asiel & Vreemdelingenrecht 2004.
- P. Denium & B. Hoekstra & mr. M. Jongejan & drs. L. Verkooyen & drs. F. Van der Meer (red.), "GVA- Procedure"

#### Summary of most critical issues:

- The guardian does not assist the child throughout the age assessment process;
- Professionals undertaking age assessment are covered by anonymity, therefore their adequate knowledge on the process cannot be verified;
- There is a very limited possibility to appeal against age assessment results in reality and the child is only made aware about the possibility to appeal if his/her lawyer informs him/her.
- If a child refuses to undergo age assessment, h/she will be assumed to be an adult and the credibility of his/her asylum application will be questioned by the IND.
- There is no research on the scientific limitations of the methods applied. It is very difficult to have a scientific discussion on this topic because the procedure is characterized by anonymity.
- It is not a standard that children get a counter-expertise.
- The age assessment protocol has changed regularly the past years.

#### **NORWAY<sup>27</sup>**

In Norway, provisions regulating age assessment are contained in the Norwegian Asylum and Immigration Act (art.88) entered into force on January 2010. Normally, age assessment is initiated because authorities suspect that an individual who declares to be a child is aged above 18. Although not all separated children have their age disputed, in most cases those seeking asylum whose declared age is between 16 and 18 are referred to age assessment. This happens even when the individual brings identity documents, as these may be considered not reliable, due to allegations or evidence about the level of corruption or lack of birth registration system in the country of origin. The use of age assessment has increased over the past years due to a sharp increase in the numbers of asylum seekers – including separated children – in the country. In some cases, immigration authorities may also initiate age assessment procedures to assess whether a child is below 15 years of age as children under 15 are placed in special child care facilities administered by child welfare services.

Although very limited, information collected through other means is considered along with results of medical tests when establishing an individual's age. In addition, the burden of proof is entirely placed on the child, in that s/he should try and gather documentary evidence about his/her declared age. Age assessment can be initiated by the Norwegian Directorate of Immigration. Informed consent is gained from the child and s/he is informed about the reasons why age assessment is initiated, the fact that medical and other exams will be used, the procedures applied and the consequences that may likely result from its outcomes. This information is provided to the child in a language that s/he can understand and with the assistance of a specialized case manager.

Examinations applied, partially comply with a multi-disciplinary approach. They include: carpal x-ray, dental x-ray and dental observation. There are no exams focusing on psychological, cognitive or behavioural aspects. However, the final decision concerning the individual's age takes into account other information collected through the asylum procedure and any other documentary evidence, as well as consideration for the individual's maturity and age made by professionals in close contact with him/her (e.g. guardian, law enforcement officers, professionals working at the reception centre where the child is accommodated etc.). The latter is however not routinely considered. Dental and carpal x-

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- Radiologen S.G. Robben & R.R. van Rijn, "Röntgenfoto's van mediale clavicula uiteinden volgens de methode van de IND: ongeschikt voor de bepaling van meederjarigheid" NTGV vol. 148 nr 46, pag. 2274-2279, 2004
  - A.M. Keunen en J.H. Schumacher, "Leeftijdsonderzoek: kritiek blijft onbesproken" NAV vol. 24 nr. 2 pag. 56-62, 2008
  - E. van de Heuvel-Vromans, "Het lichaam als leugen detector: leeftijdsonderzoek door botanalyse", de Migratiemachine(Rethenau Instituut) pag. 99-121, 2009.

<sup>27</sup> The information in this section was provided by the Norwegian Directorate of Immigration.

rays are conducted by experts in paediatric radiology who reach a conclusion independently. Based on the above-results, a paediatrician from the Oslo University Hospital will make a final statement on the individual's age. Social workers are seldom involved in the process, while cultural mediators do not assist at all. Professionals undertaking age assessment are seldom familiar with the child's cultural and environmental background, whereas they are generally trained on how to conduct testing effectively and are informed about the reasons for age assessment.

The child is informed about consequences of a refusal to undergo the medical age assessment test . In case of refusal, the Norwegian Directorate of Immigration will still establish the individual's age, and the burden of providing evidence to prove his/her minor age will be entirely placed on the individual.

The time according to which age assessment is conducted varies from case to case; however it is generally conducted within the first two months, shortly after the asylum interview. A margin of error is envisaged for each type of exam used. Age assessment results and outcomes are clearly explained to the child, in a language that s/he can understand and in an appropriate fashion.

Pending age assessment, a guardian is appointed to assist and represent the child throughout the asylum procedure. There have however been reported cases where guardians have not been appointed. The decision about the individual's age is part of the asylum determination procedure. Consequently, s/he can appeal against the asylum procedure results and not against the age assessment results only. The child is informed about this possibility and provided with adequate assistance to appeal. If the child refuses to undergo age assessment, this factor will affect the asylum decision to the extent that the minor age is relevant to the asylum request and/or whenever child-sensitive evaluations could be made. For the moment, no data or statistics are available concerning age assessment cases.

Summary of most critical issues:

- Most separated children whose declared age is between 16 and 18 are referred to age assessment exams;
- Methods used for age assessment only partially comply with a multidisciplinary approach and include exams dangerous for the child's health;
- In case of a refusal, the burden of proof lies entirely with the child.

**POLAND<sup>28</sup>**

In Poland, there is one article of the asylum law specifically concerning age assessment. In practice, age assessment is usually initiated because authorities suspect that an individual who declares to be a child is aged above 18, in the framework of the asylum procedure. Sometimes, separated children who do not apply for asylum have their age disputed by officers of the Border Guard, although the existence of a legal basis for this practice is controversial. Age assessment is mainly initiated when there are grounds for serious doubt concerning the child's age. This normally does not happen when the individual has identity documents (although this is very rarely the case) and has not increased over the recent years. When an individual's age is disputed, normally other approaches are not attempted prior to resorting to age assessment examinations.

In most cases, age assessment is initiated by the Border Guard. In rare cases, the procedures are initiated by the Head of Alien Office. Informed consent is normally gained from the child, who is informed about the reasons why age assessment is initiated, the fact that his/her age will be determined

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<sup>28</sup> The information in this section was provided by the polish 'Nobody's Children Foundation'.

through medical and other exams, the procedures that will be used and the consequences that may likely derive from the age assessment results. This information is provided to the child in a language that s/he can understand, in a culturally appropriate and age-sensitive manner.

Examinations used do not comply with a multidisciplinary approach. Dental observation is the prevailing method applied, performed by a dentist or a radiologist. Carpal and dental x-rays are also used. A paediatrician is not involved in the process, nor are social workers or cultural mediators brought in to assist. Professionals undertaking the examinations are generally not familiar with the child's cultural and environmental background, nor are they trained to conduct testing effectively or informed about the reasons for age assessment. Age assessment is generally conducted within a month from the child's arrival or interception on the territory.

The indication of a margin of error by the professionals performing age assessment exams is made compulsory by law. Outcomes of the exams are clearly presented in a certificate. If the resulting range includes the minor age, the individual is identified and treated as a child. The outcomes of the age assessment process are seldom explained to the child in a language and way that s/he can understand. Pending age assessment results, the individual is treated as a child. In particular, an independent guardian is appointed to represent and assist the child throughout the age assessment process. S/he is also accommodated in a child care facility.

Age assessment results are declared as part of the broader decision on the asylum procedure. The latter can be appealed by the applicant, leading to the Refugee Board (the independent body receiving the appeal) having to reassess and verify also the age assessment results. Information or assistance to challenge the age assessment result specifically is not provided to the child. A refusal to undergo age assessment exams affects the protection process and decision, as the individual is treated as an adult. S/he is often informed about the possibility and consequences of such refusal, in a language that s/he can understand and in an age-appropriate manner. No data or statistics concerning age assessment cases are made available in the country.

Summary of most critical issues:

- Lack of legal basis to assess the age of separated children and migrants entering the territory irregularly who are not seeking asylum;
- Professionals lack specific training on age assessment, including familiarity with the child's background;

**PORTUGAL<sup>29</sup>**

In Portugal, there are no specific legal provisions concerning age assessment applicable to the immigration context. In practice, age assessment is normally initiated because authorities suspect that an individual who declares to be a child is aged above 18. Age assessment is usually initiated when there are grounds for serious doubt concerning the child's age and not as a routine practice, but even when the individual has identity documents that are believed to be fake and/or are not valid for entry and stay in the country. The use of age assessment has not increased over the recent years. When an individual's age is disputed, other approaches are not attempted prior to resorting to age assessment examinations.

Age assessment can be initiated by the Border and Aliens Service (governmental bodies under the Ministry of Interior that is in charge to decide on asylum requests). The Portuguese Refugee Council

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<sup>29</sup> The information in this section was provided by the 'Portugese Refugee Council'.

can also initiate age assessment as an independent part in the asylum procedure. Informed consent is generally gained from the child. S/he is informed about the reasons why age assessment is initiated, about the fact that his/her age will be determined through medical and other exams, about the procedures that will be used (although without technical details) and the likely consequences of the age assessment results. This information is provided to the child in a language that s/he can understand, in a culturally appropriate fashion and in an age-sensitive way.

Exams used do not comply with a multidisciplinary approach. These include dental x-ray, which is the prevailing method used, dental observation and carpal x-ray, and do not encompass cognitive and/or behavioural appraisal, nor psychological interviews or tests. Professionals performing the exams are from the National Institute of Forensic Medicine. They are in an independent position to perform the tests (their role is not in conflict with the individual's interest to be identified as a child); however they are seldom aware about the child's cultural and environmental background, while they are trained to conduct testing effectively and informed about the reasons for age assessment. There is no paediatrician involved in the process, nor are social workers or cultural mediators involved either. Usually when age assessment is initiated by the Aliens and Border Service the guardian/the Portuguese Refugee Council is not formally involved since the contacts are directly established with the minor to carry out the tests.

There is no usual timing for age assessment; tests are carried out whenever there is a doubt about the age declared by the asylum seeking child. A margin of error is envisaged for each examination applied. If the range includes the minor age, the individual is identified and treated as a child. Outcomes of age assessment are clearly presented in a certificate, and explained to the child in a language and manner that s/he can understand. Pending age assessment, the individual is presumed to be a child and partially treated as such. In particular, an independent guardian is appointed, who can represent the child throughout the procedure, whereas s/he is placed with adults in the only Refugee Reception Centre existing in the country. Starting from 2011, children whose age is being disputed should be placed in a new reception facility for all separated children.

Age assessment results are not made through a specific decision, while the decision concerning the asylum claim relies on the results of the tests as it concerns the individual's age. The child is generally informed about the possibility to appeal against the results and provided with adequate assistance to do so. A refusal to undergo age assessment usually negatively affects/influences the decision about the asylum claim by the applicant. The child is informed about the possibility to refuse age assessment examinations and about the consequences of such refusal in a language that s/he can understand and in an age-appropriate manner. There are no data or statistics available concerning age assessment cases in the country.

Summary of most critical issues:

- No legal provisions regulating age assessment;
- Methods applied do not comply with a multidisciplinary approach;
- A refusal to undergo age assessment usually influences the asylum decision negatively.

**SLOVENIA**<sup>30</sup>

In Slovenia, there are no legal provisions on age assessment, neither are age assessment procedures applied in practice. Whenever an individual declares to be a child, s/he is identified and treated as such by the relevant authorities.

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<sup>30</sup> The information provided in this section was provided by 'Slovene Philanthropy'.

There have been some cases in which adults have claimed to be children. In these cases, the adults were treated as children throughout the process until their identity documents were retrieved and it was proven that they were adults.

Summary of most critical issues:

- Adults claiming to be children are not identified and potentially share facilities with minors.

**SPAIN**<sup>31</sup>

In Spain, specific provisions regulating age assessment are contained in the Spanish Foreigners Law (2009) and in its Implementing Regulation of the Foreigners Law (2001). Currently, as the new Foreigners Law was adopted in 2009, the Ministry of Labour and Immigration is drafting the implementing regulation that is expected to contain new provisions on age assessment.

In practice, age assessment is normally initiated because authorities suspect that an individual who declares to be a child is aged above 18. There are also cases of individuals declaring to be adults whose age is assessed because there is doubt that they may be children. This usually happens with children who are potential/actual victims of trafficking. Age assessment is usually initiated as a routine practice. There are no standard procedures applicable across the country. Each Public Prosecutor and each regional government interprets the law differently in order to establish whether a person is a child or an adult. For instance, in some parts of the country the date of birth stated in the passport is accepted, while in other areas age assessment tests are carried out in all cases. Age assessment cases have increased over the recent years. Normally, other approaches to establish the individual's age are not attempted prior to resorting to age assessment examinations.

According to the law, age assessment can be initiated by the Public Prosecutor for Children (part of the Judiciary). In practice, though, it is initiated also by law enforcement officers. Usually, informed consent is not gained from the child, while s/he is informed about the reasons why age assessment is initiated and about the fact that his/her age will be determined through medical and other exams. No information about the procedures applied nor about the likely consequences of the age assessment results is provided to the child in a language that s/he can understand, in a culturally appropriate and age-sensitive way.

Examinations used do not comply with a multidisciplinary approach. The prevailing method used is carpal x-ray. Moreover, despite the inaccuracy of the indicators applied (Greulich and Pyle method), the results of this test have occasionally been valued over the documentation presented by the individual. No exams focusing on psychological, cognitive or behavioural aspects are encompassed by the procedure. Dental observation and sexual maturity assessment have only been conducted in few cases. Professionals performing the exams are generally forensic doctors who often lack specific expertise on physical development of children. Paediatricians are not involved in the process, nor are social workers or cultural mediators brought in to assist. Professionals undertaking the examinations are not in an independent position; they are not familiar with the child's cultural and environmental background and not trained to conduct testing effectively and about the reasons for age assessment.

Age assessment is normally conducted within 24 hours after the child's arrival or interception on the territory. A margin of error is envisaged for each exam, generally estimated at 2 years. If the range encompasses the minor age, the individual is identified and treated as a child. The outcomes of age

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<sup>31</sup> The information provided in this section was provided by 'Save the Children Spain'.



assessment examinations are generally not explained to the child in a clear way. Pending age assessment, the individual is in principle considered a child, but an independent guardian who could have oversight of the procedure is not appointed. Age assessment results are made through a decision of the Public Prosecutor for Children. The child is not informed about the possibility to appeal the decision, nor does s/he receive support to do so. A refusal to undergo age assessment is interpreted as an indication that the individual is an adult. S/he is however not informed about the possibility to refuse undergoing age assessment examinations. Data and statistics on age assessment cases are collected by the General Public Prosecutor but these are not made publicly available<sup>32</sup>.

Summary of most critical issues:

- No standard procedure applicable across the country, as each Public Prosecutor and each regional government interprets the law differently in order to establish whether a person is a child or an adult;
- Age assessment is often initiated by authorities who are not mandated to do that by the law;
- Informed consent is often not gained from the child, nor is s/he provided with sufficient information in an appropriate manner;
- Methods used do not comply with a multidisciplinary approach;
- Despite some children presented their passports indicating their minor age, some local governments do not take this proof into account and decide upon the child's age based on medical exams;
- In some areas of the country, local governments undertake age assessment in private centres, without oversight of judicial authorities (Public Prosecutor for Children);
- Professionals undertaking the examinations are not in an independent position, they are not familiar with the child's cultural and environmental background and not adequately trained.

### **THE UNITED KINGDOM<sup>33</sup>**

In the United Kingdom, there is no specific legal provision concerning age assessment, while the Children Act (1989) gives a duty to local authorities to identify and support a "child in need". Age assessment is initiated because authorities suspect that an individual who declares to be a child is aged above 18 years. In other cases, it is initiated with the aim to establish how old the child is, even when accepted to be a child, as different types of care would be provided accordingly.

A high proportion of those claiming to be children have their ages disputed, although the official policy is when there is doubt. This happens even when s/he has identity documents that are suspected to be faked and/or are not valid for entry and stay in the country. The use of age assessment has increased over the past two years. Other approaches (e.g. attempts to gather documentary evidence through diplomatic channels) are seldom attempted prior to resorting to direct examinations, especially because most individuals whose age is disputed are in the asylum system. Age assessment is conducted by local authorities upon request of immigration authorities or of an individual who claims to be a child. Sometimes, health professionals are commissioned by legal representatives of the child, usually to provide a re-assessment.

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<sup>32</sup> For further information, please see:

- General Public Prosecutor, Annual Report 2010, 2010
- Spanish Ombudsman, Annual Report 2009, 2010.

<sup>33</sup> The information in this section was provided by the 'British Refugee Council'.

Informed consent is only seldom gained from the child, and in many cases the child does not fully understand that his/her age will be determined through examinations, what procedures that will be used, and the consequences that may derive from the age assessment results. Information is not routinely provided in a language that the child can understand, in a culturally appropriate and age-sensitive manner. Examinations applied seldom comply with a multidisciplinary approach. They include a social workers' interview, whereby cognitive, behavioural, developmental and visual assessments are conducted, usually within one appointment. When a paediatrician is involved in the process to assess the individual's physical development: however, despite guidelines, the type of assessment varies. This sometimes encompasses dental observation and sexual maturity assessments. Professionals undertaking the assessment are seldom familiar with the child's cultural and environmental background, and are rarely trained to conduct the assessment effectively. Many do not fully understand the impact on the young person.

The first assessment usually takes place upon the child's arrival or when s/he comes to the attention of the authorities (e.g. claims asylum or seeks assistance from a local authority). Re-assessment can take place after many months or years, particularly if the social worker believes that new information should be taken into account. Social workers' assessments have no margin of error at all if a young person is found to be under 18, as the social worker is required to ascribe a date of birth. , whereas paediatricians and other medical practitioners apply margins of error varying between 2-5 years. Often if the range resulting from the examinations includes the minor age, the individual is identified and treated as a child. Age assessment outcomes are presented in writing, however the outcomes are rarely clearly explained to the child, in a language and fashion that s/he can understand.

Pending age assessment results, the individual is often presumed to be a child and treated as such, although increasingly children are treated as 'age disputed' until a final resolution, living in a limbo situation for months. However, an independent guardian is not appointed to also represent and assist him/her throughout the asylum or age assessment procedure. The child is accommodated either in child care facilities or placed with adults, depending on the decision taken by local authorities. Concerning the decision on the individual's age, the local authorities inform the immigration authorities about the age resulting from the assessment, which is generally accepted and used by immigration and other government authorities. The child is not routinely informed about the possibility to appeal age assessment results in a language and manner that s/he can understand, and s/he is seldom provided with adequate assistance to make an appeal.

A refusal to undergo any age assessment at all – including the interview with the social worker – would result in the child being treated as an adult in almost all cases as well as generally having a negative impact on the protection process and decision. The child is seldom informed about this possibility.

Data and statistics regarding age assessment cases are only partially available. The official statistics released by immigration authorities on an annual basis include number of individuals whose age has been disputed, but do not include the resolution of such disputes or how many are immediately treated as adults based on physical appearance in the view of immigration officers. Upon request, immigration authorities provide numbers concerning individuals in detention who claim to be children and the proportion of these later assessed to be either adults or children. The latter data is not made publicly available otherwise.<sup>34</sup>

Summary of most critical issues:

- No specific legislation or guidance on age assessment exists and individual agencies must

<sup>34</sup> For further information, please see:

- Heaven Crawley for the Immigration Law Practitioners' Association, *When is a child not a child*, 2007
- Diana ML Birch *Asylum Seeking Children including Adolescent Development and the Assessment of Age*, 2010

therefore keep up to date with the many judgments made by courts and amend their policies accordingly;

- Some local authorities continue to flout these judgments, resulting in much distress, court time, expense to the public and potential danger to children;
- Sharing of complete contents of social work age assessment reports with immigration officials has resulted in the information collected as part of the assessment being used in the decision on the asylum claim, usually in a refusal of asylum;
- Social workers conducting assessments are not often trained, other than by colleagues, resulting in widespread poor practice.

### III. Key-protection issues related to age assessment

#### **a. Legal framework**

In all 16 countries reviewed in the framework of this assessment, there are some legal provisions concerning age assessment, or they are currently being introduced. While they almost never form a specific legal act, these provisions are contained primarily in legislation regulating asylum, as well as in the framework of migration law. Sometimes provisions applicable to age assessment are contained in laws or administrative regulations concerning the use of x-rays on civil population and even less often they are envisaged in acts concerning child care and child protection (e.g. legal measures on guardianship).

Existing legal provisions are at times very general or limited to some aspects of the age assessment process, and/or often their interpretation is problematic. As a result, in practice there is plenty of room for discretionary application by a range of different stakeholders (see below, “Practice”).

New law proposals concerning age assessment – either specifically, or as part of broader legal acts, such as refugee or migration law – are being drafted and discussed in at least 5 out of the 16 reviewed countries<sup>35</sup>. In other countries, new legal provisions on age assessment have been introduced in the recent past.

The assessments highlighted an overall need for clearer, more detailed legal provisions on age assessment, as well as for specific guidelines for the different actors (i.e. guardians, doctors etc.) that are to be involved in the process.

#### **b. Practice**

In the context of separated children, age assessment is most often **initiated because** authorities suspect that an individual who declares to be a child is above the age of 18. Seldom the same attention is given to persons claiming to be adults whose age might be at doubt, which when it does occur is mainly confined to suspected/actual trafficking and/or involvement in commercial sex work.

In a few cases, age assessment is initiated with the aim of determining the precise age of the child recognized as such<sup>36</sup> or to assess whether a child is over or under 14/16 years, e.g. to determine criminal liability.

In the majority of countries and cases, age assessment procedures are initiated **as a routine practice** and involve an increasing number of separated children, both in absolute terms and in proportion to the higher number of arrivals often recorded in several European countries over the past two years. Most often separated children do not bring **identification documents**, however when they do, the authenticity of these documents is often questioned and/or they are not relied upon as sufficient proof of the child’s minor age.

Usually, authorities who initiate age assessment do not attempt **other approaches** (e.g. to gather documentary evidence through diplomatic channels) prior to resorting to examinations, with a few exceptions limited to anamnesis accounts (e.g. questions about the family of origin, the child’s life before migrating, his/her education level etc.).

Age assessment procedures may be **triggered by** a number of different authorities, including: border guards, governmental bodies dealing with asylum, social workers, professionals working in child care facilities or the child him/herself. In some cases, age assessment is triggered by professionals dealing

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<sup>35</sup> Italy, Denmark, Spain, Belgium and Ireland.

<sup>36</sup> For example in Finland.

with separated children whose mandate in this respect is not found in the existing legal framework at country level.

**Consent** is in most cases obtained from the child. S/he is generally informed about the fact that his/her age will be determined through medical and other examinations, the procedures that will be used and possible consequences. However, information is in several instances not provided to the child in a language and/or manner that s/he can effectively understand.

In almost all the countries reviewed, examinations used for age assessment do not comply with a **multi-disciplinary approach**. Even though age assessment is rarely based solely on one type of exam, the process hardly ever focuses holistically on physical, developmental and psychological factors, as well as on environmental and cultural elements. In particular, cognitive and/or behaviour appraisals and psychological interviews are generally not included among the applied procedures, and these seldom encompass an appropriate anamnesis of the child's own story.

**Professionals conducting age assessment examinations** include: radiologists, generalist doctors (e.g. "family doctors"), dentists and doctors with expertise in forensic medicine. Paediatricians are involved in the process in about half of reviewed countries (albeit not regularly). Social workers are very seldom involved; on the other hand, in some countries social workers belonging to government institutions determine the child's age based on a practical assessment. Cultural mediators are almost never called in the procedure to support mediation and understanding of the child in order to allow meaningful and effective participation. Professionals undertaking examinations are often in an independent position (i.e. their role is not in potential conflict with the child's interest to be identified as such and/or with another primary/secondary role they have); however, they are almost never trained (or they have only undergone a one-off training session) on how to conduct testing and the reasons behind the age assessment, nor are they generally familiar with the child's cultural and environmental background.

In terms of the **timing** of age assessment, i.e. the time when the process is initiated and its duration, this varies between one/two days and several months. The main variable seems to be whether age assessment is performed in the framework of a broader status determination procedure (typically the asylum claim) or prior to (or anyway independently from) that procedure. The decision to conduct age assessments at a specific time does not seem to depend primarily upon a consideration of the child's best interests.

Age assessment methods currently being used in Europe are not able to establish the exact age of a child. A margin, with years between anticipated minimum and maximum age, will therefore always be present. Nevertheless, as this study shows, only some countries clearly portray a margin of error for examinations. In other countries age assessment results normally indicate "minimum age" or "compatibility with adult/minor age". Where a margin of error is indicated, the individual is usually considered a child if the range encompasses the minor age. However, the margin of error applied is often neither accurate nor based on reliable references and indicators. Even when a margin of error is applied, there are other problems when it comes to establishing the precise age of the child (for a 17 year old separated child it normally makes a big difference to be "born" on 1 January or on 31 December of the following year, for instance).

Pending age assessment results, the individual who declared to be a child and whose age is being disputed is in principle considered as a child. However, in most countries and cases, a **guardian** is not appointed and does not represent the child throughout the age assessment process; similarly, the child may in various cases be **placed** with adults.

**The possibility to appeal** is in principle available in most of the countries reviewed, but in practice there are serious constraints that hinder the capacity of the child to access effective mechanisms to appeal age assessment results. Among the main obstacles, this review highlights the following: 1) age assessment results are often not made through a specific (e.g. administrative) decision, but are either part of a broader procedure (typically the asylum determination procedure) or simply form the basis for other decisions (e.g. expulsion; placement in accommodation with adults etc.) that can be appealed; 2) the child in several countries is not sufficiently informed about its possibility to appeal; 3) in addition there is often a lack of adequate support for the child in order to appeal age assessment results; 3) in one instance the law does not allow individuals to request age assessment<sup>37</sup>.

The present review did not identify one instance in which a **refusal** to undergo age assessment does not have a negative impact on the presumed child. Often, the individual declaring to be a child who refuses to undergo age assessment tests is simply treated as an adult and the whole burden of proof is put on the child. Similarly, such refusal often undermines the entire asylum procedure (if the child is seeking asylum) fostering doubts and disbelief over his/her story. In some cases, those who do not intend to participate in age assessment simply drop out of the reception centres and disappear. There are very few reports of children who refused and what consequences this had.

**Lack of data** is a widespread problem when it comes to age assessment. Statistics are seldom available at all. Data is not systematically collected and/or published. If it exists at all, data is normally limited to the number of age assessments conducted. Only in one instance<sup>38</sup> this review found figures about recognition rates (i.e. in how many cases the individual was recognized as a child according to his/her declared age).

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<sup>37</sup> Finland.

<sup>38</sup> Belgium

## QUESTIONNAIRE ON AGE ASSESSMENT SITUATIONS IN SCEP COUNTRIES

Country:

Organization filling in the Questionnaire:

Date (dd/mm/yyyy):

### LEGAL FRAMEWORK

- Are there **specific legal provisions** regulating age assessment in the country?

Yes		No	
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- Please, list all legal provisions relevant to age assessment, specifying the legal act they are included in and the year in which the act was issued:

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- Are there law proposals on age assessment currently being presented/reviewed by legislative bodies?

Yes		No	
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- If yes, please describe:

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### PRACTICE

- **Why** is age assessment initiated?
  - Because authorities doubt that an individual who declares to be a child is aged above 18 year old

Yes		No	
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- Because authorities aim to establish whether a child is above or below the age of criminal responsibility (often 14 y.o.)

Yes		No	
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- Other (please specify):

- Are there cases of individuals declaring to be adults whose age is assessed because there is doubt that they may be children?

Yes		No	
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- What is the prevailing reason that triggers age assessment among the ones listed above?

- Additional comments

- **When** are age assessment procedures initiated?

- When there are grounds for serious doubt concerning the child's age

Yes		No	
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- As a routine practice

Yes		No	
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- Please, describe:

- Is age assessment initiated even when the individual has identity documents that are suspected to be fake and/or are not valid for entry and stay in that country (e.g. birth certificate)?

Yes		No		Often		Seldom	
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- Has the use of age assessment examinations increased over the past 2 years?

Yes		No	
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- Additional comments



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- Are **other approaches attempted prior to** resorting to age assessment examinations (e.g. attempts to gather documentary evidence through diplomatic channels etc.)

Yes		No		Often		Seldom	
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- Please, describe:

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- Additional comments

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- **Who** can initiate an age assessment? (What institution, organization) Please, describe (be as specific as possible, e.g. what branch of an office etc.):

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- Is **informed consent** gained from the child?

Yes		No		Often		Seldom	
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- Is the child informed about the reasons why age assessment is initiated?

Yes		No		Often		Seldom	
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- Is the child informed about the fact that his/her age will be determined through medical and other examinations?

Yes		No		Often		Seldom	
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- Is the child informed on the procedures that will be used?

Yes		No		Often		Seldom	
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- Is the child informed about consequences that may likely result from the age assessment outcomes?

Yes		No		Often		Seldom	
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- Is information to the child provided in a language that s/he can understand, in a culturally appropriate fashion (e.g. through the support of cultural mediator) and in an age-appropriate way?

Yes		No		Often		Seldom	
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- Do examinations used comply with a **multidisciplinary approach**?

Yes		No		Often		Seldom	
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- Do examinations focus on physical, developmental and psychological factors, as well as environmental and cultural elements?

Yes		No	
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- What **type of exams** are used?

- Carpal (hand and wrist) X-ray:

Yes		No	
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- Dental X-ray (wisdom teeth):

Yes		No	
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- Dental X-ray (front teeth):

Yes		No	
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- Collar bone X-ray:

Yes		No	
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- Dental observation:

Yes		No	
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- Sexual maturity assessment:

Yes		No	
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- Physical development assessment by a paediatrician:

Yes		No	
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- Cognitive and/or behavioural appraisal:

Yes		No	
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- Psychological interview/tests:

Yes		No	
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- Other:

- What is/are the prevailing method(s) used? Please, describe highlighting also different combinations of exams applied:

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- **Who performs** the exams?

- What professionals undertake the examinations, respectively? (e.g. the radiologist performs the X-ray, etc.) Please, describe:

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- Is a paediatrician involved in the age assessment procedures?

Yes		No		Often		Seldom	
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- If yes/sometimes, what role is the paediatrician assigned? Is this role central in the process? What does it consist of?

Yes		No		Often		Seldom	
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- Are social workers involved in age assessment?

Yes		No		Often		Seldom	
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- Are social cultural mediators involved in age assessment?

Yes		No		Often		Seldom	
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- Are professionals undertaking the examinations in an independent position? (e.g. is their role in potential conflict with the individual's interest to be identified as a child and/or with another primary/secondary role they have? etc.)

Yes		No		Often		Seldom	
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- Are professionals familiar with the child's cultural and environmental background?

Yes		No		Often		Seldom	
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- Are they trained to conduct testing effectively and about the reasons for age assessment?

Yes		No		Often		Seldom	
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- Please, describe:

- What is the **timing** of age assessment?
- Upon arrival/interception on the territory

Yes		No	
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- In a week

Yes		No	
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- In a month

Yes		No	
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- Other (please, specify)

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- It varies from place to place and/or time to time

Yes		No	
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- Please, describe:

- **Outcomes**

- Is a margin of error envisaged for each examination applied (e.g. for X-ray, for psychological assessment, for dental assessment etc.)?

Yes		No		Often		Seldom	
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- Is such a margin of error based on reliable references and indicators?

Yes		No		Partially	
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- Please, describe:

- How are different ranges combined to provide one final outcome? Please, describe:

- Are the outcomes of the age assessment examinations clearly presented in a certificate?

Yes		No		Often		Seldom	
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- If the individual's age range resulting from the exams includes the minor age, is s/he identified and treated as a child?

Yes		No		Often		Seldom	
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- Are the outcomes of the age assessment examinations clearly explained to the child, in a language and fashion that s/he can understand?

Yes		No		Often		Seldom	
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- **Benefit of doubt: Pending age assessment results, is the individual presumed to be a child and treated as such?**

Yes		No		Often		Seldom	
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- In particular, is an independent guardian appointed?

Yes		No		Often		Seldom	
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- Does the guardian assist and represent the child whose age is being disputed, including during age assessment examinations?

Yes		No		Often		Seldom	
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- Is the child accommodated in child care facilities or placed with adults?

Yes		No		Often		Seldom	
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- Is there a real possibility to **appeal** against the decision?

Yes		No		Often		Seldom	
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- Does age assessment result in a formal decision?

Yes		No		Often		Seldom	
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- If yes, what type of decision (e.g. administrative) and who issues it?

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- Is the child informed about the possibility to appeal age assessment results in a language and manner s/he can understand?

Yes		No		Often		Seldom	
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- Is the child provided with adequate support to appeal age assessment results?

Yes		No		Often		Seldom	
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- Please, briefly describe:

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- Does a **refusal** to undergo age assessment negatively affect protection process and decision?

Yes		No		Often		Seldom	
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- What happens in case the child refuses to undertake certain/all age assessment examinations?

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- Is the child informed about the possibility to refuse undertaking examinations and the consequences of such refusal in a language that s/he can understand and in an age-appropriate manner?

Yes		No		Often		Seldom	
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- Additional comments

- **Data and research**

- Are there statistics available on age assessment?

Yes		No		Partially	
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- Are there statistics available on recognition rate, appeals and decisions on age assessment cases?

Yes		No	
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- Who is compiling and collecting these data?

- Are data made publicly available? How often?

- Additional comments

## COURT CASES/JURISPRUDENCE

- Are there relevant court ruling regarding age assessment in the country?

Yes		No	
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- If yes, please briefly describe (please, provide reference to court decision if accessible):

## SUMMARY OF MOST CRITICAL ISSUES

Please, provide a brief summary of most critical aspects regarding age assessment legal provisions, policies and practices in the country (in bullet-points):

## SOURCES AND METHODOLOGY

- Please, list key-stakeholders interviewed to provide the information above:
  - NGOs:
  - Inter-governmental agencies:
  - Institutions:
- Please, list **professionals** interviewed to provide the information above (please, indicate number of persons interviewed for each category below):
  - Social workers:
  - Cultural mediators:
  - Police officers:
  - Medical doctors:
  - Lawyers:
  - Other (please describe):
- Please, list main **literature** sources reviewed to provide the information above:
  - Author(s), *Title*, year of publication
- Please, describe the **limitations** of the information provided in this Questionnaire related to the methodology and scope of the survey (i.e. geographical limitations; number and/or type of stakeholders interviewed):

**...Thank you VERY MUCH for your co-operation!!!**