European Asylum Support Office

EASO
Age assessment practice in Europe

December 2013

SUPPORT IS OUR MISSION

European Asylum Support Office

EASO
Age assessment practice in Europe

December 2013

SUPPORT IS OUR MISSION

Europe Direct is a service to help you find answers to your questions about the European Union.

Freephone number (*):

00 800 6 7 8 9 10 11

(*) Certain mobile telephone operators do not allow access to 00 800 numbers or these calls may be billed.

More information on the European Union is available on the Internet (http://europa.eu).

Luxembourg: Publications Office of the European Union, 2014

ISBN 978-92-9243-053-5
doi:10.2847/12152

© European Asylum Support Office, 2014

Neither EASO nor any person acting on its behalf may be held responsible for the use which may be made of the information contained herein.

Contents

Abbreviations and acronyms 5

Executive summary 6

Introduction 8

Methodology 10
Collecting information 10
Consulting experts 10
Structure of the publication 10

Chapter 1 – Circumstances of age assessment 12
1.1. Why is age assessment necessary? 12
1.2. When should age assessment be undertaken? 13
1.3. Who should be involved in age assessment? 13
1.4. How should age assessment be undertaken? 14

Chapter 2 – Procedural measures and safeguards 15
Overview of current practice 15
Identification of procedural measures and safeguards 15
2.1. Best interests of the child 16
2.2. Benefit of the doubt 16
2.3. Care and accommodation 17
2.4. Consequences of refusal 18
2.5. Data protection 18
2.6. Detention 19
2.7. Dublin cases 19
2.8. Informed consent 20
2.9. Least invasive method 20
2.10. Options to challenge 21
2.11. Qualified professionals 21
2.12. Representative 22
2.13. Transition status 22

Chapter 3 – Age assessment tools and methods 23
Overview of current practice 23
Multidisciplinary and holistic approach 24
Review of the methods in use 25
3.1. Non-medical methods 25
3.1.1. (Age determination) interview 25
3.1.2. Consideration of documentary evidence 27
3.1.3. Estimations based on physical appearance and demeanour 28
3.2. Medical methods 29
3.2.1. Dental observation 29
3.2.2. Physical development assessment by paediatrician 31
3.2.3. Psychological interviews/tests 32
3.2.4. Sexual maturity examination 33
3.2.5. X-ray 34

Chapter 4 – Decision-making 42
4.1. Disputing the age and referring for age assessment 42
4.2. Credibility and evidence assessment 42
4.3. Margin of error 43
4.4. Age dispute resolution 43

Chapter 5 – Cooperation with other actors 44
Identification of minimum standards 44
Actors 44
Children 44
Family members, relatives and relations 45
Intergovernmental organisations (IGOs) 45
Health and welfare professionals 45
Interpreters 45
Non-governmental organisations (NGOs) 46
Other Member States and third countries 46
Representatives 46
Schools and teachers 46
Social services 46
Strengthening inter-agency cooperation 47

Chapter 6 – Forward look and practical steps 48
Future possible methods 48
Magnetic resonance imaging (MRI) 48
Ultrasound 50
Possible sources of support 52
Use of EU funds 52
Age assessment tools 52
Projects and initiatives list 52
EASO training curriculum 52

Forward look 53
EASO and age assessment 53
Data 53

Bibliography 54

Annex 1 — Definitions and glossary 57

Annex 2 — Legal and policy framework: 64
Relevant international and European legal instruments 64
International legal framework 64
Council of Europe legal framework 64
European Union legal framework 65
Relevant international and European policy documents 67
Council of Europe policy framework 67
EU policy framework 68
Guidance by international organisations 68
Reports and studies 69

Annex 3 — Summary of the legal provisions 71

Annex 4 — National legal and policy frameworks: an overview of relevant instruments 80

Annex 5 — Overview of the different procedural and safeguarding elements currently in use during the age assessment processes 86

Annex 6 — Overview of age assessment methods in use by country 88
Non-medical methods 88
Medical methods 89

Abbreviations and acronyms

ADCS	Association of Directors of Children's Services
AGFAD	German Association of Forensic Medicine
AMF	Asylum and Migration Fund
APD	asylum procedures directive
BIC	best interests of the child
BID	best interests determination
B_UMF	Bundesfachverband unbegleitete minderjährige Flüchtlinge
CEAS	Common European Asylum System
CoE CAT	Council of Europe Convention on Action against Trafficking in Human Beings
COI	country of origin information
DA-AAR	Dutch Association of Age Assessment Researchers
DR	Dublin regulation
EASO	European Asylum Support Office
EC	European Commission
Ecapum	European Commission action plan on unaccompanied minors
ECFR	European Charter of Fundamental Rights
ECRE	European Council on Refugees and Exiles
EMN	European Migration Network
ENGI	European Network of Guardianship
EU	European Union
Eurodac	European dactyloscopy database
FRA	European Union Agency for Fundamental Human Rights
IARLJ	International Association of Refugee Law Judges
IGO	intergovernmental organisation
IOM	International Organisation for Migration
MRI	magnetic resonance imaging
MS	Member State
NCP	national contact point
NGO	non-governmental organisation
PCT	Directive 2011/36/EU on preventing and combating trafficking in human beings and protecting its victims
QD	qualification directive
RAPD	recast asylum procedures directive
RCD	reception conditions directive
RD	return directive
RDR	recast Dublin regulation
RQD	recast qualification directive
RRCD	recast reception conditions directive
SCEP	separated children in Europe programme
TEU	Treaty on European Union
THB	trafficking in human beings
UAM	unaccompanied minor
UASC	unaccompanied and separated child
UNCRC	United Nations Convention on the Rights of the Child
UNHCR	United Nations High Commissioner for Refugees
Unicef	United Nations Children's Fund
VIS	visa information system

Executive summary

Age assessment is an important, yet complex and challenging issue that authorities may need to undertake in order to determine whether an individual is an adult or a child in circumstances where their age is unknown. This is so as to ensure children are protected and afforded the provisions entitled to them under law, and also to prevent adults from being placed amongst children and from taking advantage of additional provisions, such as access to education, provision of a representative, that are not afforded to adults. However, the issue is complicated because often individuals arrive without any documentation or evidence of their age. There is also currently no method, which can identify the exact age of an individual and there are concerns about the invasiveness and accuracy of the methods in use. The consequences of this are serious, since it could result in a child being treated as an adult, or an adult as a child. Methods should also be respectful of individuals and their human dignity.

Therefore, this publication seeks to highlight the key points, in accordance with international, European and national legislation, which should be taken into consideration when undertaking age assessment. The following have been identified as key issues for consideration:

- the best interests of the child as a primary consideration in age assessment procedures;
- the circumstances in which age assessment may be a legitimate and necessary aim;
- the relevant procedural measures and safeguards which should be in place during the age assessment procedure;
- the possible methods in use, their respective advantages and disadvantages and what needs to be in place to ensure they meet the minimum requirements of legislation;
- the role of other actors within the age assessment procedure.

Further to this, there are also several reference tools to support users. These include:

- checklists to support users in identifying key points for consideration;
- instances of Member State practice and expert recommendations;
- a comprehensive glossary of defined terms used, which identify the source of definition as well as highlighting where a term may be confused with another, or alternatively also termed or referred to by a similar name;
- overview of the international, European and national legal and policy frameworks, as well as international guidance on age assessment practice;
- summary of the legal provisions, thematically categorised according to the procedural measure or safeguard they address, along with a reference to the relevant article of the legislation.

All the methods in use have their advantages and disadvantages, however no method currently available can tell with certainty the exact age of an individual. Also part of the reason for the variety and divergence in practice is because national law and legislation often inform which methods Member States may use. Therefore, it was felt at this stage that, rather than promote a particular method, recommendations should instead focus on promoting common procedures and approaches, which enable an efficient and effective system as foreseen in the asylum *acquis* and is respectful of children's rights.

The key recommendations can be summarised as follows.

- In all actions undertaken the best interests of the child should be a primary consideration.
- Age assessment should only be undertaken where there are doubts about the claimed age, for the legitimate purpose of determining whether an individual is an adult or a child.
- Assessment should take a multidisciplinary and holistic approach.
- Before resorting to medical examination, consideration should first be given to documentary or other forms of evidence available.
- Age assessment should be performed with full respect for the individual's dignity and the least invasive methods should be selected.

- Individuals and/or their representative should consent to the assessment and should be consulted in accordance with their age and level of maturity. Refusal to undergo an age assessment should not, in itself, result in refusal of the claim for protection.
- So that individuals may provide informed consent, they and/or their representative should be provided with information on the method, possible consequences of the result of the examination, as well as the consequences of refusal to undergo medical examination. Such information should be provided free of charge and be communicated in a language which they understand, or can be reasonably supposed to understand.
- If an individual disagrees with the outcome of an assessment there should be an opportunity for them to challenge the decision.
- All individuals involved should be provided with initial and on-going training relevant to their expertise. This should include training on the needs of children.

Introduction

This publication was produced by the European Asylum Support Office (EASO), according to its mandate enshrined in Regulation (EU) No 439/2010 ([1]) and the European Commission action plan on unaccompanied minors (2010–14) ([2]).

In recognising age assessment as a 'critical' issue, which triggers a number of procedural and legal guarantees within legislation, the EC action plan specifically calls upon EASO to organise training activities on age assessment and develop best practices regarding reception conditions, asylum procedures and integration of unaccompanied minors, including a handbook on age assessment. In doing so it highlights the variety of procedures and techniques currently in use throughout Europe and in particular raises concerns about proportionality, reliability and standards of procedures.

Further to this, the European Parliament's own initiative report on the situation of unaccompanied minors adopted on 12 September 2013 ([3]), '…calls on the Commission to include, in the strategic guidelines, common standards based on best practices, concerning the age assessment method, which should consist of a multidimensional and multidisciplinary assessment, be conducted in a scientific, safe, child-sensitive, gender-sensitive and fair manner, with particular attention to girls, and be performed by independent, qualified practitioners and experts; recalls that age assessment must be conducted with due respect for the child's rights and physical integrity, and for human dignity, and that minors should always be given the benefit of the doubt; recalls also that medical examinations should only be conducted when other age assessment methods have been exhausted and that it should be possible to appeal against the results of this assessment; welcomes the work of EASO on this subject, which should be taken as a basis for dealing with all minors.'

In this context, the purpose of this publication is to provide practical support to Member States in the field of age assessment. This publication is a non-binding tool for interpretation and implementation of the EU *acquis* and should serve as a reference tool to support policymakers and officials active in the development, review or implementation of age assessment policy and procedures.

Age assessment is the process by which authorities seek to establish the chronological age, or range of age, or whether an individual is an adult or a child. The UN Committee on the Rights of the Child/CRC General Comment No 6 states that: the identification of a child as an unaccompanied and separated child includes age assessment, which should take into account physical appearance, but also psychological maturity. The assessment must be conducted in a scientific, safe, child and gender-sensitive and fair manner, avoiding any risk of violation of the physical integrity of the child, giving due respect to human dignity. Age assessment should only be used where there are grounds for serious doubt of an individual's age. This could include a variety of processes or procedures either undertaken singularly or in combination, such as: analysis of documentary evidence, interview, X-ray, physical or other form of medical examination. The objective of age assessment is to determine whether an individual, whose age is unknown, is an adult or a child. This is pertinent to the rights and treatment of the individual, in particular for children who may inadvertently be placed amongst adults.

Defining a child as 'every human being below the age of 18 years unless under the law applicable to the child, majority is attained earlier,' the UN Convention on the Rights of the Child also establishes in its Article 3 that 'in all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration.' This provision, which is also considered an underpinning concept and guiding principle in the interpretation of the entire UN Convention on the Rights of the Child, is enshrined in even more overarching terms, by the Charter of Fundamental Rights of the European Union. Article 24 of the charter states that, 'in all actions relating to children, whether taken by public authorities or private institutions, the child's best interests must be a primary consideration.' Both the UN Convention on the Rights of the Child and the Charter of Fundamental Rights of the European Union, grant to children specific rights and protection additional to those enjoyed by adults. This specific focus on children is also reflected within EU legal and policy frameworks, as outlined in the annex, ensuring that there are common and minimum standards which guarantee safeguards for children.

Age assessment could have significant and far-reaching implications for the individual, their entitlements and the enjoyment of certain rights and safeguarding provisions. However, the issue is also a complex one because there is currently no method which can determine the exact age of an individual. There will always be a margin of error, and thus the possibility that an individual may wrongly be assessed as either an adult or a child remains.

([1]) http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=CELEX:32010R0439:EN:NOT
([2]) EC action plan on unaccompanied minors (2010–14) http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=CELEX:52010DC0213:EN:NOT
([3]) http://www.europarl.europa.eu/oeil/popups/summary.do?id=1303009&t=d&l=en

The aim of this publication is to promote good multinational and European practice and provide a resource to assist Member States looking to develop their age assessment practices. Focus will also be on ensuring the principle of the best interests of the child and broader children's rights are respected. The aim of this publication is to inspire effective, efficient age assessment processes and to assist Member States in strengthening and safe-guarding procedural standards, by highlighting procedures which are consistent with national, EU and international guidelines.

While the aim of this publication is to address age assessment in the specific field of asylum, it may also serve as a useful reference in other areas where age assessment is key, such as the identification of children in connection with establishing their criminal responsibility, victims of trafficking, or access to a temporary residence permit under the employer sanctions directive, age determination for the purposes of reception and return conditions, and all immigration procedures with migrating unaccompanied or separated children which involve age assessment.

In recent years a number of studies at national, EU and international level, have addressed this very question. Whilst none of the studies have simultaneously considered the situation of all Member States, and indeed not all Member States are covered by the studies, a consistent finding of all reports is that there is no common approach to age assessment among European countries ([4]). In some instances, diverging practice occurs not just at Member State level, but also within Member States at regional level.

However, it is not EASO's intention, with this publication, to advocate a common approach to age assessment, or 'one best way'. There is not currently a method which can determine the exact date of birth of an individual. However, irrespective of the method applied, it is key to focus on ensuring efficient and effective procedures and Member States have a duty to ensure that their processes: (a) comply with children's rights; (b) produce positive impact; (c) are replicable; (d) are efficient and effective; (e) are sustainable.

Whilst this publication is primarily targeted at policy officers, it will also be of relevance to operational officers as well as other actors who are involved in the treatment of children. Such actors may include legal practitioners, social workers or guardians, who have a specific duty of care or welfare responsibility for the child.

([4]) European countries refer to EU Member States, as well as Norway and Switzerland.

Methodology

This publication was developed following desk research, both formal (EASO age assessment questionnaire) and informal consultation with all Member States, as well as Norway, Switzerland, Australia, New Zealand, the United States of America, the European Commission, the European Union Agency for Fundamental Human Rights (FRA), human rights and guardianship organisations, child's rights groups, members of courts and tribunals, Unicef, UNHCR and independent experts, including those of the medical profession.

Collecting information

This publication presents information collected during a period of research on the subject from September 2011 until July 2013.

The content and documents for the publication were compiled from a number of sources, including material arising from the series of expert meetings held by EASO during 2012. A number of specialised paperbased and electronic sources were consulted within the time frame and for the scope of the research, a complete reference can be found within the bibliography.

Relevant guidelines and instances of good practice from Member States have been reflected within the handbook. Where relevant, this includes the findings of the EU and national jurisprudence (case-law).

In addition to Member State practice, relevant guidance and materials arising from other sources, including IGOs, NGOs, courts and tribunals, social services and medical professionals have been included.

Consulting experts

In November 2012, a draft outline of this publication was presented to participating members of EASO's expert meeting on the content and scope of its content. They were asked to review and comment on it. This first draft outline was also sent to the Member State national contact points for their further input and contribution, which then formed the basis for this publication. Further, in August 2013, an annotated draft was then sent to a reference group of experts from all Member States, associated or not yet associated countries, the European Commission and the European Union Agency for Fundamental Human Rights (FRA).

In addition to this, a number of agencies, bodies and organisations with experience in age assessment and who had been involved in EASO's expert meetings on age assessment, also contributed to this reference group. Participants were as follows: UNHCR, Unicef, Save the Children, the 'Separated children in Europe' programme (SCEP), ECRE, IARLJ, France Terre d'Asile, Bundesfachverband unbegleitete minderjährige Flüchtlinge (B_UMF), the Association of Directors of Children's Services (ADCS), Arbeits Gemeinschaft für Forensische Altersdiagnostik (AGFAD), and Upper Tribunal (Immigration and Asylum Chamber). All members of the reference group were invited to comment and all comments were considered, most of which were implemented. Whilst the publication has benefited from the input of members of courts and tribunals, it does not mean that the publication has judicial approval. Further, it should be noted that the content does not necessarily reflect the position of the members of the reference group and the final decision on the inclusion of content lies with EASO.

Structure of the publication

The substance of the publication is divided as follows: Chapter 1 addresses the **circumstances of age assessment**. As such it outlines the circumstances in which age assessment should be undertaken, the reasons for age assessment, the various procedures to be followed and the relevant actors involved. This is followed, in Chapter 2, with an in-depth consideration of the **procedural measures and safeguards**. It explores the application of the 'best interests of the child' principle, highlighting the child's rights to be taken into consideration and raising the procedural safeguards to make sure these standards are applied. In Chapter 3, the **age assessment tools and methods** in use are given a closer look. The aim is to give an overview, as well as facilitate the exchange of information and expertise. It provides a review of both medical and non-medical methods in an objective, evidence-based and balanced manner. Building on the application of methods, procedures and safeguards, Chapter 4 turns to the consideration of these in **decision-making.** In particular, it covers the issues of evidence assessment and credibility, informing the applicant of the decision and the possibilities of appeal. Next, in Chapter 5, the guidance considers the issue of **cooperation with other actors**. As such, it outlines the roles of possible stakeholders in age assessment, including cooperation and relationships with IGOs, NGOs, national social services, medical professionals,

guardians, representatives, interpreters, etc. Finally, Chapter 6 turns its gaze to the **forward look** and considers **practical next steps**. Here you will find an overview of possible future methods, possible operational and practical measures, quality mechanisms and tools currently available, as well as information about use of EU funds. In the annex you will find a bibliography, definitions and a glossary, legal policy and framework, a summary of the legal provisions and overviews of the different procedural and safeguarding elements currently in use during the age assessment process, as well as age assessment methods in use by country.

Chapter 1 – Circumstances of age assessment

This chapter outlines the circumstances in which age assessment could be undertaken. It will also look at the reasons for age assessment, the various procedures to be followed and relevant actors involved.

1.1. Why is age assessment necessary?

Age assessment is necessary to determine whether an individual is an adult or a child, when there are doubts about the claimed age. Whereas knowing one's age may be obvious for us living in Europe, statistics gathered by Unicef indicate that only half of the children under 5 have their births registered in the developing world ([5]). Children may arrive without identity or residence documents which would establish their (identity and) chronological age. Additionally, some individuals may produce documents, however the authenticity of these may be questioned and/or they may not be considered as sufficient proof of age.

The United Nations Convention on the Rights of the Child (henceforth UNCRC) defines a child as, every human being below the age of 18 years unless under the law applicable to the child, majority is attained earlier (Article 1). Therefore, knowing someone's age and identity is important, because it determines whether and for how long one will qualify for the child-specific rights envisaged by the convention as well as relevant domestic legislation.

However, further to this, Member States also face the concern of the risk of unaccompanied children being placed in an adult environment and vice versa. Therefore, age assessment can be necessary to avoid that children are housed or detained with adults. It may also be the case that some adults knowingly try to claim to be children, so as to benefit from the additional provisions afforded. So it is necessary to ensure that children benefit from the additional provisions and appropriate safeguards and to prevent adults claiming to be children benefiting from provisions to which they are not entitled.

The examination of international protection claims made by children may be subject to different procedural measures and standards than those made by adults (application of the burden of proof, standard of proof and benefit of the doubt (see UNHCR Guidelines on International Protection No 8)). Likewise, the type of claims from children might differ quite substantively from those of adults (forced/early marriage, forced (under-age) recruitment, female genital mutilation (mostly performed on girls)).

Further, many other rights and responsibilities are associated with legal age limits. Given the importance attached to age in the EU Member States, identification of 'age' will facilitate better their integration process. Age assessment may be seen as relevant not just to the asylum process, but also to other aspects of the individual's life. Age assessment is therefore required to help children realise their right to this aspect of identity. In practice, children acquire rights, have concessions withdrawn, and obligations placed upon them at various ages, even before attaining 18 years.

The non-exhaustive list below show examples, which may include:

- immigration procedures;
- age at which you may marry;
- consent to sexual relationships;
- consent to, or refusal to, healthcare;
- entering into the military/conscription;
- participation in competitive sports;
- minimum age restrictions regarding employment;
- age of criminal responsibility;
- procedural safeguards for children within criminal justice systems.

([5]) Unicef, *The State of the world's children 2011: Adolescence — An age of opportunity* (February 2011), available at: http://www.Unicef.org/publications/index_57468.html
Unicef, Discussion Paper, 'Age assessment practices: a literature review & annotated bibliography (April 2011), available at: http://www.unicef.org/protection/Age_Assessment_Practices_2010.pdf
Unicef, 'Identification of unaccompanied and separated children: exploring age assessment challenges', Background and Discussion Paper; Unicef: 'Age assessment: A technical note' (January 2013), available at: http://www.unicef.org/protection/files/Age_Assessment_Note_final_version_ %28English %29.pdf

1.2. When should age assessment be undertaken?

As shown in the table below, 'when' covers both the timing of an age assessment and situations which trigger an assessment. Responses to the EASO questionnaire on age assessment indicate that it is undertaken in the following circumstances.

Time frame	Grounds for age assessment
18 countries at any stage	25 countries when the claim to be a child is in doubt
16 countries upon arrival	15 countries when authenticity of documents are doubted
8 countries prior to interview	12 countries when the claim to be an adult is in doubt
4 countries within a week of application	2 countries when age needs to be determined for age of criminality
4 countries within a month of application	2 countries as routine practice
4 countries prior to initial decision	

Council Resolution 97/C 221/03 of 26 June 1997 on unaccompanied minors who are nationals of third countries, establishes guidelines for the treatment of unaccompanied minors, with regard to matters such as the conditions for their reception, stay and return and, in the case of asylum seekers, the handling of applicable procedures. On the particular issue of age assessment, Article 4 of this Council resolution states that:

'(a) In principle, an unaccompanied asylum seeker claiming to be a minor must produce evidence of his age.

(b) If such evidence is not available or serious doubt persists, Member States may carry out an assessment of the age of an asylum seeker. Age assessment should be carried out objectively.'

Whilst there is not currently a common interpretation of what is meant by 'serious doubts', it is clear that age assessment should not be a standard or routine practice. Also, the directive of the European Parliament and of the Council on common procedures for granting and withdrawing international protection (recast) (henceforth RAPD) provides that **before proceeding to medical examinations, consideration must first be given to general statements and other relevant indications**. So it could be interpreted that only where no evidence exists, or available evidence does not support the assertion that the individual is a child, should an age assessment be undertaken. This should be **applicable in cases, both where a claim to be adult or a child is doubted.**

Article 8 of the UNCRC provides that:

'1. States parties undertake to respect the right of the child to preserve his or her identity, including nationality, name and family relations as recognised by law without unlawful interference.

2. Where a child is illegally deprived of some or all of the elements of his or her identity, states parties shall provide appropriate assistance and protection, with a view to re-establishing speedily his or her identity.'

Age assessment should not take place where there are no reasonable grounds for doubting the claim; as such it should not be undertaken as routine practice. However, in cases where it is accepted that an individual is a child, but their age is unknown, it may also be appropriate to undertake age assessment. This should be undertaken in accordance with the child's right to preserve their identity, or so that a child can enjoy rights and provisions specific to their age.

FRA recommendation
In their comparative report on separated, asylum-seeking children in European Union Member States, the European Union Agency for Fundamental Rights (FRA) identified that 'Age assessment should only be used where there are grounds for serious doubt of an individual's age.'

1.3. Who should be involved in age assessment?

There is no specific legislation currently outlining who should or should not be involved in age assessment. In practice many different individuals may well be involved in the process, however it should be pointed out that, 'whoever' should be involved will in part depend on the method or procedure followed.

In practice, those who are involved in the age assessment will vary on the circumstance and stage of the procedure. For instance it may include (1) those who, based on a justified doubt, propose that an age assessment is to be carried out (law enforcement authorities, social services, etc.); (2) those who carry out the age assessment (social services, paediatricians, child psychologists, medical practitioners); (3) those who are in charge of taking a final decision based on age assessment results (judiciary).

Furthermore, the asylum procedures directive and its recast make reference to provisions relating to the inclusion and involvement of the child and their representatives, as well as stipulating that assessment should only be undertaken by, 'qualified medical professionals ([6]).' As well as making sure children's rights are respected, it is also important that children are aware of, and understand any obligations, such as requirements to cooperate with the authorities and providing documents or other evidence linked to their age. These should be explained to the child with the help of their representative, using a language they understand and in accordance with their age and maturity.

SCEP recommendation
In their Position Paper on age assessment in the context of separated children in Europe ([7]), SCEP advocate that, 'Age assessment should be undertaken by professionals who are (a) independent (whose role is not in potential/actual conflict with the interests of the individual); (b) with appropriate expertise (adequately trained); and (c) familiar with the individual's ethnic and cultural background.'

1.4. How should age assessment be undertaken?

Age assessment should be undertaken in accordance with the UNCRC, and in particular respecting the key principles of non-discrimination, best interests of the child, right to life, survival and development, and, respect for the views of the child ([8]). Other articles applicable in the context of how an age assessment should be conducted include preservation of identity (Article 8), protection from all forms of violence (Article 19), and refugee children (Article 22).

Further, the United Nations High Commissioner for Human Rights has issued a general comment (No 16) regarding the right to respect of privacy, family, home and correspondence, and protection of honour and reputation. This outlines that every person has a right to be protected against arbitrary interference with their privacy. The general comment further outlines that individuals have a right to ascertain what personal data are stored about them and for what purposes. This enforces the notion that age assessment procedures should not be initiated without due reason and also that a child should be advised of the age the state believe them to be and why they have reached this decision.

Relevant EU legislation, which addresses how age assessment should be undertaken, can be found in Annex 2, 'Legal policy framework'. In addition to legislation which specifically addresses the situation of age assessment, legislation which is indirectly relevant, because for instance it addresses the issue of data protection or medical procedures, is also covered.

FRA recommendation
In their comparative report on separated, asylum-seeking children in European Union Member States, the European Union Agency for Fundamental Rights (FRA), identified that, 'If medical examinations are considered essential, the child must give his/her informed consent to the procedure after any possible health and legal consequences have been explained in a simple, child-friendly way and in a language that the child understands. Age assessments should be undertaken in a gender appropriate manner by independent experts familiar with the child's cultural background and fully respecting the child's dignity. Recognising that age assessment cannot be precise, in cases of doubt, authorities should treat the person as a child and grant the right to appeal age assessment decisions.'

([6]) RAPD, Article 25.
([7]) SCEP, Position Paper on age assessment in the context of separated children in Europe (2012), available at: http://www.separated-children-europe-programme.org
([8]) UNCRC, Articles 2, 3, 6 and 12.

Chapter 2 – Procedural measures and safeguards

This chapter outlines the minimum procedural measures and safeguards relevant to age assessment, as stated in the UNCRC and the EU legislative framework. It explores the application of the principle of 'best interests of the child', highlighting the child's rights to be taken into consideration and raising the procedural safeguards to make sure these standards are applied. In addition, key issues such as the implementation of the Dublin regulation in the case of children, detention, what to consider when a child reaches 'transition status' and accommodating age disputed minors are also raised.

Overview of current practice

Member States were asked about the safeguarding and procedural elements they currently deployed during the age assessment process ([9]).

In Annex 4 you can find an overview of practice as indicated by the Member States and other participating countries in their responses to the EASO questionnaire on age assessment.

The responses revealed that during the age assessment process, procedural and safeguarding elements were adopted as follows.

Out of the 30 countries participating in the questionnaire:

- 26 countries advised the applicant of reasons for assessment;
- 25 countries treated the individual as a child pending the results of assessment;
- 24 countries gained informed consent prior to assessment;
- 24 countries informed the applicant of results in a language they understood;
- 24 countries informed the applicant about the consequences and likely outcomes of the assessment;
- 22 countries allowed the applicant the possibility to decline to undergo age assessment;
- 19 countries stated that the applicant was supported by an independent person during process;
- 19 countries advised the applicant of their right of appeal/options to challenge;
- 18 countries extended the benefit of the doubt in the applicant's favour;
- 16 countries stated that refusal to undertake medical age assessment did not result in automatic assessment as adult;
- 13 countries informed the applicant about health consequences of the procedures used;
- 10 countries attempted other approaches before resorting to age assessment examinations.

Identification of procedural measures and safeguards

Below you will find an outline of the procedural measures and safeguards relevant to age assessment. They are based on the articles of the UNCRC, which is the first internationally binding treaty on children's rights, as well as the articles of the EU directives. Both the original and the recast provisions have been included, since the original provision remains the applicable version for some Member States. Further to this, the checklists should be considered in light of any national legislation.

These standards are significant, since they identify the common standards to which we have all agreed and define the parameters of the Common European Asylum System (CEAS). Thus, when defining policy or implementing processes, it is important that they are consistent with the standards we have identified as crucial for having a humane, fair and safe system.

Since the best interests of the child must be a primary consideration in all actions undertaken, it has been addressed first with all remaining procedural measures and safeguards considered below in alphabetical order.

([9]) Using the criteria identified in the 'Separated children in Europe' programme's (SCEP) 'statement of good practice' as well as the minimum standards identified in EU asylum directives.

2.1. Best interests of the child

In all actions relating to children, whether taken by public authorities or private institutions, the child's best interests must be a primary consideration ([10]). Therefore, the decision to undertake age assessments and the methods selected in order to assess age should also be subject to primary consideration of the best interests of the child. In order to assess the best interests of the child it is necessary to take into account the circumstances of the child, as well as how the action in question will impact upon other rights accorded to the child. In the specific instance of age assessment, consideration should also be given to the type of method as well as the processes involved and the compatibility of the method with the legal provisions contained within European legislation. Further information on the methods in current use, including a SWOT analysis ([11]) and recommendations can be found in Chapter 3 — Age assessment tools and methods.

Legal provisions	Suggested checklist for considering best interests of the child	
UN CRC 3 **APD 17 (v) 6** **APD 25.1** **RAPD 25.6** **RQD 20.5** **RDR 6.3** **RRCD 23.1-2** **RD 17.5**	Before undertaking any action, is the principle of the best interests of the child given primary consideration?	
	Has this been documented or recorded?	
	In assessing best interests, have factors such as: (a) necessity for assessment; (b) respect for the individual's dignity; (c) invasiveness of the method; (d) reliability of the result; and (e) benefits of the assessment, as well as any other relevant factors been taken into consideration?	
	Has the child been involved in the decision, including consultation of their view and/or that of their guardian or representative in accordance with their age and maturity?	
	Where it has been disputed that a course of action would be in the best interests of the child, has the proposed decision been reviewed?	
	Has this been documented or recorded?	
	Do decisions clearly show how the best interests of the child were considered and balanced with other possible interests?	
	Is there evidence that those working with the child (interpreters, the representative, those undertaking age assessment) have the necessary expertise to perform their duties in accordance with the best interests principle?	

2.2. Benefit of the doubt

Benefit of the doubt is a significant safeguard in the field of age assessment; particularly so, because no current method of age assessment is able to determine a specific age with certainty. The issue of the benefit of the doubt is further complicated in age assessment cases, since it must be applied on two levels. First, during the process and whilst doubts remain ([12]) the individual should be afforded the benefit of the doubt and treated as a child. Secondly, the principles of the benefit of the doubt apply in cases where it is the duty of the applicant to substantiate the application for international protection but the applicant's statements are not supported by documentary or other evidence, so long as the conditions of the RQD Article 4.5 are met ([13]).

As, identified in the RAPD and the UN Committee General Comment 6, if following age assessment uncertainty remains, the individual should be given the benefit of the doubt such that if there is a possibility that the individual is a child, she or he should be treated as such ([14]).

([10]) The Charter of Fundamental Rights of the European Union (Article 24), UN Convention on the Rights of the Child (Article 3).
([11]) The SWOT analysis is a technique, which, through a simple but useful framework, enables you to identify strengths, highlight weaknesses, identify and overcome threats and identify possible opportunities. Strengths and weaknesses are often based on factors which are internal to the method, whilst opportunities and threats generally relate to external factors. Therefore, the SWOT analysis is sometimes referred to as the 'Internal–External Analysis' or the 'IE Matrix'. For more information on SWOT: http://www.mindtools.com/pages/article/newTMC_05.htm
([12]) RAPD, Article 25, PCT 13, CoE, Article 10 and CRC2.
([13]) (a) the applicant has made a genuine effort to substantiate his application;
(b) all relevant elements at the applicant's disposal have been submitted, and a satisfactory explanation has been given regarding any lack of other relevant elements;
(c) the applicant's statements are found to be coherent and plausible and do not run counter to available specific and general information relevant to the applicant's case;
(d) the applicant has applied for international protection at the earliest possible time, unless the applicant can demonstrate good reason for not having done so; and
(e) the general credibility of the applicant has been established.
([14]) RAPD, Article 25.5, and PCT, Article 13.

Legal provisions	Suggested checklist for applying benefit of the doubt	
UNCRC 12 **UNCRC 16** **RAPD 25.5** **QD 4.5** **RQD 4.5** **PCT 13** **CoE CAT 10**	Where the age is uncertain and there are reasons to believe that person is a child, are they presumed to be a child pending verification of age?	
	If there are still doubts following age assessment examinations, is the applicant presumed to be a child?	
	If the benefit of the doubt has not been given, have the reasons been recorded/documented in a detailed and clear way?	
	Has the decision not to give the benefit of the doubt been approved by a supervising officer?	
	In cases where the benefit of the doubt has not been applied, has this along with the reasons been communicated to the child and/or their guardian/representative?	
	Where more than one agency/organisation is involved, do all agree to the outcome?	
	Where there is disagreement between agencies, is this documented?	

2.3. Care and accommodation

Care and accommodation is an important consideration for all children, since it is essential that it meets their specific needs. In many cases, the age of the child will determine the type and duration of care and accommodation they are provided. Further if a child is assessed as over 16 ([15]), it may affect whether they are placed in a centre with adults.

Legal provision	Suggested checklist for determining care and accommodation	
UNCRC 4 **UNCRC12** **UNCRC 16** **UNCRC 20** **UNCRC 21** **UNCRC 25** **UNCRC 27** **RCD 19.2** **RRCD 11.2** **RRCD 23.1** **RRCD 23.5** **RRCD 24.2**	When deciding which care and accommodation (including personnel and facilities) is most suited for the individual, have their age and level of maturity and specific needs been taken into consideration?	
	Where it has been found to be in the best interests of an unaccompanied child aged 16 or over to be placed in an accommodation centre for adult asylum seekers, has this taken place in consultation and agreement with the child and/or their representative?	
	Where it has been found to be in the best interests of an unaccompanied child aged 16 or over to be placed in an accommodation centre for adult asylum seekers, have the reasons for this been recorded/documented?	
	In cases where age remains disputed, particularly where there is doubt whether an individual is a child, does a best interests assessment determine how the individual is accommodated?	
	Is the decision on care and accommodation documented and evidenced?	
	Where the decision on care and accommodation has been disputed, has it been reviewed by a supervising officer?	
	In cases of dispute about the appropriateness of care and accommodation provided, has the individual and their guardian/representative been informed of how they can challenge or appeal the decision?	

([15]) RRCD, Article 24.2.

2.4. Consequences of refusal

The provisions of the RAPD ([16]) mean that refusal of the asylum claim shall not be based solely on the refusal to undergo medical examination. Further, the fact that an unaccompanied minor has refused to undergo such an examination shall not prevent the determining authority from taking a decision on the application for asylum. Before taking any decisions on this point, consideration should be given as to the reasons and justifications for refusing to undergo an assessment. Given the implications this will have for access to specific provisions for children, Member States should also carefully consider whether refusing to undergo a medical examination should then result in their claim being processed under the procedures for adults.

Legal provision	Suggested checklist for establishing consequences of refusal	
UNCRC 12 **UNCRC 13** **UNCRC 16** **APD 17.5** **RAPD 25.5** **QD 4.5** **RQD 4.5**	Is it possible to withhold consent if it is believed the process would not be in the best interests of the child?	
	Is it possible to withhold consent if it is believed the process would be physically or mentally harmful?	
	Has it been checked that the individual understands the age assessment process?	
	Did the individual receive information about the consequences if they choose not to proceed with the age assessment?	
	Has the individual had the opportunity to express the reasons for refusing to undergo assessment and have these been recorded?	
	Was the refusal supported by the guardian/legal representative?	
	Can it be clearly evidenced that a decision to reject an application for asylum/international protection is not based solely on the individual's refusal to undergo age assessment?	

2.5. Data protection

All those involved in the age assessment process should understand and be bound by the requirements of data protection. Further to this, informed consent should be obtained from the individual before their information is further shared. Information must also only be gathered and used for the purposes of age assessment.

Legal provision	Suggested checklist for data protection	
UN CRC 16 **Protection of individuals' automatic processing of personal data, 28.1.1981** **Protection of individuals' automatic processing of personal data, 28.1.81**	In accordance with the individual's right for privacy, is informed consent or the view of the individual obtained before sharing information with other parties?	
	Where consent is required, does the individual understand, for what they are giving permission, and how that information will be shared and used?	
	Is the view of the individual and/or outcome on consent documented/evidenced?	
	Are steps taken to safeguard that information about the individual's asylum claim, or the fact that a claim has been made is not disclosed to the alleged actors of persecution, including government officials or their agents (e.g. by seeking to obtain birth certificates or other identity documents confirming the age of the individual)?	
	Is a process in place so that information is gathered fairly, lawfully and for the specific purpose of age assessment?	
	Does the transferal of information between third parties comply with data protection requirements?	
	Is there a confidentiality agreement? And is the individual informed about what this means?	

([16]) Article 25.5.

2.6. Detention

Detention is only to be used in exceptional circumstances in the case of unaccompanied children and as a measure of last resort for children in general. The assessment of whether an individual is an adult or child can therefore be crucial in this regard. Age disputed children should not be in detention pending the outcome of assessment. Further, a closer determination of age may be required in order to establish whether someone has reached the age of criminal responsibility.

Legal provisions	Suggested checklist for detention	
UNCRC 4 UNCRC 6 UNCRC 9 UNCRC 20 UNCRC 22 UNCRC 25 UNCRC 27 UNCRC 37 UNCRC 40 UNCRC Committee GC 10 37 RRCD 11.2 RCD 8.2	In cases where an age disputed applicant has broken the law, have steps been taken so that they are not accommodated with adults if in prison?	
	In the case of unaccompanied children, is detention occurring as a result of exceptional circumstances?	
	In the case of children, is detention used as a measure of last resort? Have alternatives to detention been considered (in line with Article 8.2 RRCD)?	
	In cases of age dispute which bring in to question whether the individual has reached the age of criminal responsibility, has the benefit of the doubt (on the issue of age) been afforded to the individual until the outcome of the age assessment?	
	Whilst in detention, will they be treated in a manner which takes into account the needs related to their age?	
	Where children have been detained, do they have the possibility to engage in leisure activities, including play and recreational activities appropriate to their age?	

2.7. Dublin cases

Legal provisions	Suggested checklist for Dublin cases	
UNCRC 8 **UNCRC 9** **UNCRC 10** **UNCRC 22** **CJEU** **C-648/11** **DR 6** **DR15.3** **RDR 6.3** **RDR 30.2**	In cases of age disputed individuals subject to the Dublin regulation, is the benefit of the doubt applied?	
	Where the concept of the benefit of the doubt has not been applied, thus denying an individual the safeguards applied to children under the Dublin regulation, has primary consideration been given to best interests?	
	In cases of age disputed individuals who have not benefited from the provisions afforded to children, was this decision reviewed by a supervising officer?	
	In cases of transfer, is the information about any assessment of the age of an individual transmitted to the responsible state?	
	Is the individual involved in this process and in addition to being given an opportunity to clarify, consulted in accordance with their maturity?	
	Is the individual supported through the process by a representative?	
	In cases where states have come to differing conclusions about age, is all available evidence taken into consideration before arriving at a final decision?	
	In arriving at a final decision, when assessing the evidence, did the responsible state take into account: (a) the resources and methods used in arriving at the age; (b) the reliability and/or any indicated margin of error; (c) the qualifications of those responsible for any age examination or assessment; (d) any additional information available relating to age; (e) any reasons and/or explanations put forward relating to the differing ages; (f) the views of the child, particularly if the differing ages arises due to them claiming different age?	
	If after such a review, there are still doubts, is the individual treated as a child, based on the principle of the benefit of the doubt?	

2.8. Informed consent

Informed consent should be obtained from the individual and/or their representative prior to the undertaking of age assessment. In particular, they should be informed of the possibility that their age may be determined by medical examination. So that the individual can make an informed decision, information on the method, possible consequences of the result of the examination, as well as the consequences of refusal on the part of the individual to undergo medical examination should be explained. Such information should be provided free of charge and be communicated in a language which they understand, or can be reasonably supposed to understand. Individuals and/or their representatives must consent to an examination.

Legal provisions	Suggested checklist for informed consent	
UNCRC 12 **UNCRC 13** **APD 17.5** **RAPD 19** **RAPD 25.5**	Has the individual been informed about the fact that their age will be determined through medical and/or other examinations?	
	Has the individual been informed about the possible outcomes and consequences?	
	Have risks to health that may arise and steps taken to minimise these risks been identified and clearly communicated?	
	Has the individual been given information about who will undertake the assessment, including their skills and experience?	
	Have they received information about the procedure for lodging and pursuing an appeal? Taking in consideration health/education/maturity, is the child in a position to give informed consent?	
	Has information been provided in a language that they can understand?	
	Has information been provided in a manner that can be understood?	
	Is there evidence that consent has been secured for a medical examination where this will be part of the age assessment?	
	Has the individual been informed of the possible consequences of a refusal of undergoing a (medical) age assessment test?	

2.9. Least invasive method

Whilst the RAPD ([17]) provides that medical examination should be performed in full respect of the individual's dignity, selecting the least invasive examination, there is currently no agreed consensus on what this means in practice and which methods should be considered more or less invasive. However, a starting point, as acknowledged in the RAPD, should be first the examination of any existing evidence before deciding whether it is necessary to undertake further assessment. Since there is currently no established criteria for determining how invasive a method is, it is recommended that this is considered in the context of the circumstances of the individual, as well as the SWOT analysis of the methods and general recommendations suggested in Chapter 3 ([18]).

Legal provisions	Suggested checklist for identifying the least invasive method	
UNCRC 12 **UNCRC 13** **UNCRC 16** **RAPD 25.5** **Euratom 3**	How have the least invasive methods possible been identified?	
	Will the methods selected be respectful of the individual's dignity?	
	Do examinations respect the individual's physical integrity?	
	Has the individual's opinion about the gender of the practitioners undertaking the assessment been sought and respected?	
	Do those involved have an understanding of the culture and ethnicity of the individual and can they apply this within the context of an age assessment?	
	Have examinations involving nudity and examinations of genital and breast development been avoided?	
	In the case of X-ray, and in accordance with Euratom, where there is no medical benefit, has usage been justified in each instance?	
	Is the individual's privacy respected during assessment?	
	Is the individual addressed politely and treated with respect throughout the procedure?	
	If necessary is an interpreter who has received appropriate training concerning the needs of unaccompanied children ([19]) (of the same sex or of a sex preferred by the child) available?	

([17]) Article 25.

([18]) The SWOT analysis is a technique, which through a simple, but useful framework enables you to identify strengths, highlight weaknesses, identify and overcome threats and identify possible opportunities. Strengths and weaknesses are often based on factors which are internal to the method, whilst opportunities and threats generally relate to external factors. Therefore, the SWOT analysis is sometimes referred to as the 'Internal–External Analysis' or the 'IE Matrix'. For more information on SWOT: http://www.mindtools.com/pages/article/newTMC_05.htm

([19]) RQD, Article 31.6.

2.10. Options to challenge

In the event of a negative decision, Member States should provide information to clarify the reasons for the decision and explain how it can be challenged. If there is no separate right of appeal of the age assessment decision itself, the opportunity to challenge through judicial review or as part of the consideration of the overall protection claim should be available. The individual should have access to a representative to assist them in the process.

Legal provisions	Suggested checklist for advising on options to challenge	
UNCRC 4 **UNCRC 12** **RAPD 19** **RAPD 25.4**	Has the individual been provided with legal and procedural information free of charge?	
	Is such information appropriate to their age, level of understanding and maturity?	
	Is the appeal/review of the age assessment decision available for an applicant/person concerned?	
	Is this information also provided to the individual's guardian or representative?	
	In the event of a negative decision, is the individual provided with reasons clarifying the decision?	
	In the event of a negative decision, is the individual provided with an explanation of how it can be challenged?	
	In cases of challenge or appeal, is the individual provided with an opportunity to express themselves and have their views taken into account?	
	Is the individual supported by a representative in the appeal process?	
	Is the individual seen as a child until the final decision?	

2.11. Qualified professionals

All those who work alongside children should receive appropriate initial and ongoing training concerning the rights and needs of children ([20]). Further to this they should be able to demonstrate that they have the relevant skills and expertise required for their role.

Legal provisions	Suggested checklist for identifying qualified professionals	
UNCRC 20 **UNCRC 25** **RCD 19.4** **RRCD 24.1** **RRCD 24.4** **RAPD 25.1** **RAPD 25.3** **RAPD 25.5** **QD 30.6**	Have those involved in the process received appropriate training concerning the rights and needs of children?	
	Are they aware that when undertaking actions relating to the child primary consideration should be given to their best interests?	
	Has it been verified that those involved, including those conducting the age assessment and the guardian/representative, do not have potentially conflicting interests with those of the child?	
	In cases of medical examination have the qualifications and level of expertise of those conducting the medical assessment been verified, in accordance with the specific requirements for that profession?	
	Are details of the expert's professional qualifications, gender, skills, experience and expertise provided as part of the report on age assessment?	

([20]) RAPD 25.3, RQD 31.6, Euratom 7.

2.12. Representative

A representative ([21]) is a person or an organisation appointed by the competent bodies in order to assist and represent an unaccompanied minor in procedures with a view to ensuring the best interests of the child and exercising legal capacity for the minor where necessary. Where an organisation is appointed as a representative, it shall designate a person responsible for carrying out the duties of representative in respect of the unaccompanied minor. In practice, who fulfils this function may vary between Member States, and in some instances could be carried out by more than one individual or organisation. For instance, legal advisors, guardians, social workers and/or NGO workers may all be appointed as a child's representative. The representative should be appointed at the earliest opportunity and before the commencement of any age assessment examination and cannot be someone whose interests conflict or could potentially conflict with those of the child.

Legal provisions	Suggested checklist for the representative	
UN CRC 20 **UN CRC 25** **RCD 19.1** **RCD 19.4** **RRCD 24.1** **RRCD24.4** **APD 17.1** **APD 17.2** **APD 17.3** **RAPD 25.1** **RAPD 25.2** **RAPD 25.4** **RAPD 25.5** **QD 30.2** **QD 30.6** **RQD 31.2** **RQD 31.6** **PCT 14.2** **PCT 16.3** **CoE 10.4**	Is a representative present or available during the assessment?	
	Has the role of the representative been explained to and understood by the representative and the individual?	
	Is the representative aware of the concept of best interests of the child, and how they should consider this in all aspects?	
	Are they aware of their role in ensuring that the individual's views are heard and that they fully understand the process?	
	Can the representative stop the assessment if they feel it is inappropriate or not in the best interests of the child?	
	Is the individual supported through the procedure by a representative who is independent from the authority undertaking the procedure or from any other authority with a vested interest in the outcome of the procedure?	
	Has the individual received legal advice in preparing for the assessment?	
	Will the individual have legal advice in response to the outcome of the assessment?	
	Has proof of the representative's expertise and qualifications been evidenced?	

2.13. Transition status

Transition status ([22]) refers to when an unaccompanied child turns 18 and is no longer considered as a child, but as an adult. As such, it may mean that they lose the protection and standards of care they were entitled to as children. The consideration of transition status is relevant in cases of age assessment, particularly if the individual is close to this stage and the age remains unresolved or continues to be disputed, or it is not clear when an individual will turn 18.

Legal provisions	Suggested checklist for transition status	
UNCRC 4 **UNCRC 6** **UNCRC 12** **UNCRC 20** **UNCRC 22** **UNCRC 25** **UNCRC 27**	As the individual reaches transition status, are they suitably prepared, with the assistance of their guardian/representative and in accordance with their maturity, for what will happen once they turn 18?	
	Where an individual has reached transition, but still disputes the findings on age, have they been provided with information as to their rights and how they can challenge a decision on age?	
	In such cases, has a review on the decision relating to age been undertaken?	
	In cases of dispute, has the decision taken given primary consideration to the best interests of the child?	
	Has any decision been documented and evidenced, and in cases of dispute, been reviewed by a supervising officer?	

([21]) RAPD 2.
([22]) Additional information is available at: http://digitalcollections.sit.edu/cgi/viewcontent.cgi?article=1684&context=isp_collection and http://www.iom.hu/PDF/Unaccompanied_Minors_Asylum-seekers_Overview_of_Protection_Assistance_and_Promising_Practices.pdf

Chapter 3 – Age assessment tools and methods

This chapter is intended to give an overview of the different age assessment methods currently in use. Additionally, in Chapter 6, 'Forward look', you will find potential future age assessment methods which are currently being researched but are not yet in use. EASO does not seek to make a recommendation or advocate the use of any particular practice. Nor is this intended to be a scientific paper or assessment. Instead the aim is to provide an overview and review of each method, in an open and balanced manner.

Overview of current practice

In February 2012, EASO commissioned a questionnaire with the intention of mapping current practice regarding age assessment methods and approaches within Europe. This research built upon the research previously undertaken by the 'Separated children in Europe' programme (SCEP), the Intergovernmental Consultations on Migration, Asylum and Refugees (IGC,) and the European Migration Network (EMN) ([23]).

Responses from the Member States, Norway, Switzerland, Australia, Canada, New Zealand and the United States of America (34 countries) revealed that as part of the age assessment process:

- 29 countries considered documents submitted;
- 23 countries made use of carpal (hand/wrist) X-ray;
- 22 countries conducted age determination interviews;
- 17 countries made use of dental X-ray;
- 15 countries made use of collar bone X-ray;
- 14 countries made use of dental observation;
- 12 countries made estimations based on physical appearance;
- 8 countries undertook sexual maturation observation;
- 7 countries considered a development assessment made by a paediatrician;
- 6 countries considered social services assessments;
- 5 countries conducted psychological tests;
- 3 countries made use of another form of assessment, including pelvic bone X-ray, right shoulder X-ray, c-spine X-ray and consideration of DNA.

The results of the EASO age assessment questionnaire also revealed that many Member States and participating countries use more than one method as part of the age assessment process. Responses from the 34 participating countries revealed that the combination of methods used were as follows:

- 27 countries included at least 3 of the methods identified above as part of their assessment;
- 23 countries included a combination of medical and non-medical methods as part of their assessment;
- 8 countries used only a combination of non-medical methods as part of their assessment;
- 3 countries used only a combination of medical methods as part of their assessment.

In Annex 4 and 5 you can find an overview of practice as indicated by the Member States and other participating countries in their responses to the EASO questionnaire on age assessment. These have been further classified under either 'medical' or 'non-medical' methods.

([23]) Additional information on such research is available at: http://resourcecentre.savethechildren.se/node/5315 (SCEP); and http://emn.intrasoft-intl.com/Downloads (EMN).

Multidisciplinary and holistic approach

It is widely acknowledged that there is not currently a method available which can determine the exact age of a person. It is important to note that no single method can tell us with certainty how old someone is, and to take this into consideration as part of the evidence assessment process. In particular, this is done through the application of the benefit of the doubt, and the acknowledgement of the margin of error. In particular, if a child's claimed age falls within the range determined by the age assessment, in keeping with the principles of the best interests of the child and the benefit of the doubt, that age should normally be accepted.

The RAPD (Article 25(5)), in providing that 'following general statements, or other relevant indications,' medical examination may be undertaken, implies not only that more than just one method be used, but also that there is a certain logical order that should be followed in applying those methods. Firstly, consideration should be given to general statements and other evidence readily available. If there is still doubt, then it is possible to resort to medical tests, subject to certain safeguards.

Since no method or combination of methods can provide an exact indication of age, and all the methods have their respective advantages and disadvantages it was decided that rather than promote a particular method or combination of methods, an overview of the various methods would be more valuable for Member States' purposes. It should also be taken into account that one of the reasons for diverging practice is due to national legislation, which provides the framework for the method and approach used in the respective country. However, where possible we have given instances of how Member States have chosen to implement age assessment procedures. Additionally, in the section 'National legal and policy framework' you will find an overview of the different applicable legal and policy instruments in Member States and some participating countries.

One way to improve the reliability of age assessment could be to include different methods as part of the process, so that the decision is based on a wider range of evidence. As with all matters in the examination of the application for international protection and in accordance with Article 4 QD, age assessment should take into consideration all available evidence. The decision on which methods to use, should be based on the aim of improving the overall accuracy of the assessment by taking into consideration a range of factors and evidence. This could include: physical, psychological, developmental, environmental and cultural factors. Also, appropriately skilled professionals should be selected to undertake the assessment. Depending on the method, this may include social workers, paediatricians, doctors, radiologists, (child) psychologists or other suitably skilled individuals with expertise in the field of child development.

In deciding which methods to select when undertaking age assessment, the best interests of the child should be a primary consideration. The APD (recast) specifies that Member States may use medical examinations to determine the age of unaccompanied minors within the framework of the examination of an application for international protection where, following general statements or other relevant indications, Member States have doubts concerning the applicant's age. If after such age assessment, Member States are still in doubt concerning the applicant's age, they shall assume that the applicant is a minor.

UN Committee on the Rights of the Child recommendation
Age assessment, 'should not only take into account the physical appearance of the individual, but also his or her psychological maturity.'

Suggested checklist for identifying suitable age assessment methods *In order for the use of the method(s) to meet with relevant international standards, you should be able to respond to all questions below in the positive*	
Has primary consideration been given to the best interests of the child in relation to the method(s)?	
Taking all available evidence into account, is it necessary to undertake further assessment?	
Have the least invasive method(s) been selected?	
Do the methods respect the child's dignity, including in a gender-sensitive manner?	
Does the assessment take into account psychological maturity rather than relying only on physical appearance?	
Are those involved in the assessment appropriately qualified and additionally skilled in working with unaccompanied asylum-seeking children?	
Has the child and the adult responsible for representing the child been fully informed in relation to the chosen method(s) and related consequences?	
Has the child been suitably involved in the process and in particular has the child had the opportunity to express his/her views?	
Do the procedures comply with data protection requirements?	
Have others been consulted where appropriate, for example those who know the child, relatives, teachers, cultural mediators, etc.?	

Review of the methods in use

Below you will find a review of all the various methods currently in use. For each method there is a brief description of the process involved. The review is based upon information gathered from various reports and studies on age assessment ([24]). Direct sources are acknowledged by footnote and a full list of all sources consulted can be found in the bibliography. When considering the various methods below, it should be borne in mind that the findings presented are based on the limited studies carried out in relation to these methods.

Based on such available information and discussions with participating countries, the SWOT (strengths–weaknesses–opportunities–threats) analysis approach has been applied to each of the methods. The SWOT analysis is a technique, which through a simple, but useful framework enables you to identify strengths, highlight weaknesses, identify and overcome threats and identify possible opportunities. Strengths and weaknesses are often based on factors which are internal to the method, whilst opportunities and threats generally relate to external factors. Therefore, the SWOT analysis is sometimes referred to as the 'Internal–External Analysis' or the 'IE Matrix' ([25]). The SWOT analysis derives from the points raised by participants during the EASO expert meeting on X-ray and medical examinations, as well as EASO's own analysis based on research conducted and the findings of the reports and studies referenced.

Further to this the relevant legal standards in accordance with the UN Convention on the Rights of the Child (CRC) and the EU directives are outlined for each instance. The provisions are an important reference to the necessary guarantees in case of choosing to apply any particular method. The provisions have then been grouped according to common key themes.

The guidance provided for each method is based on this SWOT analysis interpreted in the framework of relevant legal standards. The aim of this approach is to provide a balanced overview of the methods as well as highlight key issues which should be taken into consideration when deciding which methods and tools should be selected.

The methods are divided into 'medical' and 'non-medical'. Their presentation is further structured by alphabetical order.

3.1. Non-medical methods

3.1.1. (Age determination) interview

This method involves collecting and analysing the account given by the individual whose age is being disputed. It can be undertaken by a range of different professionals dealing with unaccompanied and separated children, including but not necessarily limited to immigration/asylum officials and social workers. In accordance with APD (recast) Article 25(5), all evidence obtained may help to establish the child's age and/or eliminate or alleviate the need to undertake additional assessments.

Instance of Member State practice
The United Kingdom and Ireland both use interviews conducted by social workers for the purposes of age assessment ([26]).
Malta takes a holistic approach to conducting age assessment interviews, by using a panel system with members comprising of social workers, immigration officials and psychologists.

([24]) See for example SCEP, Position Paper on age assessment in the context of separated children in Europe (2012); Unicef, *Identification of unaccompanied and separated children: Exploring age assessment challenges, background and Discussion Paper*; Unicef, *Age assessment practices: a literature review and annotated bibliography*; Prof. Sir Al Aynsley-Green, *The assessment of age in undocumented migrants*.
([25]) For more information on SWOT: http://www.mindtools.com/pages/article/newTMC_05.htm
([26]) Case-law providing guidance on how such assessment should be carried out can be found in the section on 'National legal and policy framework'.

SWOT: (age determination) interview	Theme	Minimum standard	Guidance
Strengths • Not physically invasive. • Can be incorporated as part of the asylum interview. • Respectful of the child's right to participate and have his/her views respected. • Can take into account a person's maturity in addition to physical appearance. **Weaknesses** • Lack of protocols, approaches and checklists on how to perform such interviews, and what information needs to be collected and analysed. • Wide margin of error or 'likely' indication of age. **Opportunities** • Possible to incorporate interview process as one aspect of a multidisciplinary approach. **Threats** • Perceived as a subjective method. • Decisions based on inadequate interviews liable to challenge. • Quality of the information gathered may be affected if the interview is conducted in an intimidating environment, or without due safeguards. • Individuals may not be specifically trained in interviewing children and in understanding the background, education, gender and culture in the countries from which they come. • Unduly long interviews or a lack of standardised approach may affect whether the child is sufficiently able to express his/her views and participate in the process in a way that is compatible with his/her age and maturity.	Best interest	CRC 3 APD 17.5-6 RAPD 25.6 RQD 20.5	• The child should be able to put forward his/her evidence in his/her own words, ask and answer questions and clarify or query matters of uncertainty. • The interview should be a part of a holistic process, which takes into account the needs and maturity of the child as part of the age determination process. • Consideration should be given to the child's welfare and wellbeing, ensuring that interviews are conducted in accordance with their age and maturity.
	Adequate training	APD 17.4 QD 30.6 RQD 31.6 RAPD 25.3	• Protocols and checklists should address the type of information to be collected and analysed, including the need for targeted country of origin information (COI) relating to age and culture. • Training should address the need for evidence-based assessments which are adequately reasoned. Staff should also be supported by competent supervision in this regard.
	Child focused	CRC 8 CRC 12 CRC 13 CRC 22	• The style and structure of the interview should be adapted to best suit the age and maturity of the child, for instance as part of the interview the child may be able to also use writing, or art or other media as well as oral testimony. • Information from the interview may also assist states in re-establishing the child's identity. For instance, when the age of the child is unknown, questions about the child's daily routine, activities, experiences and responsibilities may assist in establishing age. • Ensuring a sufficiently child-focused approach, including accommodating the right of the child to participate and express their views, will reduce the potential risk of an intimidating environment and the likelihood of inadequate interviews.
	Evidence assessment	QD 4.3 RQD 4.3 RAPD 25.5	• The child should be supported, so that he/she can present his/her evidence. This should include the opportunity to resolve/clarify any discrepancies and/or uncertainties in the available evidence. • The personal circumstances of the applicant, such as background, education, daily routine, etc., which may assist in determining age, should be explored as part of the interview. • To accommodate for the margin of error, and the fact that no method can determine with certainty an individual's age, in addition to the interview all available evidence relating to age should be taken into consideration. Where doubt remains the principle of the benefit of the doubt should apply. • Where credibility findings will be made based on the child's oral or other evidence provided, the child should first be provided with an effective opportunity to clarify or comment, so as to prevent flawed/inaccurate findings on credibility. • Consider whether individuals may have given incorrect information about their age and/or be in possession of documents stating such information in relation to visa applications and in order to facilitate their exit. • Circumstances of the interview, including the interview environment and the conduct of those present (including the child) should be taken into account when assessing the evidence arising from the interview. • Interviews and decisions should be based on up-to-date information and where necessary individuals should consult and/or seek advice from relevant experts. Relevant information could include knowledge on culture, gender, education, country-specific documentation and child/age related issues and the relevance of age in the country/culture the child comes from.

3.1.2. Consideration of documentary evidence

This method involves the analysis of existing documentation that supports or does not support the date of birth declared by the applicant, in order to establish his/her age. In addition to documents and evidence produced by the applicant, documentary evidence may also come from a range of sources, including visas, Eurodac database, entry clearance applications, school reports, hospital reports, etc.

SWOT: documentary evidence	Theme	Minimum standard	Guidance
Strengths • Not physically invasive. • Does not require examination or questioning of the child. • Respectful of the child's right to participate and have their views heard. • Genuine documents are a valuable form of evidence. • Assessment based on documentary evidence avoids the need for a more invasive assessment. **Weaknesses** • Many individuals do not have or are unable to produce birth certificates or other forms of identification. • Forged or invalidly produced documents are obtainable. • Lack of standardised guidance on what forms of documentation should be accepted. **Opportunities** • Opportunity to actively involve the child, in the age assessment process, since he/she can contribute documentary and other evidence. • Starting point for establishing an individual's age, which may have value when considering all available evidence. **Threats** • Lack of training for officials on how to understand and use age-related documents issued in countries of origin. • Risk related to obtaining information from the country of origin, when the person claiming to be a child is an asylum seeker. • Incorrect assessment of documents (either as false or genuine) could impact upon the welfare of the child, particularly in relation to the safeguards afforded to him/her.	Best interests	CRC 3 APD 17.5-6 RAPD 25.6 RQD 20.5	• The process should allow for the participation of the child. He/she should be provided with information on his/her role and responsibilities as part of this process, including how he/she can submit any evidence he/she may have. • Incorrect challenge of documents/evidence produced by the child may affect his/her wellbeing and trust in the process. It may affect other processes as well, including the application for international protection. • Consideration should also be given as to whether it can be expected or if it is possible for individuals to obtain certain documents.
	Adequate training	APD 17.4 QD 30.6 RQD 31.6 RAPD 25.3	• Important to consider the impact if someone lacking training and/or understanding on age-related documents undertook the assessment. • Training should address how to assess and/or verify documents submitted in support of an application. • Training should include use of country of origin information and evidence assessment, particularly in the context of personal identification documentation. • Standardised guidance on types of documentation linked to establishing age should be developed for the particular countries of origin. Such guidance should contain information on the types of documentation available, how they are issued, descriptions and pictures of what they look like, as well as information on the possibility to duplicate or fraudulently obtain such documents.
	Child focused	CRC 7 CRC 8 CRC 12 CRC 13 CRC 22	• The process should be adaptable to age and maturity, and should also be conducted with the assistance of the child's representative. • Applicants should be able to submit documentation and/or other evidence they feel is important to their claim and in a form they feel comfortable with, such as writing, or art, or other media, as well as oral testimony. • Accommodating the right of the child to participate and express his/her views, will reduce the potential risk of obtaining information from the country of origin or third parties which may put the child or his/her family members at risk. • Information from documents or other evidence submitted may also assist in re-establishing the child's identity. For instance, original and genuine documents (e.g. birth certificates, ID cards, school reports, hospital records) belonging to the minor or members of his/her family are all valuable forms of evidence. • Where individuals do not have or are unable to produce birth certificates or other forms of ID, officials should work with the child to assist him/her in re-establishing his/her identity, including providing the necessary documentation. • When considering whether a document is forged or invalidly produced, it is important, if the child is capable of forming a view, to give him/her an opportunity to express him/herself and have his/her views be given due weight in accordance with his/her age and maturity.
	Evidence assessment	QD 4.3	• Applications should be considered in a manner which is objective, impartial and taken on an individual basis. • Documentary evidence obtained may help to establish the child's age and/or alleviate the need to undertake additional assessments. • When making decisions about the reliability/credibility of evidence this should be based on objective evidence and, where appropriate, relevant expertise. • Where credibility findings will be made based on oral or other evidence provided, the child should first be provided with an opportunity to clarify or comment. • Consider whether individuals may have given incorrect information about their age and/or be in possession of documents stating such information in relation to visa applications and in order to facilitate their exit. • All evidence relating to the child's age, including identification or other documentation available should be taken into consideration.

3.1.3. Estimations based on physical appearance and demeanour

This involves visual and behavioural appraisal and assessment of the individual in order to determine age. In the first instance this can often mean an immigration/asylum official making estimation on age based on how the individual appears before him/her.

SWOT: physical appearance and demeanour	Theme	Minimum standard	Guidance
Strengths • Possibility for the initial identification of an individual as a child, where this was previously unknown or in the absence of reliable (documentary) evidence. • Should trigger the referral of an individual to the relevant authorities and access to assistance. **Weaknesses** • Significant margin of error based on subjective observations and opinion. • Over-relying on physical appearance to assess chronological age can lead to arbitrary and inconsistent results. • Does not take into account psychological or emotional maturity. • Assessment may be perceived as invasive in its nature, since it involves the visual observation and drawing of conclusion solely based on an individual's personal appearance. **Opportunities** • May have value when considering all available evidence. **Threats** • Wide range in the rate of physical development and puberty during adolescence, which is reflected in appearance. • National courts have identified the need to approach with caution the reliance on the physical appearance or demeanour of the applicant for the purposes of age determination.	Best interests	CRC 3 APD 17.5-6 RAPD 25.6 RQD 20.5	• Assessment based solely on physical appearance and/or demeanour may lead to incorrect assessment of the child's age and potentially inadequate safeguarding and provision for their needs (including referrals) in accordance with their age. • It is important to consider the impact if someone is wrongly assessed based on physical appearance/ demeanour alone and the likelihood of this happening given the wide range in physical development during adolescence. • The physical appearance and demeanour of the child, especially if observed over a period of time, may be of value within a wider multidisciplinary assessment.
	Adequate training	APD 17.4 QD 30.6 RQD 31.6 RAPD 25	• Training should address the difficulties of making assessments based on physical appearance/demeanour, and focus on understanding and applying the concept of the benefit of the doubt. • Training should include gender, culture and age sensitivity, as well as physical development and puberty, with a particular focus on how they vary and do not necessarily correspond to chronological age.
	Child focused	CRC 7 CRC 8 CRC 12 CRC 13 CRC 16 CRC 22	• The child should be informed about any outcome of age assessment based on physical appearance/ demeanour, the reasons for arriving at this outcome and the opportunity to address these as well information about how to challenge an outcome with which they disagree.
	Evidence assessment	QD 4.3 RQD 4.3 RAPD25.5	• The circumstances and outcome of assessment based on physical appearance/demeanour should be considered alongside all other available evidence on age. This will help overcome the significant margin of error which occurs when assessment is based on opinion and visual assessment alone. • When making decisions about the reliability/credibility of evidence, this should be based on objective evidence, and, where necessary, relevant expertise. In this instance this could include expert knowledge on culture, country-specific documentation and child/age related issues.

3.2. Medical methods

3.2.1. Dental observation

This method involves visual inspection in order to determine the maturity of teeth and does not involve the use of X-ray. Since development does not correlate with chronological age, this method establishes a range of possible ages. A trained dentist compares the teeth development with a set of developmental stages as laid out in established eruption charts or reference values. The predefined stages are presented with examples of radiographs, sketches and/or descriptions in words. Studies tend to cover either the development of children's teeth, for the age span 3–16 years, or the development of the wisdom teeth in the age group, 15–23 years ([27]).

Instance of Member State practice
No state makes use of dental observation on its own.
Austria, Belgium, Denmark, Finland, Germany, Hungary, Italy, Latvia, Norway, Poland, Portugal, Sweden and Romania all indicated that they use dental observation in combination with various types of X-ray.
Austria and Germany have case-law providing guidance on how these assessments should be carried out. Further information can be found in the section on 'National legal and policy framework'.

([27]) For more information: Unicef, *Age assessment practices: a literature review and annotated bibliography* (available at: http://www.unicef.org/protection/Age_Assessment_Practices_2010.pdf); SCEP, Position Paper on age assessment in the context of separated children in Europe (2012), (available at: http://umf.asyl.at/files/DOK45Age_Assessment_PP.pdf); Norwegian Computing Center, *Age estimation in youths and young adults* (December 2012) (available at: http://publications.nr.no/1355995517/Age_estimation_methods-Eikvil.pdf); Baccetti, T., Franchi, L., McNamara (Jr), J.A., *The cervical vertebral maturation (CVM) method for the assessment of optimal treatment timing in Dentofacial orthopaedics;* Cameriere, R., Ferrante, L., Cingolani, M., *Age estimation in children by measurement of open apices in teeth*.

SWOT: dental observation	Theme	Minimum standard	Guidance
Strengths • Teeth develop in clear patterns in certain age ranges. • The study of tooth mineralisation is unaffected by ethnicity or nutrition. • An alternative to dental X-ray, which does not rely on ionising radiation. **Weaknesses** • The study of tooth mineralisation has a +/– 2 year margin of error. • It is designed for clinicians who know the real age of the children and want to know if they deviate from the development norm, to determine if their dental maturity is advance or delayed. It is not designed for establishing chronological age. • The only teeth that can be used as an indicator of whether someone is an adult are third molars, which may (or may not) appear at any time from 15–23 years of age. **Opportunities** • May have evidential value as part of a multidisciplinary assessment. • Development of guidance for dentists undertaking age assessments in children to ensure consistent practice. • Increasing the capacity and expertise of dentists involved with age assessment. • Development of national/EU level training programmes. **Threats** • Significant margin of error. • Only a small number of dentists who have been involved in age assessment. • Recent study has shown that the third molar is an imperfect marker of chronological age. The study showed that for ages 15–17 years it wrongly classifies 6 % as being adult, while for 18–20 years it misclassifies no fewer than 64 % as being minor.	Best interests	CRC 3 APD 17.5-6 RAPD 25.6 RQD 20.5	• Should consider whether the child is likely to fall within the measurable ranges for this method. • Important to address possibility of incorrect assessment due to the fact that the method is designed for use when the age is already known, rather than for establishing chronological age.
	Adequate training	APD 17.4 QD 30.6 RQD 31.6 RAPD 25.3	• Must ensure that the process is undertaken by a trained dentist. • Training programmes for decision-makers should focus on techniques for evidence assessment, including how to identify whether the dental report meets the relevant standards, as well as how to interpret and assess that evidence.
	Child focused	CRC 7 CRC 8 CRC 12 CRC 13 CRC 22 RAPD 19 RAPD 25.4	• In cases of medical examination, the consent of the child and/or his/her representative must first be obtained. • Children must also be informed prior to the examination and in a language that they understand (or are reasonably supposed to understand) of the possibility that their age may be determined by medical examination. • Such information should be used to aid the child's understanding of the process, including any limitations or risks.
	Evidence assessment	QD 4 RQD 4.3 APD 17.5 RAPD25.5	• Since teeth develop in clear patterns in certain age ranges, this method may provide useful evidence on likely age, if the individual falls within the age parameters of the reference studies. • Dental examination which reveals a likely age range may complement other forms of evidence, and as such could have value as part of a multidisciplinary assessment. • To address the concerns associated with the age parameters, all available evidence relating to the child's age should be taken into consideration. • Where the outcome of the assessment does not fit with the individual's claimed age, it is important to take into account the margin of error, application of benefit of the doubt and provide the individual with an opportunity to comment and/or challenge the outcome.

3.2.2. Physical development assessment by paediatrician

Physical development assessment by a paediatrician includes height, weight and skin rating, compared across individuals or populations in relation to a set of reference values. In addition, a general physical examination should be performed to describe any signs of a condition which may interfere with the maturation rate ([28]).

SWOT: physical development assessment by paediatrician	Theme	Minimum standard	Guidance
Strengths • Assessment is done by professionals who routinely work with children, including children requiring child protection. • Paediatricians are used to the principles of growth assessment, and understand normal and abnormal physical, sexual and psychological development in children and adolescents. • Paediatric endocrinologists are paediatricians who specialise in understanding normal hormone secretion in childhood and the disorders that follow from abnormal secretion. • Paediatricians are skilled in taking clinical histories. • Possibility to discuss and interact with the child as part of the process. • The process takes into account the child's physical wellbeing.	Best interests	CRC 3 APD 17.5-6 RAPD 25.6 RQD 20.5	• The particular circumstances of the child should be considered, when deciding whether to use this method, since it does not take into account variations on a number of factors (ethnicity, race, socioeconomic background). • In light of the examination and comparison of the body against reference studies, this method may be considered to be intrusive.
	Adequate training	APD 17.4 QD 30.6 RQD 31.6 RAPD 25	• Training for professionals involved in undertaking the assessments should focus on the particular circumstances, needs, possible vulnerabilities and situation of those undergoing assessment. • Training for officials responsible for interpreting the information should raise awareness about how physical development and puberty do not necessarily correspond with chronological age. • Training should focus on developing protocols and auditable methods, which address the current gaps in practice. • Focus should be placed on working with paediatricians and other professionals in order to overcome the threats identified.
Weaknesses • Measurements do not take into consideration variations between ethnicities, race, nutritional intake and socioeconomic background. • Physically invasive (depending on the method used).	Child focused	CRC 7 CRC 8 CRC 12 CRC 13 CRC 16 CRC 22 RAPD 19 RAPD 25.4	• In cases of medical examination the consent of the child and/or his/her representative must first be obtained. • Children must also be informed prior to the examination and in a language that they understand (or are reasonably supposed to understand) of the possibility that their age may be determined by medical examination, as well as information on how the decision can be challenged. • The child should be informed about any outcome of age assessment based on physical appearance/ demeanour, the reasons for arriving at this outcome and the opportunity to address these in turn, as well as information on how the outcome may be challenged.
Opportunities • Development of national/EU level training programmes. • Development of guidance for paediatricians undertaking age assessments to ensure consistent practice. • Increasing the capacity and expertise of doctors involved with age assessment.			
Threats • Quality of evidence from some paediatricians' assessment has been questioned by the courts. • Concerns about subjective opinion and ill-defined 'clinical experience'. • Only a small number of paediatricians who have been prepared to be involved in age assessment. • Lack of rigorous protocols and auditable methods.	Evidence assessment	QD 4.3 RQD 4.3 APD 17.5 RAPD25.5	• Clinical histories are useful for understanding the health and circumstances of the child and how this may affect assessment of age. • This method could form part of a multidisciplinary approach to age assessment. • The value of the assessment may vary, since it does not take into account a variety of factors which may influence the outcome. It should be taken into account that a determination of age should not just be based on physical appearance and/or demeanour, instead it should draw upon all available forms of evidence. • Where the outcome of the assessment does not fit with the individual's claimed age, it is important to take into account the margin of error and the application of benefit of the doubt; and to provide the individual with an opportunity to comment and/or challenge the outcome. • To address the concerns associated with this method, all evidence relating to the child's age, including ID or other documentation available should also be taken into consideration. • The qualifications, experience and competence of those who have undertaken the assessment should form part of the report, so that the expertise of the professionals involved is clear.

([28]) For more information: Unicef, *Age assessment practices: a literature review and annotated bibliography* (available at: http://www.unicef.org/protection/Age_Assessment_Practices_2010.pdf); SCEP, Position Paper on age assessment in the context of separated children in Europe (2012) (available at: http://umf.asyl.at/files/DOK45Age_Assessment_PP.pdf); Norwegian Computing Center, *Age estimation in youths and young adults* (December 2012) (available at: http://publications.nr.no/1355995517/Age_estimation_methods-Eikvil.pdf); Prof. Sir Aynsley-Green Kt., *The assessment of age in undocumented migrants* (2011) (available at: https://www.humanrights.gov.au/sites/default/files/content/ageassessment/submissions/Sir%20Al%20Aynsley-Green%20Kt%20(Submission%2038).pdf).

3.2.3. Psychological interviews/tests

The aim of this process is to assess mental, rather than physical, maturation. Assessment techniques make use of cognitive, behavioural appraisal and psychological assessment of a young person to assess age. The practitioner will explore areas of the person's life history. In order to be effective, trust between the individual and their assessor is essential.

SWOT: psychological interviews/tests	Theme	Minimum standard	Guidance
Strengths • Not physically invasive as it does not require examination of the body. • In the absence of documentation or evidence, psychological and developmental maturity can be useful indicators of age. • As recommended by the UN Committee on the Rights of the Child, this method takes into account psychological maturity. • Takes into account a person's maturity by assessing cognitive and psychological maturity. • It takes into consideration a person's life history and experiences. **Weaknesses** • Requires an evaluation by a properly trained clinician or social work practitioner in the field of child protection/care. • Lack of guidance, and no scientifically valid method to determine the overall margins of error. **Opportunities** • With appropriate guidance, due weight can be given to gender, social and cultural factors. **Threats** • Very little information available about how psychological or social assessments of age are carried out. • Probing a person's life history may be considered invasive.	Best interests	CRC 3 APD 17.5-6 RAPD 25.6 RQD 20.5	• It is possible to focus on psychological factors, which may assist with identifying additional protection and safeguarding needs, in addition to physical indicators of age. • Since there is no uniform method and/or guidance, consideration should be given to the exact nature of the examination, the circumstances of the child and the skills, experience and expertise of the particular practitioner. • Focus should be on working with clinicians and social workers to ensure assessments are carried out in a consistent way which respects the rights of the child.
	Adequate training	APD 17.4 QD 30.6 RQD 31.6 RAPD 25	• Training should focus on how cultural factors, gender and differing social norms and expectations, or the level of education, may influence behaviour and perceived maturity/age. • Training for professionals involved in undertaking the assessments should focus on the particular circumstances, needs and situation of those undergoing assessment. • Training should focus on developing protocols and auditable methods, which address the current gaps in practice.
	Child focused	CRC 7 CRC 8 CRC 12 CRC 13 CRC 16 CRC 22 RAPD 19 RAPD 25.4	• The child should be informed of the process and its aim. • The child should also be informed about how to challenge the outcome of an assessment with which they disagree. • Guidance should focus on ensuring that assessments do not infringe the individual's privacy.
	Evidence assessment	QD 4.3 RQD 4.3 RAPD25.5	• It may be possible to use this method alongside others, so that a variety of factors, including psychological as well as social, gender, cultural and physical factors can be considered. • The report from the clinician or social worker should detail their qualifications and experience, so that these can be taken into account when considering and assessing the evidence. • The lack of guidance and valid method to determine the margin of error should be taken into account when considering the findings of the report. • Where the outcome of the assessment does not fit with the individual's claimed age, it is important to take into account the margin of error, application of benefit of the doubt and provide the individual with an opportunity to comment and/or challenge the outcome.

3.2.4. Sexual maturity examination

This method involves measuring and assessing visible signs of sexual maturity. In addition, a general physical examination is usually performed to describe any signs which may interfere with the maturation rate. In boys, examination is based on penile and testicular development, pubic hair, axillary hair, beard growth and laryngeal prominence. In girls, the examination is focused on breast development, pubic hair, axillary hair and shape of the hip. On average, girls reach full sexual maturity at the age of 16 years and boys at the age of 17 years ([29]).

SWOT: sexual maturity examination	Theme	Minimum standard	Guidance
Strengths • Takes into account the child's physical wellbeing. • Possibility to discuss and interact with the child as part of the process. • Possibility to involve the child in the age-assessment process by asking them to self-assess their own development. Self-assessment may be perceived as less invasive. **Weaknesses** • Evaluating sexual maturity has a wide margin of error ([30]). Of the forensic methods recommended for age determination, assessing age on the basis of physical traits is the least precise. • By their nature these methods tend to require invasive examination of the individual, which is at odds with respect for their privacy and dignity. • 11 is the average age for the onset of puberty, often making this method ineffective past the age of 13 and therefore unsuitable to assess whether the age of an individual is above or below 18. Does not take into account psychological or emotional maturity. • Involves examination and comparison of the body against reference studies, so this method may be considered to be intrusive. **Opportunities** • Possibility for adolescents to assess their own developmental stage according to Tanner's standard photographs ([31]). • Evidence may have value as part of a multidisciplinary approach. **Threats** • There are also few studies analysing the progression of these parameters with chronological age in different populations, which means conclusions are based on a limited range of data. • Anthropometric measurements do not take into consideration variations between ethnicity, race, nutritional intake and socioeconomic background. • Risk of over/underestimation in individuals with certain conditions/ illnesses. • The value of the assessment may vary, since it measures progression of sexual maturity, which occurs within a limited age-range.	Best interests	CRC 3 APD 17.5-6 RAPD 25.6 RQD 20.5	• Whether this method is in the best interests of the child will depend on their stage of physical and psychological development. • Focus should be on working with medical professionals to ensure assessments are carried out in a consistent way which respects the rights and dignity of the child. • The particular circumstances of the child should be considered, since this method does not account for variations on a number of factors.
	Adequate training	APD 17.4 QD 30.6 RQD 31.6 RAPD 25	• Training for officials responsible for interpreting the information should raise awareness about how physical development and puberty do not necessarily correspond with chronological age. • Training should address how to assess the difficulties of making assessments based on physical appearance/ demeanour. • Training on gender, culture and age awareness as well as physical development should be provided, with a particular focus on how they vary and do not necessarily correspond to chronological age. • Focus should be on understanding and applying the concept of the benefit of the doubt and considering how the child best interests should be assessed.
	Child focused	UN CRC 7 UN CRC 8 UN CRC 12 UN CRC 13 UN CRC 16 UN CRC 22 RAPD 19 RAPD 25.4	• In cases of medical examination the consent of the child and/or their representative must first be obtained. • Children must also be informed prior to the examination and in a language that they understand (or are reasonably supposed to understand) of the possibility that their age may be determined by medical examination. • Assessment should be undertaken in a way that is respectful of the individual's privacy and dignity. • The child should also be informed about how to challenge the outcome of an assessment with which he/ she disagrees. • The child should be informed about the reasons for arriving at this outcome and the opportunity to address these in turn.
	Evidence assessment	QD 4 RQD 4 APD 17.5 RAPD25.5	• Decision on age should not just be based on physical appearance and/or demeanour, including sexual maturity observations. It should draw upon all available forms of evidence. • Where the outcome of the assessment does not fit with the individual's claimed age, it is important to take into account the margin of error, application of benefit of the doubt and to provide the individual with an opportunity to comment and/or challenge the outcome. • The qualifications, experience and competence of those who have undertaken the assessment should form part of the report, so that the expertise of the professionals involved is clear.

([29]) For more information: SCEP, Position Paper on age assessment in the context of Separated children in Europe (2012); Unicef, *Age assessment practices: a literature review and annotated bibliography*; Schmeling et al. (2011), 'Forensic age estimation in unaccompanied minors and young living adults', *Forensic medicine — From old problems to new challenges*; Schmeling et al. (2006), 'Age estimation of unaccompanied minors, Part 1, General considerations', *Forensic Science International*.

([30]) The Royal College of Paediatrics and Child Health concludes that 'overall, it is not possible to actually predict the age of an individual from any anthropometric measure, and this should not be attempted' (The King's Fund and the Royal College of Paediatrics and Child Health, 1999:40).

([31]) For more information: Jenner, C. V., Azevedo et al., *Comparison between objective assessment and self-assessment of sexual maturation in children and adolescents* (available online at: http://www.scielo.br/pdf/jped/v85n2/en_v85n2a09.pdf).

3.2.5. X-ray

Skeletal age is determined from the development stage of bones. These approaches estimate development stages from the fusion/maturation of specific bones. The main methods of X-ray include carpal, collar bone and dental. Whilst many Member States make use of these methods they do not apply them in the same way and often use different combinations and/or order. One of the main reasons for this is the fact that age assessment procedures remain to a large extent determined by national legislation, with procedures evolving through national jurisprudence.

Instances of Member State practice ([32])
Austria combines carpal with collar bone and dental X-ray, along with physical examination and dental observation.
The Netherlands combines carpal with collar bone X-ray.
Norway combines carpal with dental X-ray and dental observation.
Sweden combines carpal with dental X-ray, if after considering documentary or other available evidence doubt still exists.

1. Carpal (hand/wrist) X-ray

Criteria for evaluating hand radiographs include the form and size of bone elements and the degree of epiphyseal ossification. An image is either compared with standard images of the relevant age and sex (radiographic atlas) to determine the development stage, or the degree of maturity is determined for individual bones (single bone method) and combined to calculate an overall maturity stage. For the first approach the **Greulich and Pyle atlas (GP)** has become the standard reference. The GP method was a result of a 1935 study which aimed to assess skeletal maturity rather than evaluate age, and it did not take into account inter-racial or socioeconomic differences. For the second approach the **Tanner-Whitehouse approach (TW)** (exists in three editions) is the main reference. TW2 is based on the assessment of skeletal maturity and a prediction of adult height. Each of the 20 bones in the hand is individually compared with a series of pictures of the development of that particular bone. Reference standards were established in the 1950s and 1960s. The method is considered to be less reliable for older groups (those aged 15–18 years) and for those from different ethnic and racial backgrounds. However, in principle, it would still be expected that the TW method would be more reliable. On average, the skeletal development of hand bones is complete at the age of 17 years in girls and at the age of 18 years in boys ([33]).

([32]) Case-law providing guidance on how these assessments should be carried out can be found in the section on 'National legal and policy framework'.
([33]) For more information: Tanner, J.M. et al., *Reliability & validity of computer-assisted estimates of Tanner-Whitehouse skeletal maturity (CASAS): comparison with the manual method*; Frisch, H. et al., *Computer aided estimation of skeletal age and comparison with bone age evaluations by the method of Greulich-Pyle and Tanner-Whitehouse*; Gertych, A. et al., *Bone age assessment of children using a digital hand atlas.*

SWOT: carpal X-ray	Theme	Minimum standard	Guidance
Strengths • Scientific method with clear margin of error, meaning that it is possible to narrow down the age to within specific parameters. • Objective and evidence-based. • Undertaken by trained and qualified experts in the field, who are bound by protocol, guidelines and directives. • In certain age ranges this method provides useful evidence on likely age, if the individual falls within the age parameters of the reference studies. **Weaknesses** • For both the GP and TW2 methods, it has generally been accepted that bone maturity is affected by racial, socioeconomic and nutritional factors. • In most cases the margin of error is taken to be +/– 2 years, but this depends on the estimated age. • There is not necessarily a relationship between the chronological age of a child and the amount of progress which the child had made towards attaining skeletal adulthood. • Uses ionising radiation, which may be harmful and which does not have a medical purpose. • Since X-rays have an ionising effect they are often considered as an intrusive method. • The TW3 method is proposed to be more precise than the GP method, but more difficult to perform and more time consuming. **Opportunities** • Attempts to improve reliability have included development of pattern recognition software to allow computer-assisted radiographic bone age determination ([34]). • Increasing the capacity and expertise of radiologists regarding age assessment. **Threats** • Evidence suggests that children are developing earlier today than in the 1930s when the approach was first developed. The Royal College of Paediatrics and Child Health (RCPCH) states that a boy's skeleton today is fully developed at the age of 16 to 17 years and a girl's is at 15 to 16 years. This standard differs in both cases by 2 to 3 years from the GP atlas (1999). • Where nutrition is significantly reduced, there will be delay in maturation. This means that the skeletal age could present as younger, resulting in underestimation. • Use of X-ray for administrative purposes, where there is no health benefit, may well be considered unlawful in some countries. • Opposition on ethical grounds to radiology for migration control purposes where there is no therapeutic benefit.	Best interests	CRC 3 APD 17.5-6 RAPD 25.6 RQD 20.5	• In accordance with the Euratom directive, where there is no direct health benefit, special attention should be given to the justification of use of X-ray in the individual case. • It should be taken into account that the reference material was designed for use when the age is already known, rather than for establishing chronological age. • Government administrations should work with radiologists and other relevant experts to ensure assessments are carried out in a consistent way which respects the rights of the child.
	Adequate training	APD 17.4 QD 30.6 RQD 31.6 RAPD 25.3 Euratom 4 Euratom 6 Euratom 7	• In accordance with the Euratom directive, written protocols for every type of standard radiological practice must be established for equipment and procedures. • It must be ensured that continuing education and training after qualification is provided and, in the special case of the clinical use of new techniques, the organisation of training related to these techniques and the relevant radiation protection requirements.
	Child focused	CRC 7 CRC 8 CRC 12 CRC 13 CRC 16 CRC 22 RAPD 19 RAPD 25.4 Euratom 3 Euratom 9 Euratom 10	• The Euratom directive requires that radiological equipment appropriate for children is used. • There are specific safeguards for females of childbearing age, including a requirement to ask whether the individual may be pregnant or breastfeeding. • Assessment should be undertaken in a way that is respectful of the individual's privacy and dignity. • Information must be provided to unaccompanied minors and their representatives; such information should be used to aid the child's understanding of the process, including any limitations or risks. This information should be developed, presented and communicated according to the age and maturity of the child. • Given concerns about the ethical use, such information should focus on presenting the process, use of radiation and potential risks involved in clear and easy to understand terms. • Since there is no health benefit to undertaking X-rays in cases of age assessment, special attention should be given as to whether it is justified in the individual case.
	Evidence assessment	QD 4 RQD 4 APD 17.5 RAPD 25.5	• A decision to reject an application for international protection from an unaccompanied minor who refused to undergo medical examination cannot be based solely on that refusal. • It is important to recognise that skeletal development does not always correlate with chronological age. • Assessments should take into consideration that bone maturity can be influenced by racial, socioeconomic and cultural factors. • Where the outcome of the assessment does not correspond to the individual's claimed age, it is important to take into account the margin of error, the application of benefit of the doubt, and to provide the individual with an opportunity to comment and/or challenge the outcome. • The report should detail the level of qualification and experience of the medical professional, so that these can be taken into account when considering and assessing the evidence. • All available evidence should be considered as part of the assessment on age. • Relevant experts should work to address concerns that children are developing at a different rate to when the original reference material was developed.

([34]) For more information: Tanner, J.M. et al., *Reliability & validity of computer-assisted estimates of Tanner-Whitehouse skeletal maturity (CASAS): comparison with the manual method*; Frisch, H. et al., *Computer aided estimation of skeletal age and comparison with bone age evaluations by the method of Greulich-Pyle and Tanner-Whitehouse*; Gertych, A. et al., *Bone age assessment of children using a digital hand atlas.*

2. Collar bone X-ray

This method involves assessment of the fusion of the clavicle. To be determined as an adult, both clavicles of the individual have to be fused. Traditional classification systems differentiate between four stages of development; the last stage has now been divided into two additional stages ([35]). If the fusion is complete and a scar is visible, it can be assumed, in the case of women, that the person is at least 20 years old, and, in the case of men, that the person is at least 21 years old. Total fusion with disappearance of the scar was first noted in both sexes at the age of 26 years at the earliest ([36]).

SWOT: collar bone X-ray	Theme	Minimum standard	Guidance
Strengths • Undertaken by experts in the field, who are bound by protocol, guidelines and directives. • Scientific method with clear margin of error. • The margin of error is considered to be around 2.5 %, meaning that the risk that a minor will be considered as an adult is relatively low. • Objective and evidence-based. • Ethnic groups achieve defined stages of ossification, so that it is generally possible to apply the relevant reference studies also to other ethnic groups. **Weaknesses** • Uses ionising radiation, which may be harmful and which does not have a medical purpose. • Recent studies have shown that conventional X-rays of the clavicle should be taken in three planes to allow a sound assessment of the ossification stage. This results in an increase in radiation exposure. • Since X-rays have an ionising effect they are often considered as an intrusive method. • This method is considered to be relevant in determining only whether an individual is over or under 21 years of age, since this is the age at which full clavicle development is usually observed. The youngest individuals in the literature with fully fused clavicles are 20 years old. Therefore, cannot determine likely age in the range of under 18 to 20/21. • Does not take into account psychological or emotional maturity.	Best interests	CRC 3 APD 17.5-6 RAPD 25.6 RQD 20.5	• Requirement that where there is no direct health benefit, special attention should be given to the justification of use of X-ray in the individual case. • Practitioners must have undertaken specific training before they can undertake such assessment. • This particular method of requires three X-rays and may lead to an increased exposure of radiation in comparison to other X-ray methods. • Work with radiologists and other relevant experts to ensure assessments are carried out in a consistent way which respects the rights of the child.
	Adequate training	APD 17.4 QD 30.6 RQD 31.6 RAPD 25.1 Euratom 4 Euratom 5 Euratom 6 Euratom 7	• X-ray must be performed by a trained and qualified professional. • Written protocols for every type of standard radiological practice are required for equipment and procedures. • Obligation to ensure that continuing education and training after qualification is provided and, in the special case of the clinical use of new techniques, the organisation of training related to these techniques and the relevant radiation protection requirements. • Guidance should be developed for radiologists undertaking age assessments in children to ensure consistent practice.
	Child focused	CRC 7 CRC 8 CRC 12 CRC 13 CRC 16 CRC 22 Euratom 3 Euratom 9 Euratom 10	• The Euratom directive requires that radiological equipment appropriate for children is used. • There are specific safeguards for females of childbearing age, including a requirement to ask whether the individual may be pregnant or breastfeeding. • Assessment should be undertaken in a way that is respectful of the individual's privacy and dignity. • Information about the procedure should be used to aid the child's understanding of the process, including any limitations or risks and should be presented/communicated according to the age and maturity. • Given concerns about the ethical use, such information should focus on presenting the process, use of radiation and potential risks involved in clear and easy to understand terms.

([35]) For more information: Schmeling, A. et al., 'Studies on the time frame for ossification of the medial clavicular epiphyseal cartilage in conventional radiography', *International Journal of Legal Medicine*, 2004, Vol. 118(1), pp. 5–8.
([36]) For more information: Schmeling, A. et al., 'Age estimation of unaccompanied minors', *Forensic Science International* (2006), Part 1, General considerations; Eikvil. L. et al., Age *estimation in youths and young adults* (http://publications.nr.no/1355995517/Age_estimation_methods-Eikvil.pdf).

SWOT: collar bone X-ray	Theme	Minimum standard	Guidance
Opportunities • May have evidential value as part of a multidisciplinary or holistic assessment. • Increasing the capacity and expertise of radiologists regarding age assessment. • Development of guidance for radiologists undertaking age assessments in children to ensure consistent practice. • Ethnic groups achieve defined stages of ossification, dentition and sexual maturity in the same natural sequence, so that it is generally possible to apply the relevant reference studies also to other ethnic groups. **Threats** • X-ray uses ionising radiation, which can cause tissue damage; there is a limit on the total radiation dose per year to which a patient can be subjected. • Use of X-ray for administrative purposes, where there is no health benefit, may well be considered unlawful in some countries. • Opposition on ethical grounds to radiology for migration control purposes where there is no therapeutic benefit.	Evidence assessment	QD 4 RQD 4 APD 17.5 RAPD25.5	• A decision to reject an application for international protection from an unaccompanied minor who refused to undergo medical examination cannot be based solely on that refusal. • Value of the evidence is limited to determining whether an individual is over or under 21. • Assessments should take into consideration that bone maturity can be influenced by racial, socioeconomic and cultural factors. • Where the outcome of the assessment does not correspond to the individual's claimed age, it is important to take into account the margin of error, the application of benefit of the doubt, and to provide the individual with an opportunity to comment and/or challenge the outcome. • The report should detail the level of qualification and experience of the medical professional, so that these can be taken into account when considering and assessing the evidence. • All available evidence should be considered as part of the assessment on age.

3. Dental X-ray

This method involves studying an x-ray of teeth, known as an orthopantogram. Skeletal development is measured through the sequential changes in the eruption and structure of teeth during childhood growth. By the age of 16-20, all of the teeth but the third molars, or wisdom teeth, are fully formed, the latter showing a wide range of the developing crown and root. The developmental stages of tooth crowns and roots are converted to dental age with the use of tables. Estimated chronological age may be calculated as the mean of all the "tooth" ages. Data has been collected from various populations for a range of age groups.

The two main methods are as follows:

- Gleiser & Hunt (1955) describe tooth development in 15 stages. These were presented in sketch drawings and tables (Moorrees, Fanning and Hunt, 1963), and with slight modifications have been used in several later studies.
- Demirjian (1973) describe the tooth development in 8 stages. These stages are illustrated with x-ray pictures, a detailed description of each stage and sketch drawings. Each stage of the teeth growth is given a score according to a statistical model, which has also been used for the assessment of skeletal maturity, based in the TW2 method ([37])However, this method only covers the age span 3–16 years; and because of the limited number of teeth and developmental stages in the higher age groups, this method has to be used with caution in children older than 12 years.

([37]) For more information: Eid R. M. R. et al, *Assessment of dental maturity of Brazilian children age 6 to 14 years using Demirijan's method.*

SWOT: Dental X-ray	Theme	Minimum standard	Guidance
Strengths • Dental maturity curves from different regions are broadly similar to each other and to the new revised score for age, suggesting that dental maturity is similar between populations ([38]). • Undertaken by experts in the field, who are bound by protocol, guidelines and directives. • Scientific method with clear margin of error. • Objective and evidence-based. • For dental development the calcification rate is more controlled by genes than by environmental factors, eliminating the uncertainty related to nutrition. • Introduction of digital pictures have reduced the exposure to X-ray radiation. • Demirjian method has widespread acceptance since the maturity scoring system that it creates is universal in its application for both boys and girls ([39]). **Weaknesses** • Recent study has shown that the third molar is an imperfect marker of chronological age, as for ages 15–17 years it wrongly classifies 6 % as being adult, while for 18–20 years it misclassifies no fewer than 64 % as being minor ([40]). • Demirjiran et al.'s study (1973) is not designed to estimate chronological age. Chronological age can be inferred from dental age but we know not whether the child is advanced or delayed in their developing dentition ([41]). • The method only covers the age span 3–16 years and because of the limited number of teeth and developmental stages in the higher age groups; this method has to be used with caution in children older than 12 years. • Uses ionising radiation, which may be harmful and which does not have a medical purpose. • Since X-rays have an ionising effect they are often considered as an intrusive method. **Opportunities** • May have evidential value as part of a multidisciplinary or holistic assessment. • Studies show that including dental X-ray as part of a medical multi-factorial assessment can reduce the margin of error ([42]). • Increasing the capacity and expertise of radiologists regarding age assessment. • Development of guidance for radiologists undertaking age assessments in children to ensure consistent practice.	Best interests	CRC 3 APD 17.5- 6 RAPD 25.6 RQD 20.5	• Requirement that where there is no direct health benefit to undertaking X-rays, as in the case of age assessment, special attention should be given to whether it is justified in the individual case taking as a primary consideration the best interests of the child.
	Adequate training	APD 17.4 QD 30.6 RQD 31.6 RAPD 25 Euratom 4 Euratom 5 Euratom 6 Euratom 7	• X-ray must be performed by a trained and qualified professional. • Written protocols for every type of standard radiological practice must be established for equipment and procedures. • In accordance with Euratom, there is an obligation to ensure that continuing education and training after qualification is provided and, in the special case of the clinical use of new techniques, the organisation of training related to these techniques and the relevant radiation protection requirements. • Guidance should be developed for radiologists undertaking age assessments in children to ensure consistent practice. • Practitioners must have undertaken specific training before they can undertake assessment.
	Child focused	CRC 7 CRC 8 CRC 12 CRC 13 CRC 16 CRC 22 RAPD 19 RAPD 25.4 Euratom 3 Euratom 9 Euratom10	• The Euratom directive requires that radiological equipment appropriate for children is used. • There are specific safeguards for females of childbearing age, including a requirement to ask whether the individual may be pregnant or breastfeeding. • Development of information for the child about the process, which is presented and/or can be communicated according to the age and maturity. • Given concerns about the ethical use, such information should focus on presenting the process, use of radiation and potential risks involved in clear and easy to understand terms. • Information about the procedure should be used to aid the child's understanding of the process and should be presented/communicated in clear and easy to understand terms according to the age and maturity. • Assessment should be undertaken in a way that is respectful of the individual's privacy and dignity.

([38]) For more information: Liversidge H. M., *The assessment and interpretation of Demirjian, Goldstein and Tanner's dental maturity.*
([39]) For more information: Eid R. M. R. et al., *Assessment of dental maturity of Brazilian children age 6 to 14 years using Demirjian's method;* Liversidge H.M., *The assessment and interpretation of Demirjian, Goldstein and Tanner's dental maturity.*
([40]) Cole, T. J., *Dental age assessment — a statistical critique*.
([41]) For more information: Liversidge, H. M., *The assessment and interpretation of Demirjian, Goldstein and Tanner's dental maturity.*
([42]) For more information: Basses, R. B., Briggs, C., Drummer, O. H., 'Age estimation using CT imaging of the third molar tooth, the medial clavicular epiphysis, and the spheno-occipital synchondrosos: a multifactorial approach', *Forensic Science International*, 2011; Engström C., Engström H., Sagne S., 'Lower third molar development in relation to skeletal maturity and chronological age', *The angle orthodontist* (1983); Liversidge, H. M., 'The assessment and interpretation of Demirjian, Goldstein and Tanner's dental maturity', *Annals of Human Biology*, 2012; Schmeling A. et al., 'Age estimation of unaccompanied minors', *Forensic Science International*, 2006, Part 1, General considerations; Thevissen, P. W., Kaur, J., Willems, G., 'Human age estimation combining third molar and skeletal development', *International Journal of Legal Medicine*, 2012.

SWOT: Dental X-ray	Theme	Minimum standard	Guidance
Threats • The only teeth that can be used as an indicator of whether or not someone is an adult are third molars, which, due to genetic and environmental factors, may appear anywhere from 16–25 years of age. • Various studies have highlighted the difference in the development of third molar development between country specific populations, which were also not consistent over the considered age ranges ([43]). • There is no consensus amongst dental experts on the reliability and validity of the different methods for assessing dental maturity. • Uncertainty of tooth maturation patterns in developing countries. • Dental development is influenced by non-endocrine and endocrine advancement and delay ([44]). • Tooth stage assessment requires training and calibration with an experienced professional to ensure good reliability ([45]). • Opposition on ethical grounds to radiology for migration control purposes where there is no therapeutic benefit.	Evidence assessment	QD 4 RQD 4 APD 17.5 RAPD25.5	• A decision to reject an application for asylum from an unaccompanied minor who refused to undergo medical examination cannot be based solely on that refusal. • Such evidence may have complementary value to the evidence assessment process, when used alongside methods with a different focus. • Combining this with other forms of evidence may help to reduce the margin of error. • This method relies on the presence of the third molar, which may appear any time between 15–23 years of age. This limits the instances when this method may be used. • Where the outcome of the assessment does not correspond to the individual's claimed age, it is important to take into account the margin of error, the application of benefit of the doubt, and to provide the individual with an opportunity to comment and/or challenge the outcome. • Report should detail level of qualifications and experience, so that these can be taken into account when considering and assessing the evidence. • All available evidence should be considered as part of the assessment on age. • Work with relevant experts to address concerns that children are developing at a different rate to when the material was developed.

([43]) For more information: Demirjian, A., Goldstein, H., 'New systems for dental maturity based on seven and four teeth', *Annals of Human Biology*, 1976; Eid M.R.R. et al., 'Assessment of dental maturity of Brazilian children aged 6 to 14 years using Demirjian's method', *International Journal of Pediatric Dentistry*, 2002); Leurs, I. H. et al., 'Dental age in Dutch children', *European Journal of Orthodontry*, 2005).
([44]) For more information: Garn, S. M., Lewis, A. B., Blizzard, R. M., *Endocrine factors in dental development*.
([45]) For more information: Liversidge, H. M., *The assessment and interpretation of Demirjian, Goldstein and Tanner's dental maturity.*

4. Hip (iliac crest)

Skeletal age can be determined by the appearance of certain bones of the pelvis. Positioning of the bones changes as a person approaches adulthood. Five stages have been defined in this respect. The stages 1–5 typically appear from age 14–16 for girls and 15–18 for boys ([46]).

SWOT: hip X-ray	Theme	Minimum standard	Guidance
Strengths • Scientific method with clear margin of error, so it is possible to narrow down the age to within specific parameters. • Objective and evidence-based. • Undertaken by experts in the field, who are bound by protocol, guidelines and directives.	Best interests	UN CRC 3 APD 17.5-6 RAPD 25.6 RQD 20.5	• Requirement that where there is no direct health benefit, special attention should be given to the justification of use of X-ray in the individual case taking into consideration the best interests of the child. • Practitioners must have undertaken specific training before they can conduct such assessment. • Best interest considerations should specifically address whether it is appropriate to undertake this method given the exposure of the genitals to radiation.
Weaknesses • No reliable data for reaching 18 years. • Associated with high radiation exposure, with a particular consideration of the genitals being in the X-ray beam path. • Since X-rays have an ionising effect they are often considered as an invasive method. • Does not take into consideration psychological or emotional maturity.	Adequate training	APD 17.4 QD 30.6 RQD 31.6 RAPD 25 Euratom 4 Euratom 5 Euratom 6 Euratom 7	• X-ray must be performed by a trained and qualified professional. • Written protocols for every type of standard radiological practice must be established for equipment and procedures. • Obligation to ensure that continuing education and training after qualification is provided and, in the special case of the clinical use of new techniques, the organisation of training related to these techniques and the relevant radiation protection requirements. • Guidance should be developed for radiologists undertaking age assessments in children to ensure consistent practice.
Opportunities • May have evidential value as part of a multidisciplinary or holistic assessment. **Threats** • X-ray uses ionising radiation, which can cause tissue damage. There is a limit on the total radiation dose per year to which a patient can be subjected. • Use of X-ray for administrative purposes, where there is no health benefit, may be considered unlawful in some countries. • Opposition on ethical grounds to radiology for migration control purposes where there is no therapeutic benefit.	Child focused	CRC 7 CRC *8* CRC *12* CRC *13* CRC 16 CRC *22* Euratom 3 Euratom 9 Euratom 10	• The Euratom directive requires that radiological equipment appropriate for children is used. • There are specific safeguards for females of childbearing age, including a requirement to ask whether the individual may be pregnant or breastfeeding. • Development of information for the child about the process, which is presented and/or can be communicated according to the age and maturity. • Given concerns about the ethical use, such information should focus on presenting the process, use of radiation and potential risks involved in clear and easy to understand terms. • Information about the procedure should be used to aid the child's understanding of the process and should be presented/communicated in clear and easy to understand terms according to the age and maturity. • Assessment should be undertaken in a way that is respectful of the individual's privacy and dignity.
	Evidence assessment	QD 4 RQD 4 APD 17.5 RAPD25.5	• A decision to reject an application for asylum from an unaccompanied minor who refused to undergo medical examination cannot be based solely on that refusal. • Such evidence may have complementary value to the evidence assessment process, when used alongside methods with a different focus. • Combining this with other forms of evidence may help reduce the margin of error. • Assessments should take into consideration that reliable data for reaching 18 years is lacking. • Work with relevant experts to address concerns about the reliability of data available. • Where the outcome of the assessment does not correspond to the individual's claimed age, it is important to take into account the margin of error, the application of benefit of the doubt, and to provide the individual with an opportunity to comment and/or challenge the outcome. • Report should detail level of qualifications and experience of the medical professional, so that these can be taken into account when considering and assessing the evidence. • All available evidence should be considered as part of the assessment on age.

([46]) For more information: Schmeling A et al., 'Age estimation of unaccompanied minors', *Forensic Science International* (2006) Part 1, General considerations; Schmidt. S et al., 'Sonographic evaluation of apophyseal ossification of the iliac crest in forensic age diagnostics in living individuals', *International Journal of Legal Medicine* (2011); Eikvil L. et al., *Age estimation in youths and young adults.*

Chapter 4 – Decision-making

This chapter considers the issues related to decision-making; in particular, evidence assessment and credibility analysis and informing the individual of the decision and the possibilities of appeal.

It covers the following instances of decision-making in relation to the age assessment procedure:

- initial decision on the need to carry out an age assessment;
- the decision taken on age upon the result of the age assessment (particular reference to benefit of the doubt);
- further decisions which may be taken if the assessment is challenged or an appeal is lodged.

Below is a table indicating the relevant legal provisions, further details on which can be found in the table of the summary of legal provisions.

Procedural measure	Best interest	Adequate training	Evidence assessment	Representative	Options to challenge	Qualified professionals
Minimum standard	CRC 3 APD 17.5-6 RAPD 25.6 RQD 20.5 RAPD 25.1 RDR 6.3 RRCD 23.1-2 RD 17.5	APD 17.4 RAPD 25.3 QD 30.6 RQD 31.6 Euratom 4 Euratom 5 Euratom 6 Euratom 7	QD 4 RQD 4 QD 30.6 RQD 31.6 APD 17.5 RAPD 10.3 RAPD 25.5 RCD 19.4 RRCD 24.4 VIS 767/2008 Article 24	QD 4 RQD 4 APD 17.5 RAPD 10.3 RAPD 25.5 RCD 19.4 RRCD 24.4 QD 30.6 RQD 31.6 VIS regulation Article 24	CRC 20 CRC 25 RCD 19.4 RRCD 24.1 RRCD 24.4 RAPD 25.1 RAPD 25.3 RAPD 25.5 QD 30.6	RCD 19.4 RRCD 24.4 QD 30.6 RRCD 24.1 RAPD 25.1 RAPD 25.3 RAPD 25.5

4.1. Disputing the age and referring for age assessment

Suggested checklist	
Has the applicant been informed in a language he/she understands and in a way adapted to his/her age, gender and maturity, about the procedure and the importance of providing full and correct information?	
Have all individual circumstances of the applicant been given due consideration (e.g. gender, ethnic origin, religion, socio-cultural background, education, family history, possible trauma, etc.)?	
Has the above evaluation been carried out, and the decision taken, in an objective way?	
Have all considerations on impartiality and conflict of interest been done?	
Do reports on age assessment contain as minimum information on the method used, benchmarks where applicable and reference to their reliability and margin of error?	
Has the individual been informed of the possible consequences of a refusal of undergoing a (medical) age assessment test?	
Is the applicant provided a written copy of the result/decision and, where relevant, other documentation relevant to challenging the decision)?	

4.2. Credibility and evidence assessment

Suggested checklist	
Has the applicant been informed, in a language he/she understands and in a way adapted to his/her age, gender and maturity, about the procedure and the importance of providing full and correct information?	
Has the individual been informed of the possible consequence of a refusal of undergoing a (medical) age assessment test?	
Has all available evidence, including oral statements by the child, been taken into consideration?	
Has documentary evidence, current and historical, been considered?	
Has relevant country of origin information been researched and considered?	
Have 'structural' (external) factors been given due consideration? For example, the use of different calendars and/or different perceptions about the importance attached to age in certain countries/cultures.	
Have internal factors been given due consideration? For example, gender, ethnic origin, religion, socio-cultural background, education, family history, possible trauma, etc.	

Suggested checklist	
Have the reasons and analysis for the evidence assessment been clearly documented and communicated?	
If documentary evidence has not been accepted, has the individual been informed of the reasons why and allowed to respond and provide and explanation other evidence if possible?	
Where there are apparent contradictions or inconsistencies within the evidence, have these been discussed with the applicant and has the applicant been given the opportunity to explain these?	
Where there are apparent contradictions or inconsistencies within the evidence, have these been discussed with the relevant and has the expert been given the opportunity to explain these?	
Has the individual been given an opportunity to respond to any doubts on the age stated?	
Has the applicant had the opportunity to review and comment on the evidence provided by others in relation to their age?	
Have elements that may indicate that the individual's age is inconsistent with that which is stated been given full consideration?	
Has the evaluation been carried out, and the decision taken, in an objective way?	
Have professionals providing reports on age assessment stated clearly their level of qualification, experience and expertise?	
Have all considerations on impartiality and conflict of interest been done?	
Does the report on age assessment contain as minimum information on the method used, benchmarks where applicable, and reference to their reliability and margin of error?	

4.3. Margin of error

Suggested checklist	
Is the margin of error for the particular method of age assessment clearly stated and explained?	
Has the margin of error and the fact that no method can give an exact age been taken into consideration?	
Where assessments have drawn different margins of error have these been taken into account?	
Has this been evidenced in the decision-making process, with clear reasoning?	
Do the result of the age assessment and the decision include all information on the reasons to carry out the age assessment, the methods used, the evaluation criteria, and the margin of error?	
Has the benefit of the doubt been given in favour of the applicant?	
Where the margin of error includes the individual's claimed age, has this age been accepted in the decision-making process?	
Where the benefit of the doubt has not been given, has the applicant first been given an opportunity to comment?	
Where the benefit of the doubt has not been given, has the decision been approved by a supervising officer or consulted with a 'second pair of eyes'?	
Where the benefit of the doubt has not been given, has this been clearly evidenced in the decision-making process along with clear reasons?	

4.4. Age dispute resolution

Suggested checklist	
Prior to taking the decision, was the individual given the opportunity to address or clarify any credibility issues taken against them?	
Has the determination of age taken into account the best interests of the child as a primary consideration?	
Has the individual been provided with information clarifying the reasons for the determination?	
Has the applicant been provided a written copy of the result/decision and, where relevant, other documentation relevant to challenging the decision?	
Has it been explained how an individual could challenge such a determination?	
Has the individual been informed that they can submit new information and the process by which this can be done?	
Has the individual been informed in a language that they can understand?	
Has the individual and/or his/her guardian/representative and/or legal representative been provided with legal and procedural information free of charge?	
Has the individual been informed of the possibility to dispute the age determination in a manner that they can understand and which is appropriate to their age and level of maturity?	
Does the individual have a guardian/representative to assist and advise them in the process of age dispute?	
Is the individual supported by a legal representative in the appeal process?	
Is the individual seen as a child until the final decision?	

Chapter 5 – Cooperation with other actors

A key recommendation of the European Commission action plan on unaccompanied minors is that a common approach needs to be established that respects the rights of the child provided by the EU Charter of Fundamental Rights (ECFR) and the United Nations Convention on the Rights of the Child (UNCRC) and that is based on solidarity between the relevant countries and cooperation with civil society and international organisations.

This chapter outlines the roles of possible actors in age assessment and taking into consideration the relations which Member States may develop with IGOs, NGOs, national social services, medical professionals and interpreters.

Identification of minimum standards

Below you can find minimum standards which specifically relate to individuals involved in age assessment processes. These provide a useful framework for developing cooperation and relationships with others who either have a direct or indirect involvement in procedures affecting children undergoing age assessment.

Procedural measure	Best interest	Adequate training	Child focused	Dublin cases	Evidence assessment	Potential cases of trafficking	Provision of a representative	Qualified professionals
Minimum standard	UN CRC3 APD 17(v) 6 RAPD25.6 RQD 20.5 RAPD 25.1 RDR 6.3 RRCD 23.1-2 RD 17.5	APD 17.4 RAPD 25.3 QD 30.6 RQD 31.6 Euratom 4 Euratom 5 Euratom 6 Euratom 7	UNCRC 4 UNCRC 7 UNCRC 8 UNCRC 9 UNCRC 12 UNCRC 13 UNCRC 16 UNCRC 22 RAPD 25.4 Euratom 3 Euratom 9	UNCRC 10 CJEU C-648/11 DR 6 DR 15.3 RDR 31.2	UNCRC Committee GC 6 QD 4 RQD 4 APD 17.5 RAPD 10.3 RAPD 25.5 RCD 19.4 RRCD 24.4 QD 30.6 RQD 31.6 VIS 767/2008 Article 24	UNCRC 6 UNCRC 11 UNCRC 32 UNCRC 33 UNCRC 34 UNCRC 35 UNCRC 36 PCT 13 CoE CAT 10	UNCRC Committee GC 6 QD 4 RQD 4 APD 17.5 RAPD 10.3 RAPD 25.5 RCD 19.4 RRCD 24.4 QD 30.6 RQD 31.6 VIS 767/2008 Article 24	RCD 19.4 RRCD 24.4 QD 30.6 RRCD 24.1 RAPD 25.1 RAPD 25.3 RAPD 25.5

As part of developing a common approach, Member States could reflect upon the types of relations that may be developed, including the joint adoption of referral mechanisms, the identification of opportunities for consultation, and the development of networks through the appointment of specific contact points. Before undertaking cooperation with other relevant actors, primary consideration should be given to whether this would be in the best interests of the child. For this purpose, Member States should consider factors such as: the benefits to the child and whether contacting certain stakeholders would put the child or his/her family at risk. When consulting individuals in the country of origin, Member States should also consider whether contacting national stakeholders could alert the authorities or others to the fact that the child has made a claim for protection.

Actors

Below is a list of actors organised alphabetically, who may also be involved in age assessment. The list is not intended to be exhaustive and it is recognised that there may well be others who could be involved or contribute to the process.

Children

The UN Convention on the Rights of the Child identifies that in all actions concerning the child, their best interests should be a primary consideration. Further to this, it is acknowledged that children have the right to say what they think in all matters affecting them, and to have their views taken seriously. As well as making sure children's rights are respected, it is also important that children are aware of and understand any obligations, such as requirements to cooperate with the authorities and providing documents or other evidence linked to their age. These should be explained to the child with the help of their representative, using a language they understand and in accordance with their age and maturity. Throughout the handbook we have sought to acknowledge and highlight these core principles with respect to the individual child. However, it may also be of relevance to consider how the views of children, particularly those who have previously been involved in the process, can be taken into consideration when developing policy and procedures on age assessment. Further guidance on how to approach participatory assessment with children can be found in the UNHCR guidance, *Listen and Learn: Participatory Assessment with*

Children and Adolescents (http://www.refworld.org/cgi-bin/texis/vtx/rwmain?page=search&docid=4fffe4af2&skip=0&query=unhcr %20child %20participation).

Children's home/reception centre staff

Whilst in a host country children may well be placed in a children's home or reception centre, particularly in the case of unaccompanied children.

Therefore, in accordance with national legislation and procedures, Member State authorities should seek to develop inter-agency relations, which foster good cooperation and consultation, resulting in harmonised, consistent decision-making which takes as a primary consideration the best interests of the child. For instance, this may include common training, policies or protocols on information-sharing and on the provision of support and advice to the child through the age assessment procedure.

Family members, relatives and relations

Parents as well as other family members, relatives and relations may have evidence or information of relevance for assessing age. However, before contacting them, primary consideration should first be given to whether approaching them for this would be in the best interests of the child. Relevant factors to consider include: the nature of the relationship between the child and the individual, whether contacting the individual would expose the fact that the child had made an application for protection, whether such contact would put the child and/or their family at risk and how contacting the individual would be of benefit to the child.

Intergovernmental organisations (IGOs)

In the field of age assessment, IGOs have played a significant role in identifying areas for development and contributing to the enhancement of age assessment methods and procedures. Additionally, they have been involved in the assembling and identification of relevant practice and the exchange of information through thematic and expert group meetings.

As such, as identified in the RAPD 10.3 they may be considered a source for precise and up-to-date information, and should be consulted as relevant.

In addition to referring individuals to relevant state agencies or authorities, MS should consider whether there are IGOs (particularly in the field of trafficking, torture or trauma) which may be of interest to an individual undergoing age assessment, or in a position to offer them further assistance.

Whilst not an exhaustive list, IGOs of particular relevance within the context of age assessment may include: the European Commission and its agencies (particularly EASO), as well as Unicef, UNHCR, IOM, EMN and the IGC.

Health and welfare professionals

When identifying or engaging with medical or health professionals for the purposes of age assessment, it is important to verify whether they have undertaken appropriate training concerning the needs of unaccompanied minors and adopted confidentiality agreement. Any medical examination must be performed in full respect of the individual's dignity, selecting the least invasive examination and carried out by qualified medical professionals allowing, to the extent possible, for a reliable result. In this regard it is important that the specific qualifications and level of expertise are verified, in accordance with the minimum requirements for that profession. Further, the details of the expert's professional qualifications, skills, experience and expertise should be provided as part of the report on age assessment.

Interpreters

Interpreters provide a crucial service, facilitating communication through translation. Given the significance of their role and the subsequent impact they may have, it is relevant to develop good practice with interpreters. In addition to special skills and competences, so that they can communicate effectively with children, this may include appropriate training regarding the needs of minors, as well as on the issue of confidentiality.

Non-governmental organisations (NGOs)

NGOs also often play a significant role in identifying areas for development and providing recommendations for change within the field of age assessment. As such, in accordance with RAPD 10.3, they may also be considered a source for precise and up-to-date information.

When developing or reviewing national policy and procedures Member States may wish to consider whether it would be beneficial to consult with national NGOs with particular skills and/or expertise.

In addition to referring individuals to relevant state agencies or authorities, MS should consider whether there are NGOs (particularly in the field of trafficking, torture or trauma) which may be of interest to an individual undergoing age assessment, or in a position to offer them further assistance.

Other Member States and third countries

In addition to identifying and sharing good practice Member States should continue to engage in practical cooperation which focuses on identifying solutions to common challenges, and working towards the implementation of a Common European Asylum System (CEAS). In particular, in cases where more than one Member State has undertaken an age assessment, Member States should work together and in cooperation with the child to come to a common decision on age. Specifically, in the context of Dublin regulation cases, the transferring Member State should transmit to the responsible Member State any information that it is essential in order to safeguard the rights and immediate special needs of the person concerned, and in particular information about the assessment of the age of an applicant. In this regard Member States should also liaise sufficiently so that data transmitted to the VIS is correct and maintained in accordance with the provisions of Article 24 of the EU VIS regulation.

Further to this, and in light of the finding of the action plan, that greater coherence and better cooperation is needed within the EU as well as with countries of origin and transit, Member States should also consider liaising and cooperating with countries of origin, third countries, transit countries or other countries where the family may be residing. However, whilst organisations within the country of origin may well have information of significance and relevance to determining age, primary consideration should be given to whether this would be in the best interests of the child. In this instance, relevant factors to consider include: whether contacting the individual/organisation would expose the fact that the child had made an application for protection, whether such contact would put the child and/or their family at risk and how contacting the individual/organisation would be of benefit to the child.

Representatives

Since the representative has responsibility for ensuring the best interests of the child and exercising legal capacity for the child where necessary, it is essential to develop good practice for working and cooperating with representatives on the issue of age assessment. In particular officials should work with representatives to ensure that children have access to legal advice and as soon as possible (prior to the commencement of age assessment) have representation by an individual or organisation for the care and well-being of minors.

Schools and teachers

Whilst it is acknowledged that teachers may not be considered experts on assessing age, and not have specific training or qualifications in this regard, input from teachers may be of value because they will have observed the child from an educational perspective. This, combined with the fact that they are in a position where they have daily interaction with the child over a period of time, means that it is likely they will have valuable input with regard to their maturity and ability. Further to this, they may also be in possession of documentary evidence, such as school records, educational plans or reports, which either record the date of birth, or provide an indication of the individual's likely age.

Social services

Social services or local authorities are often the agency responsible for the provision of care and accommodation for the child whilst in the Member State, particularly in the case of unaccompanied children.

Strengthening inter-agency cooperation

Therefore, in accordance with national legislation and procedures, Member State authorities should seek to develop inter-agency relations, which foster good cooperation and consultation, resulting in harmonised, consistent decision-making which takes as a primary consideration the best interests of the child. For instance, this may include common training or policy on information-sharing, how to support and advise the child through the age assessment procedure and protocol for resolving disputes where agencies arrive at differing conclusions on age.

Chapter 6 – Forward look and practical steps

As the publication draws to a close, this chapter turns its gaze to the forward look and considers practical next steps. Here you will find an overview of future possible methods, quality mechanisms and tools available as well as information about relevant EU funds.

Future possible methods

Although not currently in use by Member States for the purposes of age assessment within an immigration context, these methods are subject to continuous research. Various studies considering the viability of this prospect have also been published, and in some circumstances these methods are already utilised in other contexts where age is disputed.

Magnetic resonance imaging (MRI)

Hand/wrist: the traditional approach is based on age assessment from X-ray images, but experiments using alternative image modalities have been carried out. For use in age estimation of football players in age-related tournaments, MRI of the wrist has been investigated as a tool.

A system of six grades for fusion was designed (Dvorak, 2007 ([47])([48])). In another study on football players performed by FIFA (George et al., 2012 ([49])) MRI and X-ray wrist images acquired from the same person on the same day were investigated. Their results indicated that from the X-rays the degree of bone fusion appears more advanced than in MRI images.

Knee: based on the fusion of growth plate in maturation of the knee. Dedouit et al. (2012 ([50])) have developed a magnetic resonance imaging (MRI) staging system for the knee and evaluated its reliability and validity for age assessment in the age group 10–30 years, based on a five stage system. The report indicates a high correlation with age and good intra- and inter-observer consistence, but further studies are needed to verify the approach.

Clavicle: experiments have been carried out using a four stage grading system for the clavicle; it was shown that age estimation is feasible, but MRI-specific reference studies are needed. In particular this was the first known MRI study on clavicular ossification ([51]).

([47]) Dvorak, J., George, J., Junge, A., Hodler, J., *Age determination by magnetic resonance imaging of the wrist in adolescent male football players*.
([48]) Dvorak, J., George, J., Junge, A., Hodler, J., *Application of MRI of the wrist for age determination in international U-17 soccer competitions*.
([49]) George, J., Nagendran, J., Azmi, K., *Comparison study of growth plate fusion using MRI versus plain radiographs as used in age determination for exclusion of over-aged football players*.
([50]) Dedouit, F., Auriol, J., Rousseau, H., Rougé, D., Crubézy, E., Telmon, N., *Age assessment by magnetic resonance imaging of the knee: A preliminary study*.
([51]) Schmidt, S., Mühler, M., Schmeling, A., Reisinger, W., Schulz, R., *Magnetic resonance imaging of the clavicular ossification*.

SWOT	Theme	Minimum standard	Guidance
Strengths • Non-ionising radiation method, so can overcome the ethical limitations of using radiation and may be an alternative radiation-free approach. • Relatively inexpensive and widely available. • Wrist: the grading system can accurately identify the variable degrees of fusion in an objective teachable manner ([52]). • Does not require questioning of the child. **Weaknesses** • Some evidence to suggest that it underestimates bone maturation in comparison to X-rays. • Hand/wrist: study did not include female participants. • Females enter into adolescence at an earlier age compared to boys, therefore the results of the study and thus application of reference materials may not be applicable to females. • Does not take into account psychological or emotional maturity. • Not possible to use this method if there is metal in the body. **Opportunity** • Opportunity to incorporate the consideration of best interests as part of comprehensive policy and guidance development for experts involved in the process. • Grading system is replicable and can be taught in a consistent manner at national and EU level. • Development of an MRI skeletal age atlas for more accurate estimation of age. • Possible to incorporate as part of a multidisciplinary approach to age assessment. **Threats** • Variation in the MRI-assess speed of bone development during adolescence and age of attainment of maturity. • Technology demands expensive equipment and specialist expertise. • Risk of undetected metal scraps in the body of a person from areas with war and conflict, which could cause harm.	Best interests	UN CRC 3 APD 17 (v) 6 RAPD 25.6 RQD 20.5	• May be perceived as invasive, since it involves imaging of the body. • Focus should be on working with practitioners to ensure assessments are carried out in a consistent way, which respects the rights of the child.
	Adequate training	APD 17.4 QD 30.6 RQD 31.6 RAPD 25.3	• Officials should receive initial and ongoing training. • Training should address how to take into consideration the possibility of bone maturation underestimation in MRI compared to X-ray.
	Child focused	UN CRC 7 UN CRC 8 UN CRC 12 UN CRC 13 UN CRC 22	• In cases of medical examination the consent of the child and/or their representative must first be obtained. • Children must be informed prior to the examination and in a language that they understand (or are reasonably supposed to understand) of the possibility that their age may be determined by medical examination; this should be done in child-friendly language which explains the procedure, what will happen, and identification of any limitations or risks. • The child should be informed of the reasons for arriving at the outcome and provided with the opportunity to address these in turn as well as information on how to challenge the outcome of any assessment with which they disagree.
	Evidence assessment	QD 4 RQD 4 APD 17.5 RAPD25.5 UNCRC Committee GC6	• Since it involves the examination and comparison of MRI against an X-ray reference base, it is important to understand that a potential underestimation of bone maturity may affect the assessment, and also to consider ways of reducing this risk. • Where credibility findings against the individual will be made based on the data or MRI evidence, the child should first be provided with the opportunity to comment. • Decisions and assessment of evidence should be based upon up-to-date information and where necessary individuals should consult and/or seek advice from relevant experts. In this instance this could include knowledge on MRI processes, interpretation of imaging and knowledge of development (including factors which might affect or influence).

([52]) Dvorak, J., George, J., Junge, A., Hodler, J., *Age determination by magnetic resonance imaging of the wrist in adolescent male football players*.

Ultrasound

Hand/wrist: ultrasound is another radiation-free approach that has been investigated. Mentzel et al. (2005) ([53]) undertook research using ultrasound for age estimation in the age group 6–17 years, reporting correlation with the manual Greulich & Pyle approach. Another study using BonAge (Xu et al., 2008) does however report lower correlation, especially for the older age groups. Khan et al. (2009) ([54]) arrive at a similar result, concluding that assessment by ultrasound should not yet be considered a valid replacement for bone age determination.

Clavicle: ultrasound has also been applied for age estimation from the clavicle, but here the traditional classification had to be modified. Four stages have been defined, where the earliest occurrence for development stage 4 was observed at age 19 for women (Quirmbach, 2009 ([55]); Schulz, 2008 ([56])). Schulz et al. conclude that the age intervals observed for the stages are consistent with the known data from radiological and computed tomography assessments, but the results should be confirmed in a larger number of cases and with analysis of observer variability.

Iliac crest: in a pilot study by Schmidt et al. (2011) ([57]) the applicability of ultrasound examinations for the evaluation of fusion of the iliac crest was analysed. They conclude that the approach can be a valid and efficient method, but larger studies are needed. The study results were reached by an examiner certified in the field of skeletal sonography who did not know the subjects' chronological age.

([53]) Mentzel, H. J., Vilser. C., Eulenstein, M., Schwartz, T., Vogt, S., Böttcher, J., Yaniv, I., Tsoref, L., Kauf, E., Kaiser, W. A., *Assessment of skeletal age at the wrist in children with a new ultrasound device*.
([54]) Khan, K. M., Miller, B. S., Hoggard, E., Somani, A., Sarafoglou, K., *Application of ultrasound for bone age estimation in clinical practice*.
([55]) Quirmbach, F., Ramsthaler, F., Verhoff, M. A., *Evaluation of the ossification of the medial clavicular epiphysis with a digital ultrasonic system to determine the age threshold of 21 years.*
([56]) Schulz, R., Zwiesigk, P., Schiborr, M., Schmidt, S., Schmeling, A., *Ultrasound studies on the time course of clavicular ossification*.
([57]) Schmidt, S., Schmeling, A., Zwiesigk, P., Pfeiffer, H., Schulz, R., *Sonographic evaluation of apophyseal ossification of the iliac crest in forensic age diagnostics in living individuals*.

SWOT	Theme	Minimum standard	Guidance
Strengths • Can be an alternative radiation-free approach. • As a radiation free examination technology, sonography is one of the low-risk imaging procedures that do not require any radiation protection measures or instructions. • Relatively inexpensive and widely available. • Can easily be applied using portable systems. • The iliac crest provides good possibilities for determining skeletal age, due to a relatively late completion of maturation ([58]). • Can be performed rapidly and deliver the desired sectional view in real time. **Weaknesses** • The limitations of ultrasound include a high dependency on the person who operates the equipment. • Difficulties with standardisation of documentation and imaging transfer for iliac crest. • Exact positioning of the wrist during the scanning process is necessary to avoid mistakes in evaluation. • Individual is required to keep the arm still during the measurement, so accuracy may be compromised since children may find difficulties in keeping their arm still. • Does not take into account psychological or emotional maturity. **Opportunities** • Results obtained from iliac crest study should be reassessed in a larger number of cases, creating an opportunity for further and joint research to take place. • Opportunity to incorporate the consideration of best interests as part of comprehensive policy and guidance development for experts involved in the process. • Non-ionising imaging procedures for skeletal age determination essential in order to minimise the radiation exposure of the examined individual. • Data suggests that the BonAge system for assessment of skeletal age at the wrist has the capacity to produce accurate results ([59]). • Evaluation of clavicle fusion by ultrasound could prove to be a rapid and economic non-ionising diagnostic imaging procedure for forensic age estimation ([60]). **Threats** • Likely lower intra-rater and inter-rater reliability of assessment. • Only a few studies in the applicability of skeletal sonography in forensic age diagnostics are available. • Hand/wrist: in patients with precocious development, it was observed that the skeletal age estimated by the BonAge system was more advanced than the age evaluated by the G&P method. • Clavicle: in contrast to conventional radiography, only a portion of the bone surface can be visualised by ultrasonography.	Best interests	UN CRC 3 APD 17 (v) 6 RAPD 25.6 RQD 20.5	• May be perceived as invasive, since it involves imaging of the body. • Focus should be on working with practitioners to ensure assessments are carried out in a consistent way, which respects the rights of the child.
	Adequate training	APD 17.4 QD 30.6 RQD 31.6 RAPD 25.3	• An investigator must have sufficient experience in the field of skeletal sonography and in assessing the maturation. • Officials should receive initial and ongoing training.
	Child focused	UN CRC 7 UN CRC 8 UN CRC 12 UN CRC 13 UN CRC 16 UN CRC 22 RAPD 19 RAPD 25.4	• In cases of medical examination the consent of the child and/or their representative must first be obtained. • Children must be informed prior to the examination and in a language that they understand (or are reasonably supposed to understand) of the possibility that their age may be determined by medical examination; this should be done using child-friendly language which explain the procedure, what will happen and identification of any limitations or risks. • The individual should be informed of the reasons for arriving at the outcome, provided with an opportunity to address these in turn and information about how to challenge the outcome of any assessment with which they disagree.
	Evidence assessment	QD 4 RQD 4 APD 17.5 RAPD25.5 UNCRC Committee GC6	• Sonographic evaluation of the iliac crest should be complemented by a physical examination to increase diagnostic accuracy and to improve the identification of any relevant developmental disorders. • Where credibility findings against the individual will be made based on the data or ultrasound evidence, the child should first be provided with the opportunity to comment. • Decisions and assessment of evidence should be based upon up-to-date information and where necessary individuals should consult and/or seek advice from relevant experts. In this instance this could include knowledge on ultrasound processes, interpretation of imaging and knowledge of development (including factors which might affect or influence).

([58]) Scoles, P.V., Salvango, R., Villabla, K., Riew, D., *Relationship of iliac crest maturation to skeletal and chronological age*.
([59]) Mentzel, H. J., Vilser. C., Eulenstein, M., Schwartz, T., Vogt, S., Böttcher, J., Yaniv, I., Tsoref, L., Kauf, E., Kaiser, W. A., *Assessment of skeletal age at the wrist in children with a new ultrasound device.*
([60]) Schulz, R., Zwiesigk, P., Schiborr, M., Schmidt, S., Schmeling, A., *Ultrasound studies on the time course of clavicular ossification*.

Possible sources of support

Use of EU funds

For the period of 2014–20 the European Commission has allocated a budget of EUR 3 869 million for supporting MS in practical measures and projects relating to asylum and migration within the Asylum and Migration Fund. This fund replaces the Refugee, Integration, Return and External Borders Funds, which were available under the general 'Solidarity and management of migration flows' programme, for the 2007–13 period.

The Asylum and Migration Fund will focus on people flows and the integrated management of migration. It will support actions addressing all aspects of migration, including asylum, legal migration, integration and the return of irregularly staying non-EU nationals.

In particular the regulation indicates that the fund may be accessed for various measures relating to minors and unaccompanied minors.

The full terms of the regulation can be accessed here: http://ec.europa.eu/dgs/home-affairs/news/intro/docs/751.pdf

Age assessment tools

Throughout the text instances of good practice, policy and guidance already published by MS administrations or other organisations have been highlighted where relevant. All of these provide practical advice and suggestions, which may be of interest when reviewing or developing age assessment policy.

Further to this we would like to draw your attention to some other tools EASO currently offer, which may be of interest.

Projects and initiatives list

EASO has compiled a tentative list of projects and initiatives implemented in Member States since 2004. This list is based on information available online and provided by partners such as the European Commission and UNHCR, as well as Member States. The list represents a picture of particular efforts devoted to the improvement of quality in different aspects of the asylum system. It is a good reference point for Member States who would consider embarking on similar initiatives, and since it is arranged thematically it is easy to navigate. The projects and initiatives list will be available on the EASO webpage http://easo.europa.eu/support-expertise/training-quality/

EASO training curriculum

The aim of EASO's training activities is to support MS in developing and building the skills and competencies of their staff through qualitative common training. EASO's training curriculum, being its core training tool encompasses different aspects of the CEAS and aims to contribute to the implementation of the CEAS by establishing a common quality level across the EU. To achieve this, EASO follows a two track approach: on the one hand, EASO develops relevant training material and, on the other hand, EASO organises training based on a train-the-trainer system.

Particular modules of relevance to officers involved in age assessment include:

- interview techniques,
- interviewing children,
- interviewing vulnerable persons,
- evidence assessment.

Further details on the EASO training strategy, curriculum and individual modules can be found at: http://easo.europa.eu/support-expertise/training-quality/

Forward look

EASO and age assessment

In 2014, it is planned that in collaboration with Member States and others involved in the work on age assessment, EASO will undertake an evaluation of the publication and ensure that interesting developments are taken into account, so that publication remains current, relevant and up to date.

Further, the challenges and developments in the field of age assessment will continue to be addressed by EASO in expert meetings and during the EASO Annual Conference on Unaccompanied Minors.

Data

In its action plan on unaccompanied minors the commission highlights that, 'the situation cannot be properly assessed, nor appropriate solutions found, without a clear evaluation based on comprehensive, reliable and comparable data.'

It further calls on Member States to transmit annual disaggregated figures for all unaccompanied minors arriving on EU territory in order to create harmonised and complete statistic and states that more information is necessary on migration routes and criminal networks.

To this end EASO will specially monitor the issue of unaccompanied minors, will propose to collect new data on UAM and will look at developing country of origin information and other relevant analyses considering this vulnerable group specifically.

In terms of data collection, currently Eurostat provide yearly data on unaccompanied minors, in circumstances where age assessment has already been conducted. EASO is considering how it might speed up and supplement this data collection, by requesting data on a monthly basis direct from MS on applications for asylum made by those claiming to be unaccompanied minors and also withdrawals of asylum applications (either implicit or explicit) by UAM. If Ms agree to such a data collection in the first instance this will be, like other such operational data collection, invalidated and restricted. However, overall EU-level figures could be made public with the agreement of MS and Associated Countries.

Bibliography

Text	Link
Australian Human Rights Commission: 'An age of uncertainty — Inquiry into the treatment of individuals suspected of people smuggling offences who say they are children', 2012.	http://www.humanrights.gov.au/publications/age-uncertainty-inquiry
Aynsley-Green, Sir Al, 'The assessment of age in undocumented migrants', March 2011.	http://www.humanrights.gov.au/sites/default/files/content/ageassessment/submissions/Sir%20Al%20Aynsley-Green%20Kt%20%28Submission%2038%29.pdf
Aynsley-Green, Sir Al, Cole, T.J., Crawley, H., Lessof, N., Boag, L.R. & Wallace, R.M.M., *Medical, statistical, ethical and human rights considerations in the assessment of age in children and young people subject to immigration control.*	
Baccetti, T., Franchi, L., McNamara (Jr), J. A., *The cervical vertebral Maturation (CVM) method for the assessment of optimal treatment timing in Dentofacial orthopaedics.*	
Bassed, R. B., Briggs, C., Drummer, O. H., *Age estimation using CT imaging of the third molar tooth, the medial clavicular epiphysis, and the spheno-occipital synchondrosis: A multifactoral approach.*	
Cameriere, R., Ferrante, L., Cingolani, M., *Age estimation in children by measurement of open apices in teeth.*	
Cava de Llano y Carrio, Maria Luisa (Spain's Acting Ombudsman), 'Children or adults? Age assessment practices — minors first, foreigners second', 2010.	http://www.defensordelpueblo.es/en/Documentacion/Opcion5/Documentos/English_children_age.pdf
Cole, T. J., *Dental age assessment — a statistical critique.*	
Coram Children's Legal Centre, 'Happy Birthday? Disputing the age of children in the immigration system', May 2013.	http://www.childrenslegalcentre.com/userfiles/file/HappyBirthday_Final %281 %29.pdf
Crawley, Heaven/ILPA, 'When is a Child not a child?', February 2006.	http://www.ilpa.org.uk/data/resources/13266/ILPA-Age-Dispute-Report.pdf
DA-AAR, Dutch Association of Age Assessment Researchers (DA-AAR), *Position Paper on age assessment in the Netherlands,* October 2013.	
Dedouit, F., Auriol, J., Rousseau, H., Rougé, D., Crubézy, E., Telmon, N., *Age assessment by magnetic resonance imaging of the knee: A preliminary study.*	
Demirjian, A., Goldstein, H.: *New systems for dental maturity based on seven and four teeth*.	
Department of Homeland Security, 'Office of Inspector General, Age determination practices for unaccompanied alien children in ICE custody'.	http://www.oig.dhs.gov/assets/Mgmt/OIG_10-12_Nov09.pdf
Duke, Paula M., Litt, Iris F, Gross, Ruth T., *Adolescents' self-assessment of sexual maturation.*	http://pediatrics.aappublications.org/content/66/6/918.abstract
Dvorak, J., George, J., Junge, A., Hodler, J., *Age determination by magnetic resonance imaging of the wrist in adolescent male football players*.	
Dvorak, J., George, J., Junge, A., Hodler, J., *Application of MRI of the wrist for age determination in international U-17 soccer competitions.*	
Eikvil, L., Kvaal, S.I., Teigland, A., Haugen, M., Grogaard, J. Norsk Regnesentral, Norwegian Computing Center, Oslo, 'Age estimation in youths and young adults: A summary of the needs for methodological research and development', SAMBA/52/12, December 2012.	http://publications.nr.no/1355995517/Age_estimation_methods-Eikvil.pdf
EMN, European Migration Network synthesis Report, *Policies on reception, return & integration for, and numbers of, unaccompanied minors — An EU comparative study*, 2010.	http://bookshop.europa.eu/en/policies-on-reception-return-and-integration-for-and-numbers-of-unaccompanied-minors-pbDR3110599/ http://www.ab.gov.tr/files/ardb/evt/1_avrupa_birligi/1_9_politikalar/1_9_8_dis_politika/Policies_on_reception_return_and_integration_for_and_numbers_of_unaccompanied_minors.pdf
ENGI, 'Towards a European Network of Guardianship Institutions', 2010.	http://www.epim.info/wp-content/uploads/2011/02/ENGI-Report-Towards-a-European-Network-of-Guardianship-Institutions.pdf
ENGI, *Guardianship in practice, Final Report*, 2011.	http://www.epim.info/wp-content/uploads/2011/02/ENGI-Report-Towards-a-European-Network-of-Guardianship-Institutions.pdf
Engström, C., Engström, H., Sagne, S., *Lower third molar development in relation to skeletal maturity and chronological age.*	
Ernst, Rudolph, *Volljahrigkeitsbeurteilungin Osterreichischen Asylverfahren von 1997 bis 2010*, Rechtsmedizin, 2010.	
European Commission, Action plan on unaccompanied minors, 2010–14.	http://eurlex.europa.eu/LexUriServ/LexUriServ.do?uri=COM:2010:0213:FIN:EN:PDF

Text	Link
FRA, European Union Agency for Fundamental Right's report: 'Separated asylum-seeking children in EU Member States: an examination of living conditions, provisions & decision-making procedures in selected EU Member States through child centred participatory research'.	http://fra.europa.eu/fraWebsite/research/projects/finalised_projects/proj_separated-asylum_en.htm
FRA, *Separated, asylum-seeking children in European Union Members States — Comparative* report, 2011.	http://fra.europa.eu/fraWebsite/attachments/SEPAC-comparative-report_EN.pdf
Garn, S. M., Lewis, A. B., Blizzard, R. M., *Endocrine factors in dental development.*	
George, J., Nagendran, J., Azmi, K., *Comparison study of growth plate fusion using MRI versus plain radiographs as used in age determination for exclusion of overaged football players.*	
ILPA, Information sheet, 'Age disputes & age assessments', No 3, 17, April 2011.	http://www.ilpa.org.uk/data/resources/4596/07.10.1054.pdf
ILPA, 'Working with refugee children — Current issues in best practice', February 2012.	http://www.ilpa.org.uk/data/resources/13326/ilpa_wking_w_refugee_chldrn2nd_edition_Jan2012.pdf
International Governmental Consultations, 'IGC on migration, asylum & refugees — Asylum procedures report on policies and practicalities in IGC participating states', 2009.	
International Governmental Consultations, 'IGC on migration, asylum & refugees — Chair's summary of workshop on UM', 9–10 December 2010.	
International Governmental Consultations, 'IGC on migration, asylum & refugees — Workshop on age determination', 16–17 June 2011.	
International Governmental Consultations, 'IGC on migration, asylum & refugees — Chair's summary on workshop on strategies and policies for age assessment of unaccompanied minors', 16–17 June 2011.	
IOM, 'Unaccompanied minor asylum seekers: Overview of protection, assistance & promising practices', December 2011.	http://www.iom.hu/PDF/Unaccompanied_Minors_Asylum-seekers_Overview_of_Protection_Assistance_and_Promising_Practices.pdf
IOM, 'Exchange of information & best practises on 1st reception, protection & treatment of minors', September 2010.	http://www.iom.pl/Shared %20Documents/EUAM_report_2010 %20(4).pdf
Jaird, Meghan, SIT Graduate Institute/SIT SA: 'Dublin's forgotten: The transition from "Separated Children" to "aged-out minors" through policy, media & organisational support', 2009.	http://digitalcollections.sit.edu/cgi/viewcontent.cgi?article=1684&context=isp_collection
Jornal de Pediatria, 'Comparison between objective assessment and self-assessment of sexual maturation in children and adolescents'.	http://www.scielo.br/pdf/jped/v85n2/en_v85n2a09.pdf
Khan, K. M., Miller, B. S., Hoggard, E., Somani, A., Sarafoglou, K., *Application of ultrasound for bone age estimation in clinical practice.*	
Kvaal, S. I., Kolltveit, K. M., Thomsen, I. O., Solheim, T., *Age estimation of adults from dental radiographs.*	
Leurs, I. H., Wattel, E., Aartman, I. H. A., Etty, E., Prahl-Andersen, B., *Dental age in Dutch children.*	
Liversidge, H. M., *The assessment and interpretation of Demirjian, Goldstein and Tanner's dental maturity.*	
Mentzel, H. J., Vilser, C., Eulenstein, M., Schwartz, T., Vogt, S., Böttcher, J., Yaniv, I., Tsoref, L., Kauf, E., Kaiser, W.A., *Assessment of skeletal age at the wrist in children with a new ultrasound device.*	
Moorrees, C. F. A., Fanning, E. A., Hunt (Jr), E.E., *Age variation of formation stages for ten permanent teeth.*	
OHCHR, 'Judicial implementation of Article 3 of the CRC in Europe', 2011.	http://europe.ohchr.org/Documents/Publications/Judicial_Colloquium_final_web_version.pdf
Parliamentary Assembly, Resolution 1810, 'Unaccompanied children in Europe: issues of arrival, stay & return', 15 April 2011.	http://assembly.coe.int/Main.asp?link=/Documents/AdoptedText/ta11/ERES1810.htm
Parsons, Annika, *The best interests of the child in asylum & refugee procedures in Finland.*	http://ec.europa.eu/justice/news/consulting_public/0009/contributions/public_authorities/042_ombudsman_for_minorities_finland_report.pdf
Quirmbach, F., Ramsthaler, F., Verhoff, M. A., *Evaluation of the ossification of the medial clavicular epiphysis with a digital ultrasonic system to determine the age threshold of 21 years.*	
Royal College of Paediatrics and Child Health, *Age Assessment of Separated Young People: Proposal to Develop Practical Guidance for Paediatricians*, December 2012.	
Schmeling, A., Reisinger, W., Geserick G., Olze, A., *Age estimation of unaccompanied* minors, *Part 1, General Considerations.*	
Schmidt, S., Schmeling, A., Zwiesigk, P., Pfeiffer, H., Schulz, R., *Sonographic evaluation of apophyseal ossification of the iliac crest in forensic age diagnostics in living individuals.*	
Schmidt, S., Mühler, M., Schmeling, A., Reisinger, W., Schulz,R., *Magnetic resonance imaging of the clavicular ossification.*	
Schulz, R., Zwiesigk, P., Schiborr, M., Schmidt, S., Schmeling, A., *Ultrasound studies on the time course of clavicular ossification*.	
Shimura, N., Koyama, S., Arisaka, O., Imataka, M., Sato, K., Matsuura, M., *Assessment of measurement of children's bone age ultrasonically with sunlight BonAge.*	

Text	Link
Singi Yatiraj, Kiran, Deshmukh, Nagaraj Bijapur, *Assessment of age in adolescents by radiological examination of pelvis and hip joint.*	http://www.academia.edu/2341264/Assessment_of_age_in_adolescents_by_Radiological_examination_of_pelvis_and_hip_joint
SCEP, *Statement of good practice — 4th revised edition*, 2009.	http://www.unhcr.org/refworld/pdfid/415450694.pdf
SCEP, 'Thematic Group on Age Assessment — Review of current laws, policies and practices relating to age assessment in sixteen European countries', May 2011.	http://www.childcentre.info/public/Age_Assessment_report_review_of_current_policies_and_practice_in_Europe_2011_pdf.pdf
SCEP, Position Paper on age assessment in the context of separated children in Europe, 2012.	http://www.separated-children-europe-programme.org
Study Group of Forensic Age Estimation of the German Association for Forensic Medicine: 'Guidelines for age estimation in living individuals in criminal procedures', 2011.	http://agfad.uni-muenster.de/english/empfehlungen/empfehlung_strafverfahren_eng.pdf
Suma, G. N., Rao, B. B., Annigeri, R. G., Rao, D. J. K., Goel, S., *Radiographic correlation of dental and skeletal age: Third molar, an age indicator.*	
Thevissen, P. W., Kaur, J., Willems, *Human age estimation combining third molar and skeletal development.*	
Thodberg, H. H., *An automated method for determination of bone age.*	
UK Home Office, Policy on assessing age.	http://www.ukba.homeoffice.gov.uk/sitecontent/documents/policyandlaw/asylumprocessguidance/specialcases/guidance/assessing-age?view=Binary
UK Tribunals Judiciary, Child witness guidance.	http://www.justice.gov.uk/downloads/tribunals/immigration-and-asylum/lower/ChildWitnessGuidance.pdf
UN, UN Convention on the Rights of the Child, 1989.	http://www.ohchr.org/EN/ProfessionalInterest/Pages/CRC.aspx
UNHCR, 'UNHCR guidelines on policies and procedures in dealing with unaccompanied children seeking Asylum', February 1997.	http://www.refworld.org/docid/3ae6b3360.html
UNHCR, 'Guidelines on determining the best interests of the child', May 2008.	http://www.unhcr.org/refworld/docid/48480c342.html
UNHCR, Guidelines on International Protection No 8: Child Asylum Claims under Articles 1(A)2 and 1(F) of the 1951 Convention and/or 1967 Protocol relating to the Status of Refugees, 22 December 2009, HCR/GIP/09/08.	http://www.refworld.org/docid/4b2f4f6d2.html
Unicef, *The state of the world's children 2011 — Adolescence, an age of opportunity*, February 2011.	http://www.unicef.org/publications/index_57468.html
Unicef, 'Discussion Paper: Age assessment practices, a literature review & annotated bibliography', April 2011.	http://www.unicef.org/protection/Age_Assessment_Practices_2010.pdf
Unicef, Identification of unaccompanied and separated children: Exploring age assessment challenges, background and discussion paper.	
Unicef, *Age assessment: A technical note,* January 2013.	http://www.unicef.org/protection/files/Age_Assessment_Note_final_version_ %28English %29.pdf

Annex 1 — Definitions and glossary

Term	Sources	Definition	Not to be confused with	Also termed/ referred as
Accommodation centre	RRCD, Article 2.	Any place used for collective housing of asylum seekers.	Detention centre	Reception centre
Age assessment	UN Committee on the Rights of the Child, General Comment No 6.	Age assessment is the process by which authorities seek to establish the chronological age, or range of age, or determine whether an individual is an adult or a child. UN Committee on the Rights of the Child/ CRC General Comment No 6: the identification of a child as an unaccompanied and separated child (UASC) includes age assessment, which should take into account physical appearance, but also psychological maturity. The assessment must be conducted in a scientific, safe, child and gender-sensitive and fair manner, avoiding any risk of violation of the physical integrity of the child, giving due respect to human dignity. Age assessment should only be used where there are grounds for serious doubt of an individual's age.		
Age of criminal responsibility	UN Committee on the Rights of the Child, General Comment No 6, paragraph 30.	Article 40(3) of CRC requires states parties to seek to promote, inter alia, the establishment of a minimum age below which children shall be presumed not to have the capacity to infringe the penal law, but does not mention a specific minimum age in this regard. The committee understands this provision as an obligation for states parties to set a minimum age of criminal responsibility (MACR).		Minimum age of criminal responsibility
Anthropometry	http://medical-dictionary.thefreedictionary.com	The science dealing with measurement of the size, weight, and proportions of the human body.		
Appeal	IOM *Glossary on Migration*	A procedure undertaken to review a decision by bringing it to a higher authority; often the submission of a lower court's or agency's decision to a higher court for review and possible reversal.		
Application for international protection	RQD RAPD	A request for protection in an EU Member State, made by a third country national or a stateless person, who is seeking refugee status or subsidiary protection status, and who does not explicitly request another kind of protection outside the scope of the QD.		
Benefit of the doubt	UN Committee on CRC, General Comment No 6.	In the context of age assessment in the event of remaining uncertainty, the individual should be given the benefit of the doubt such that if there is a possibility that the individual is a child, she or he should be treated as such.		
Best interests assessment	UN Committee on CRC, General Comment No 14.	A unique activity that should be undertaken in each individual case, in the light of the specific circumstances of each child or group of children or children in general. These circumstances relate to the individual characteristics of the child or children concerned.	Best interest determination (BID), best interests of the child (BIC).	
Best interests of the child	EASO Interviewing Children Module, Recital 18, RQD 2011/95/EU UNCRC QD	According to Article 3(1) of the UN Convention on the Rights of the Child, in all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration. The best interest of the child is also of primary concern in the Recast Qualification Directive 2011/95/EU. Recital 18 and Article 20(5) set forth that the 'best interests of the child' should be a primary consideration of Member States when implementing this directive, in line with the 1989 United Nations Convention on the Rights of the Child. In assessing the best interests of the child, Member States should in particular take due account of the principle of family unity, the minor's well-being and social development, safety and security considerations and the views of the minor in accordance with his/her age and maturity (Recital 18 Recast Qualification Directive 2011/95/EU).	Best interests assessment (BIA), best interests determination (BID).	
Best interests determination	UN Committee on CRC, General Comment No 14.	This describes the formal process with strict procedural safeguards designed to determine the child's best interests for particularly important decisions affecting the child. It should facilitate adequate child participation without discrimination, involve decision-makers with relevant areas of expertise, and balance all relevant factors in order to assess the best option	Best interests of the child, best interests assessments.	

Term	Sources	Definition	Not to be confused with	Also termed/ referred as
Biological age	Terry Smith, Laura Brownlees, *Age assessment practices: a literature review and annotated bibliography*, Unicef, 2011, pp. 7–8.	This is defined by an individual's present position with respect to his or her potential life span, meaning that an individual may be younger or older than his or her chronological age.	Bone age, chronological age, social age, psychological age.	
Birth certificate	IOM *Glossary on Migration*	An original document, usually issued under governmental or religious authority, stating inter alia, when and where a person was born.		
Bone age	http://medical-dictionary.thefreedictionary.com	Osseous development shown radiographically, stated in terms of the chronological age at which the development is ordinarily attained.	Chronological age	
Burden of proof	*Source:* EMN Glossary via *IOM Glossary on Migration* (with slight modification to phrase) and *UNHCR International Thesaurus of Refugee Terminology.* Legislative Reference(s): Article 4(1) and (2), Qualification Directive 2004/83/EC.	Definition: 'In the migration context, a non-national seeking entry into a foreign state must prove that he or she is entitled to enter and is not inadmissible under the laws of that state. In refugee status procedures, where an applicant must establish his or her case, i.e. show on the evidence that he or she has well-founded fear of persecution. NB: A broader definition may be found in the Oxford Dictionary of Law.'	Standard of proof	Duty to substantiate
Charter of Fundamental Rights of the EU	http://fra.europa.eu/en/charterpedia	It enshrines a number of political, social and economic rights into EU law. The charter was given binding legal status with the entry of the Lisbon Treaty in 2009.	Treaty on European Union, European Convention for the Protection of Human Rights and Fundamental Freedoms.	
Child	UN CRC	A child means every human being below the age of 18 years unless under the law applicable to the child, majority is attained earlier. Child given preference in the handbook: 'Since the UNCRC gives preference to the use of the term 'child' and the same applies to Article 3 of the Treaty on European Union (Common Provisions of Title 1 of the Treaty) as well to Article 24 of the EU Charter of Fundamental Rights, this handbook also gives preference to the use of the term 'child' instead of 'minor'.	Unaccompanied minor, separated child	Minor
Chronological age	Terry Smith, Laura Brownlees, *Age assessment practices: a literature review & annotated bibliography*, Unicef, 2011, pp. 7–8.	It is measured in years, months and days from the moment when the person was born. '(Settersen et al, 1997:240).	Bone age, biological age, social age, psychological age.	
Clavicle	http://medical-dictionary.thefreedictionary.com	Collar bone: a bone, curved like the letter *f,* that articulates with the sternum and scapula, forming the anterior portion of the shoulder girdle on either side.		
Common European Asylum System	Article 78, Treaty of the Functioning of the European Union (TFEU).	A common system based on the full and inclusive application of the Geneva Convention, which aims to ensure fair and humane treatment of applicants for international protection, to harmonise asylum systems and reduce the differences between MS on the basis of binding legislation as well as to strengthen practical cooperation between national asylum administrations and the external dimension of asylum.		
Competent authorities	Euratom directive	Any authority designated by a Member State.		
Consent	*Field Handbook for the Implementation of UNHCR BID Guidelines*	Informed, free and voluntary agreement.		
Country of origin	RAPD	Country or countries of nationality or, for stateless persons, of former habitual residence.	Third country, transit country.	

Term	Sources	Definition	Not to be confused with	Also termed/ referred as
Country of origin information	EASO COI Module	In the simplest and most general terms possible, refers to information about the country of origin or of former habitual residence of an applicant which is used to assess the claim of that applicant to international protection.		
Credibility (assessment)	UNHCR note, p. 11.	Credibility is established where the applicant has presented a claim which is coherent and plausible, not contradicting generally known facts, and therefore is, on balance, capable of being believed.		
Data subject's consent	Data protection directive	Any freely given specific and informed indication of wishes by which the data subject signifies agreement to personal data relating to them being processed.		
Dentition	http://medical-dictionary.thefreedictionary.com	The teeth in the dental arch; ordinarily used to designate the natural teeth in position in their alveoli.		
Dublin regulation	RDR	A regulation establishing a hierarchy of criteria for identifying the Member State responsible for the examination of an application for international protection in an EU Member State, Norway, Iceland and Switzerland.		
Durable solutions	UNHCR: *Master glossary of terms* — Status determination and protection information section.	Any means by which the situation of refugees can be satisfactorily and permanently resolved to enable them to live normal lives.	Best interests determination	
Duty to substantiate	*Hungarian-Helsinki Committee: Credibility assessment in asylum procedures: a multidisciplinary training manual*	This refers to who has the duty to substantiate the relevant facts and circumstances or otherwise said on whom lies the burden of proof (usually interpreted as who has the primary obligation to produce or submit evidence), or as stated in Article 4 of the qualification directive, who has the duty to substantiate the application.	Standard of proof	Burden of proof
Epiphysis	http://medical-dictionary.thefreedictionary.com	The expanded articular end of a long bone, developed from a secondary ossification centre, which during the period of growth is either entirely cartilaginous or is separated from the shaft by a cartilaginous disk.		
Eurodac	EMN glossary 2010	An informatics IT system with the purpose of collecting, transmitting and comparing fingerprints to assist Member States in determining the responsible authority of examining an application for international protection pursuant to the Dublin regulation.		
European Commission action plan on unaccompanied minors	http://europa.eu/legislation_summaries/justice_freedom_security/fight_against_trafficking_in_human_beings/jl0037_en.htm	This action plan provides a common approach to tackling the challenges relating to the arrival in the European Union (EU) of large numbers of unaccompanied minors. The action plan is based on the principle of the best interests of the child.		
Exposure	Euratom directive	The process of being exposed to ionising radiation.		
Family reunification	EMN Glossary 2010	This refers to the establishment of a family relationship which is either: (a) the entry into and residence in a Member State, in accordance with Council Directive 2003/86/EC, by family members of a third-country national residing lawfully in that Member State ('sponsor') in order to preserve the family unit, whether the family relationship arose before or after the entry of the sponsor; or (b) between an EU national and third-country national established outside the EU who then subsequently enters to the EU.		
Forced labour	Article 2(1), ILO Convention No 29 on Forced Labour, 1930.	All work or service which is exacted from any person under the menace of any penalty and for which the said person has not offered himself/herself voluntarily.		
Good practice	UNHCR: *Master glossary of terms* — Status determination and protection information section.	An innovative, interesting and inspiring practice that has the potential to be transferred in whole or part to other national contexts.		

Term	Sources	Definition	Not to be confused with	Also termed/ referred as
Human right(s)	UNHCR: *Master glossary of terms* — Status determination and protection information section.	Agreed international standards that recognise and protect the dignity and integrity of every individual, without any distinction. Human rights form part of customary international law and are stipulated in a variety of national, regional and international legal documents generally referred to as human rights instruments.		
Human rights law	UNHCR: *Master glossary of terms* — Status determination and protection information section	The body of customary international law, human rights instruments and national law that recognises and protects human rights. Refugee law and human rights law complement each other.		
iliac crest	http://medical-dictionary.thefreedictionary.com	The thickened, expanded upper border of the ilium.		
Ilium	http://medical-dictionary.thefreedictionary.com	The expansive superior portion of the hip bone (*os coxae*); it is a separate bone in early life.		
International protection	RQD	It consists of both forms: refugee status or subsidiary protection status, granted by Member States within the framework of the qualification directive.		
Ionising radiation	http://medical-dictionary.thefreedictionary.com	High-energy radiation capable of producing ionisation in substances through which it passes. It includes non-particulate radiation, such as X-rays, and radiation produced by energetic charged particles, such as alpha and beta rays, and by neutrons, as from a nuclear reaction.		X-ray
(Legal) guardian	*Final report*, 'ENGIproject: Guardianship in practice', p. 16.	ENGI, in their final report, identified that no single definition of guardianship exists. When speaking of guardianship in several Member States it soon became clear that perceptions of what guardianship is, can be, or should be, are extremely different from country to country or from organisation to organisation. In this report two definition levels are being discussed. Firstly there is representation in the sense of Article 19 of Council Directive 2003/9/EC. Secondly, guardians as independent representatives responsible for the well-being of the child.		
Local authority	http://www.thefreedictionary.com/local+authority	The governing body of a county, district, etc.		
Magnetic resonance imaging	http://medical-dictionary.thefreedictionary.com	Magnetic resonance imaging (MRI) is the newest, and perhaps most versatile, medical imaging technology available. Doctors can get highly refined images of the body's interior without surgery, using MRI. By using strong magnets and pulses of radio waves to manipulate the natural magnetic properties in the body, this technique makes better images of organs and soft tissues than those of other scanning technologies. MRI is particularly useful for imaging the brain and spine, as well as the soft tissues of joints and the interior structure of bones. The entire body is visible to the technique, which poses few known health risks.		
Margin of error	Position Paper on age assessment in the context of separated children in Europe, 2012, p. 9.	Age assessment is not an exact science and a considerable margin of uncertainty will always remain inherent in any procedure. When making an age assessment, individuals whose age is being assessed should be given the benefit of doubt. Margins of error adequate to each exam (based on updated references) should always be indicated clearly. If the age range resulting from the assessment includes the minor age, the individual shall be considered and treated as a child.		
Minimum standards		The Treaty of Amsterdam established a number of principles, so called 'minimum standards' from which EU Member States cannot derogate. Later on in the Tampere Agreement, and then reaffirmed by the Hague programme, Member States agreed to go beyond minimum standards and develop a CEAS, based on a common asylum procedure and a uniform status for those who are granted international protection.		
Minor(s)	RRCD RAPD	A third country national or a stateless person below the age of 18 years.	Unaccompanied minor	
Multidisciplinary	http://medical-dictionary.thefreedictionary.com	Of, relating to, or making use of several disciplines at once.		

Term	Sources	Definition	Not to be confused with	Also termed/ referred as
Optimisation (radiological procedures)	http://medical-dictionary.thefreedictionary.com	The act of rendering optimal; 'the simultaneous optimisation of growth and profitability'; 'in an optimisation problem we seek values of the variables that lead to an optimal value of the function that is to be optimised.'		
Orthopantomogram	http://medical-dictionary.thefreedictionary.com	A radiograph that is taken extra orally and shows a panoramic view of the entire dentition, alveolar bone, and other adjacent structures on a single film.		
Ossification	http://medical-dictionary.thefreedictionary.com	Formation of or conversion into bone or a bony substance.		
Paediatrics	http://medical-dictionary.thefreedictionary.com	The branch of medicine that deals with the care of infants and children and the treatment of their diseases.		
Paediatric endocrinologists	http://medical-dictionary.thefreedictionary.com	It is a medical subspecialty dealing with variations of physical growth and sexual development in childhood, as well as diabetes and other disorders of the endocrine glands.		
Personal data	Data protection regulation	Any information relating to an identified or identifiable person is one who can be identified, directly or indirectly, in particular by reference to an identification number or to one or more factors specific to his physical, physiological, mental, economic, cultural or social identity.		
Practitioner	Euratom directive	A medical doctor, dentist or other health professional, who is entitled to take clinical responsibility for an individual medical exposure in accordance with national requirements.		
Processing/ processing of personal data	Data protection directive	Any operation or set of operations which is performed upon personal data, whether or not by automatic means, such as collection, recording, organisation, storage, adaptation or alteration, retrieval, consultation, use, disclosure by transmission, dissemination or otherwise making available, alignment or combination, blocking, erasure or destruction.		
Psychological age	Terry Smith, Laura Brownlees, *Age assessment practices: a literature review & annotated bibliography*, Unicef 2011, pp. 7–8.	It is defined by the behavioural capacities of individuals to adapt to changing demands and includes the use of adaptive capacities of memory, learning, intelligence, skills, feelings, motivations and emotions for exercising behavioural control and self-regulation.	Bone age, biological age, chronological age, social age.	
Psychologist	http://www.ilo.org/public/english/bureau/stat/isco/isco88/2445.htm	A person that research into and study mental processes and behaviour of human beings as individuals or in groups, and apply this knowledge to promote personal, social, educational or occupational adjustment and development. Tasks include: (a) planning and carrying out tests to measure mental, physical and other characteristics such as intelligence, abilities, aptitudes, potentialities, etc., interpreting and evaluating results, and providing advice; (b) analysing the effect of heredity, social, occupational and other factors on individual thought and behaviour; (c) conducting counselling or therapeutic interviews with individuals and groups, and providing follow-up services; (d) maintaining required contacts, such as those with family members, educational authorities or employers, and recommending possible solutions to, and treatment of, problems; (e) studying psychological factors in the diagnosis, treatment and prevention of mental illnesses and emotional or personality disorders, and conferring with related professionals; (f) preparing scholarly papers and reports; (g) performing related tasks; (h) supervising other workers.		
Radiodiagnostic	Euratom directive	Pertaining to *in vivo* diagnostic nuclear medicine, medical diagnostic radiology, and dental radiology		
Radiography	http://medical-dictionary.thefreedictionary.com	The use of X-rays to view a non-uniformly composed material such as the human body. By utilising the physical properties of the ray an image can be developed displaying clearly, areas of different density and composition.		
Radiological	Euratom directive	Pertaining to radio diagnostic and radiotherapeutic procedures, and interventional radiology or other planning and guiding radiology.		

Term	Sources	Definition	Not to be confused with	Also termed/ referred as
Refugee	RQD	A third-country national who, owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, political opinion or membership of a particular social group, is outside the country of nationality and is unable or, owing to such fear, is unwilling to avail himself or herself of the protection of that country, or a stateless person, who, being outside of the country of former habitual residence for the same reasons as mentioned above, is unable or, owing to such fear, unwilling to return to it, and to whom Article 12 does not apply.		Beneficiary of refugee status
Representative	RAPD Article 2, *Final report ENGI-project*, 'Guardianship in practice', p. 16.	Means a person or an organisation appointed by the competent bodies in order to assist and represent an unaccompanied minor in procedures provided for in this directive with a view to ensuring the best interests of the child and exercising legal capacity for the minor where necessary. Where an organisation is appointed as a representative, it shall designate a person responsible for carrying out the duties of representative in respect of the unaccompanied minor, in accordance with this directive.		Guardian
Right to life, survival and development	UN Committee on the Rights of the Child/CRC General Comment No 6, interpreting Article 6 of the UNCRC.	The obligation of the state party under Article 6 includes protection from violence and exploitation, to the maximum extent possible, which would jeopardise a child's right to life, survival and development. Separated and unaccompanied children are vulnerable to various risks that affect their life, survival and development such as trafficking for purposes of sexual or other exploitation or involvement in criminal activities which could result in harm to the child, or in extreme cases, in death. Accordingly, Article 6 necessitates vigilance by states parties in this regard, particularly when organised crime may be involved. (…) The Committee is of the view that practical measures should be taken at all levels to protect children from the risks mentioned above.		
Separated Child(ren)	UN Committee on the Rights of the Child, CRC General Comment No 6, III. Definitions.	Children, as defined in Article 1 of the CRC, who have been separated from both parents, or from their previous legal or customary primary care-giver, but not necessarily from other relatives. These may, therefore, include children accompanied by other adult family members.	Child, minor	Unaccompanied minor
Social age	Terry Smith, Laura Brownlees, *Age assessment practices: a literature review & annotated bibliography*, Unicef, 2011, pp. 7–8.	This is defined by an individual's roles, responsibilities and habits with respect to other members of the society of which he or she is a part. An individual may therefore be older or younger depending on the extent to which he or she shows the age-graded behaviour expected of him by his particular society or culture (…).	Bone age, biological age, chronological age, psychological age.	
Social worker	http://medical-dictionary.thefreedictionary.com	A person with advanced education in dealing with social, emotional, and environmental problems associated with an illness or disability. A **medical social worker** usually has completed a master's degree programme that includes experience in counselling patients and their families in a hospital setting. A **psychiatric social worker** may specialise in counselling individuals and families in dealing with social, emotional, or environmental problems pertaining to mental illness.		
Trafficking in persons	Protocol to prevent, suppress and punish trafficking in persons, especially women and children, supplementing the United Nations Convention Against Transnational Organised Crime, Article 3.	(a) The recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs; (b) the consent of a victim of trafficking in persons to the intended exploitation set forth in subparagraph (a) of this article shall be irrelevant where any of the means set forth in subparagraph (a) have been used; (c) the recruitment, transportation, transfer, harbouring or receipt of a child for the purpose of exploitation shall be considered 'trafficking in persons' even if this does not involve any of the means set forth in subparagraph (a) of this article; (d) 'child' shall mean any person under 18 years of age.		Trafficking in human beings
Ultrasound	http://medical-dictionary.thefreedictionary.com	1. Sound waves of a frequency greater than 20,000 Hz 2. ultrasonography.		Sonography

Term	Sources	Definition	Not to be confused with	Also termed/ referred as
Unaccompanied child	Qualification directive	This means a minor who arrives on the territory of the Member States unaccompanied by an adult responsible for him or her whether by law or by the practice of the Member State concerned, and for as long as he or she is not effectively taken into the care of such a person; it includes a minor who is left unaccompanied after he or she has entered the territory of the Member States.		Unaccompanied minor, separated child.
UN Convention on the Rights of the Child	Unicef: Convention on the rights of the child —frequently asked questions, http://www.unicef.org/crc/index_30229.html	The Convention on the Rights of the Child is an international treaty that recognises the human rights of children, defined as persons up to the age of 18 years. The convention establishes in international law that states parties must ensure that all children—without discrimination in any form—benefit from special protection measures and assistance; have access to services such as education and healthcare; can develop their personalities, abilities and talents to the fullest potential; grow up in an environment of happiness, love and understanding; and are informed about and participate in, achieving their rights in an accessible and active manner.		
Visa information system	DG Home visa information service (VIS) webpage, http://ec.europa.eu/dgs/home-affairs/what-we-do/policies/borders-and-visas/visa-information-system/index_en.htm	The Visa information system (VIS) allows Schengen states to exchange visa data. It consists of a central IT system and of a communication infrastructure that links this central system to national systems. VIS connects consulates in non-EU countries and all external border crossing points of Schengen states. It processes data and decisions relating to applications for short-stay visas to visit, or to transit through, the Schengen area. The system can perform biometric matching, primarily of fingerprints, for identification and verification purposes.		
Vulnerable person(s)	RRCD, Article 21.	In defining vulnerable persons Article 21 of the recast receptions directive makes specific reference to minors, unaccompanied minors, disabled people, elderly people, pregnant women, single parents with minor children, victims of human trafficking, persons with serious illnesses, persons with mental disorders and persons who have been subjected to torture, rape or other serious forms of psychological, physical or sexual violence, such as victims of female genital mutilation.		Person with special procedural needs, vulnerable groups.

Annex 2 — Legal and policy framework:

Relevant international and European legal instruments

This chapter is intended to serve as a reference point for identifying the relevant instruments and provisions on international, European and national level. Although all effort has been made to provide a comprehensive outline of the most relevant legal and policy documents, the list below should not be considered exhaustive.

International legal framework

United Nations Convention on the Rights of the Child (CRC) 1989 ([61])

The CRC is the most significant international legal instrument with regard to age assessment and all matters relevant to the legal status of children. By agreeing to undertake the obligations of the CRC, states parties have committed themselves to protecting and ensuring children's rights and have agreed to hold themselves accountable for this commitment before the international community. States parties to the CRC are obliged to develop and undertake all actions and policies in the light of the best interests of the child.

The four core principles of the CRC contained in its legally binding provisions are:

- Article 2 — non-discrimination;
- Article 3 — best interests of the child as a primary consideration;
- Article 6 — the right to life, survival and development;
- Article 12 — respect for the views of the child.

In addition, a number of provisions are of relevance either to age assessment or to the question of age. These include:

- registration, name, nationality and care (Article 7);
- preservation of identity (Article 8);
- protection from all forms of violence (Article 19);
- refugee children (Article 22);
- right to education (Article 28);
- child labour (Article 32);
- detention and punishment (Article 37);
- war and armed conflicts (Article 38);
- juvenile justice (Article 40).

Council of Europe legal framework

European Convention of Human Rights and Fundamental Freedoms (ECHR) ([62])

The general provisions of ECHR are also applicable to children. Of particular relevance for age assessment could be Article 6 (fair trial), Article 13 (effective remedy) and Article 14 (prohibition of discrimination).

([61]) The text of the CRC is available at: http://www.ohchr.org/en/professionalinterest/pages/crc.aspx
([62]) The text of the ECHR is available at: http://www.echr.coe.int/Documents/Convention_ENG.pdf

European Convention on the Exercise of Children's Rights ([63])

The convention deals in particular with the rights of children in proceedings before courts and administrative bodies. It facilitates the exercise of the substantive rights of children by strengthening and creating procedural rights which can be exercised by children themselves or through other persons or bodies. Emphasis is placed on the idea of 'promotion' of children's rights, which is considered to be a broader concept than 'protection'. The rights according to the convention may be exercised not only before such national authorities but also before the ECtHR and children may themselves lodge a complaint under the ECHR against a party to this convention.

Convention for the Protection of Individuals with regard to Automatic Processing of Personal Data ([64])

This convention is the first binding international instrument which protects the individual against abuses, which may accompany the collection and processing of personal data, and which seeks to regulate at the same time the trans-frontier flow of personal data.

Convention on Action against Trafficking in Human Beings ([65])

The convention is a comprehensive treaty mainly focused on the protection of victims of trafficking and the safe-guard of their rights. It also aims at preventing trafficking as well as at prosecuting traffickers. It applies to all categories of victims: women, men or children and all forms of exploitation: sexual exploitation, forced labour or services, etc. With regards to age assessment, Article 10 stipulates: when the age of the victim is uncertain and there are reasons to believe that the victim is a child, he or she shall be presumed to be a child and shall be accorded special protection measures pending verification of his/her age.

European Union legal framework

Treaty on European Union (TEU) ([66])

Article 3(3) of TEU explicitly contains the European Union's obligation to promote the protection of the rights of the child, thereby becoming a fundamental commitment of the EU.

Charter of Fundamental Rights of the European Union (CFREU) ([67])

Article 24 of CFREU identifies the rights of the child, including that children shall have the right to such protection and care as is necessary for their well-being. They may express their views freely. Such views shall be taken into consideration on matters which concern them in accordance with their age and maturity. In all actions relating to children, whether taken by public authorities or private institutions, the child's best interests must be a primary consideration and every child shall have the right to maintain on a regular basis a personal relationship and direct contact with both his/her parents, unless that is contrary to his/her interests.

Further provisions of relevance include:

- Article 1 — human dignity;
- Article 3 — right to integrity of the person;
- Article 4 — prohibition of degrading treatment;
- Article 6 — right to liberty and security;
- Article 7 — respect for private and family life;
- Article 8 — protection of personal data;
- Article 10 — freedom of thought, conscience and religion;
- Article 11 — freedom of expression and information;
- Article 18 — right to asylum;

([63]) The text of the convention is available at: http://conventions.coe.int/Treaty/en/Treaties/Html/160.htm
([64]) The text of the convention is available at: http://conventions.coe.int/Treaty/en/Treaties/Html/108.htm
([65]) The text of the convention is available at: http://www.conventions.coe.int/Treaty/EN/Treaties/Html/197.htm
([66]) The text of TEU is available at: http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:C:2010:083:0013:0046:en:PDF
([67]) The text of CFREU is available at: http://www.europarl.europa.eu/charter/pdf/text_en.pdf

- Article 19 — protection in the event of removal, expulsion or extradition;
- Article 21 — non-discrimination;
- Article 35 — healthcare.

Dublin III regulation ([68])

Regulation (EU) No 604/2013 of the European Parliament and of the Council of 26 June 2013 establishing the criteria and mechanisms for determining the Member State responsible for examining an application for international protection lodged in one of the Member States by a third-country national or a stateless person (recast) refers to age assessment in particular in Article 31(2)(d) regarding data which needs to be transmitted as it is essential in order to safeguard the rights and immediate special needs of the person to be transferred. Special guarantees for minors are further included in Article 6, Article 8, Article 16, etc**.**

VIS regulation ([69])

Regulation (EC) No 767/2008 of the European Parliament and of the Council of 9 July 2008 concerning the visa information system (VIS) and the exchange of data between Member States on short-stay visas (VIS regulation) is especially relevant with its provision on amendment of data (Article 24).

Asylum procedures directive (APD) ([70])

Council Directive 2005/85/EC of 1 December 2005 on minimum standards on procedures in Member States for granting and withdrawing refugee status is the EU directive which currently regulates the procedures used to examine the application for international protection. Article 17, in particular, regulates the special guarantees for unaccompanied minors in such procedures. Article 17(5) regulates the possibility to use medical examination to determine the age of unaccompanied minors.

Asylum procedures directive (recast) (APD recast) ([71])

Directive 2013/32/EU of the European Parliament and of the Council of 26 June 2013 on common procedures for granting and withdrawing international protection (recast), similarly to the APD regulates the special guarantees for unaccompanied minors within the framework of the examination of the application for international protection in Article 25. Article 25(5) in particular deals with the use of medical examination for determining the age of the minor. In this respect, it adds important additional guarantees compared to the APD:

- medical examinations for the purposes of age assessment should be used only in case of doubt concerning the applicant's age;
- if thereafter the authority is still in doubt, they shall assume the applicant is a minor;
- any medical examination should be performed in full respect of the individual's dignity, selecting the least invasive examination and carried out by qualified medical professionals allowing, to the extent possible, for a reliable result.

Qualification directive (QD) ([72])

Council Directive 2004/83/EC of 29 April 2004 on minimum standards for the qualification and status of third country nationals or stateless persons as refugees or as persons who otherwise need international protection and the content of the protection granted provides for further guarantees for unaccompanied minors in Article 30. The provisions of Article 30 deals, in particular, with legal representation, guardianship, appropriate accommodation and care, and family tracing.

Qualification directive (recast) (QD recast) ([73])

States are bound by the provisions of Directive 2011/95/EU of the European Parliament and of the Council of 13 December 2011 on standards for the qualification of third-country nationals or stateless persons as beneficiaries of international protection, for a uniform status for refugees or for persons eligible for subsidiary protection, and for the content of the protection granted (recast) as of 21 December 2013. Similarly to Article 30 QD and in

([68]) The text of the Dublin III regulation is available at: http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2013:180:0031:0059:EN:PDF
([69]) The text of the regulation is available at: http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2008:218:0060:01:EN:HTML
([70]) The text of the APD is available at: http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2005:326:0013:0034:EN:PDF
([71]) The text of the APD recast is available at: http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2013:180:0060:0095:EN:PDF
([72]) The text of the QD is available at: http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=CELEX:32004L0083:EN:HTML
([73]) The text of the QD recast is available at: http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2011:337:0009:0026:EN:PDF

addition to numerous references to special considerations in the case of minors, Article 31 QD (recast) deals with the rights of unaccompanied minors. The principle of the best interests of the child as a primary consideration is reiterated in the recitals as well as in Article 19(5) (subsidiary protection) and Article 30(4) and (5) (healthcare).

Reception conditions directive (RCD) ([74])

Many of the rights under Council Directive 2003/9/EC of 27 January 2003 laying down minimum standards for the reception of asylum seekers are related to a consideration of the applicant's age and in some instances, the applicant's maturity.

Reception conditions directive (recast) (RCD recast) ([75])

Similarly to the RCD and introducing further guarantees for minors, many of the rights under Directive 2013/33/EU of the European Parliament and of the Council of 25 June 2013 laying down standards for the reception of applicants for international protection are directly related to the age, and in some instances the maturity, of the applicant.

Combating and preventing trafficking in human beings directive ([76])

Directive 2011/36/EU of the European Parliament and of the Council of 5 April 2011 on preventing and combating trafficking in human beings and protecting its victims, and replacing Council Framework Decision 2002/629/JHA regulates matters regarding trafficking on human beings. Article 13(2**)** refers to age assessment in the following way: where the age of a person subject to trafficking is uncertain, and there are reasons to believe it is less than 18 years, that person should be presumed to be a child and receive immediate assistance, support and protection. Further, Articles 14–16, outline the particular support to be offered victims presumed to be children.

Euratom directive ([77])

Council Directive 97/43/Euratom of 30 June 1997 on health protection of individuals against the dangers of ionising radiation in relation to medical exposure, and repealing Directive 84/466/Euratom provides for minimum standards relevant for some of the methods of medical examination used for age assessment, in particular medical exposure of individuals to radiation as part of medico-legal procedures ((Article 1(2)(e)). Requirements relating to justification of exposure to ionising radiation are addressed in Article 3; optimisation and the issue of exposure is dealt with in Article 4; responsibilities of Member States — Article 5; the requirement of written protocols for every type of standard radiological practice — Article 6; and special protection for some categories of individuals (during pregnancy and breastfeeding) — Article 10.

Processing of personal data directive ([78])

Directive 95/46/EC of the European Parliament and of the Council of 24 October 1995 on the protection of individuals with regards to the processing of personal data and on the free movement of such data includes important guarantees to processing of data. It addresses, for example, the issues of data quality (Article 6), information to be given to the data subject (Article 10), and, exemptions and restrictions (Article 13).

Relevant international and European policy documents

Council of Europe policy framework

Parliamentary Assembly Resolution (1810 (2011)) Unaccompanied children in Europe: issues of arrival, stay and return ([79])

Paragraph 5.10 of the resolution outlines a number of safeguards concerning age assessment. It stipulates that age assessment should only be carried out if there are reasonable doubts about a person being under age. The assessment should be based on the presumption of minority, involve a multidisciplinary evaluation by an independent authority over a period of time and not be based exclusively on medical assessment. Examinations should only be carried out with the consent of the child or his/her guardian. They should not be intrusive and should comply with medical ethical standards. The margin of error of medical and other examinations should be clearly indicated

([74]) The text of the RCD is available at: http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2003:031:0018:0025:EN:PDF
([75]) The text of the RCD (recast) is available at: http://easo.europa.eu/wp-content/uploads/Dve-2013-33-Reception-conditions.pdf
([76]) The text of the directive is available at: http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2011:101:0001:0011:EN:PDF
([77]) The text of the Euratom directive is available at: http://ec.europa.eu/energy/nuclear/radioprotection/doc/legislation/9743_en.pdf
([78]) The text of the directive is available at: http://ec.europa.eu/justice/policies/privacy/docs/95-46-ce/dir1995-46_part1_en.pdf
([79]) The text of the Resolution is available at: http://assembly.coe.int/Main.asp?link=/Documents/AdoptedText/ta11/ERES1810.htm

and taken into account. If doubts remain that the person may be under age, he/she should be granted the benefit of the doubt. Assessment decisions should be subject to administrative or judicial appeal.

EU policy framework

EC action plan on unaccompanied minors (2010–2014) ([80])

Age assessment is one of the key issues identified by the action plan, on which procedures and techniques vary and concerns on their reliability and proportionality often arise. Section 4.2 addresses this issue in particular, along with family tracing. The issue of age assessment is found to be 'critical, triggering a number of procedural and legal guarantees in relevant EU legislation.' The action plan is one of the bases for EASO's work in the field of age assessment.

Council Resolution of 26 June 1997 on unaccompanied minors who are nationals of third countries ([81])

The purpose of this resolution is to establish guidelines for the treatment for unaccompanied minors, with regard to matters such as the conditions for their reception, stay and return and, in the case of asylum seekers, the handling of applicable procedures. Article 4(3) is particularly relevant to age assessment and stipulates: (a) in principle, an unaccompanied asylum seeker claiming to be a minor must produce evidence of his age; (b) if such evidence is not available or serious doubt persists, Member States may carry out an assessment of the age of an asylum seeker. Age assessment should be carried out objectively. For such purposes, Member States may have a medical age-test carried out by qualified medical personnel, with the consent of the minor, a specifically appointed adult representative or institution.

European Parliament resolution of 12 September 2013 on the situation of unaccompanied minors in the EU (2012/2263 (INI)) ([82])

The resolution calls for additional measures to ensure that unaccompanied minors are not subjected to intrusive medical tests to determine their age. In paragraph 15, the resolution states: '[The European Parliament] [d]eplores the unsuitable and intrusive nature of the medical techniques used for age assessment in some Member States, which may cause trauma, and the controversial nature and large margins of error of some of the methods based on bone maturity or dental mineralisation; calls on the Commission to include, in the strategic guidelines, common standards based on best practices, concerning the age assessment method, which should consist of a multidimensional and multidisciplinary assessment, be conducted in a scientific, safe, child-sensitive, gender-sensitive and fair manner, with particular attention to girls, and be performed by independent, qualified practitioners and experts; recalls that age assessment must be conducted with due respect for the child's rights and physical integrity, and for human dignity, and that minors should always be given the benefit of the doubt; recalls also that medical examinations should only be conducted when other age assessment methods have been exhausted and that it should be possible to appeal against the results of this assessment; welcomes the work of EASO on this subject, which should be taken as a basis for dealing with all minors.'

Guidance by international organisations

UNHCR

UNHCR guidelines particularly relevant to the issue of age assessment include:

- **Refugee children: Guidelines on protection and care**, 1994 ([83]). Although primarily aimed at UNHCR's staff, the guidelines are of relevance to all practitioners dealing with children in the asylum context. Age assessment is addressed per se in Chapter 8, Section I, Refugee Status.
- **Guidelines on policies and procedure on dealing with unaccompanied children seeking asylum**, 1997 ([84]). Section 5.11 of the guidelines provides the following particular guidance for age assessment: 'If an assessment of the child's age is necessary, the following considerations should be noted: (a) such an assessment should take into account not only the physical appearance of the child but also his/her psychological maturity; (b) when scientific procedures are used in order to determine the age of the child, margins of error should

([80]) The text of the action Plan is available at: http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=COM:2010:0213:FIN:EN:PDF
([81]) The text of the Resolution is available at: http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=CELEX:31997Y0719(02):EN:HTML
([82]) The text of the Resolution is available at: http://www.europarl.europa.eu/sides/getDoc.do?type=TA&language=EN&reference=P7-TA-2013-387
([83]) The text of the Guidelines is available at: http://www.unhcr.org/cgi-bin/texis/vtx/home/opendocPDFViewer.html?docid=3b9cc2234&query=refugee %20 children
([84]) The text of the Guidelines is available at: http://www.refworld.org/cgi-bin/texis/vtx/rwmain?docid=3ae6b3360

be allowed. Such methods must be safe and respect human dignity; (c) the child should be given the benefit of the doubt if the exact age is uncertain. Where possible, the legal consequences or significance of the age criteria should be reduced or downplayed. It is not desirable that too many legal advantages and disadvantages are known to flow from the criteria because this may be an incentive for misrepresentation. The guiding principle is whether an individual demonstrates an "immaturity" and vulnerability that may require more sensitive treatment.'

- **Guidelines on International Protection No 8: Child Asylum Claims under Articles 1(A) 2 and 1(F) of the 1951 Convention and/or 1967 Protocol relating to the Status of Refugees**, 22 December 2009, HCR/GIP/09/08 ([85]). The guidelines address the necessary guarantees for age assessment per se in paragraph 7 and paragraph 75. They further address: the relevance of age to the refugee definition, which should be interpreted in an age and gender sensitive manner (paragraph 6); the impact of lowering the age of childhood (paragraph 7); age as an immutable characteristic (paragraph 49); the application of exclusion clauses (paragraph 60) and procedural safeguards (paragraph 75–77).

UN Committee on the Rights of the Child

Relevant comments by the UN Committee on the Rights of the Child include:

- **General Comment No 6 on the treatment of unaccompanied and separated children outside their country of origin**, 2005 ([86]). This comment draws attention to the vulnerable situation of unaccompanied and separated children and provides guidance on the protection, care and treatment of unaccompanied children. Sections relevant to age assessment in particular are: Section V (response to general and specific protection needs), where guidance is provided under 'Initial assessment and measures'; and Section VIII (training, data and statistics), under 'Training of personnel dealing with unaccompanied and separated children'.

- **General Comment No 10 Children's Rights in Juvenile Justice**, 2007 ([87]). This comment draws attention to the particular situation and rights of the child in juvenile justice. The issue of age and the consequences it brings is a significant and reoccurring theme, notably in the context of minimum age of criminality and applicable procedures and/or provisions. The specific issue of establishing the minimum age of criminality and age assessment is addressed at paragraph 35 and at paragraph 39 the steps to be taken in order to fulfill the implementation of Article 7 of CRC, especially in regard to birth registration/certificates.

- **General Comment No 14 on the right of the child to have his or her best interests taken as a primary consideration**, Article 3, para. 1, 2013 ([88]). This General Comment deals with the most pertinent rights of the child in the light of his/her best interests as a primary consideration, as outlined in the CRC above.

Reports and studies

Other relevant reports and studies include:

- **Report of the Special Rapporteur on the Human Rights of Migrants on the Protection of children in the context of migration A/HRC/11/7**, 2009 ([89]). The report references General Comment No 6 of the UN Committee on the Rights of the Child and reiterates necessary guarantees in relation to age assessment in paragraph 102.

- **Unicef, Age Assessment: A Technical Note**, 2013 ([90]). The note is a working document, aimed to facilitate exchange of knowledge and discussion on the topic of age assessment.

- **EU Agency for Fundamental Rights (FRA), 'Separated, asylum-seeking children in European Union Member States'**, 2010 ([91]). The comparative report examines the experiences and views of separated, asylum-seeking children and those of adults responsible for their care across 12 European Union Member States. It addresses the need to incorporate the children's views and accounts of their experiences into work that seeks to inform policy action, on the basis of fieldwork research which included 336 separated children from different countries of origin as well as 302 adults responsible for assisting or working with these children. The report, which looks at the living conditions as well as the legal issues and procedures, devotes Section 2.2 to age assessment.

([85]) The text of the Guidelines is available at: http://www.refworld.org/docid/4b2f4f6d2.html
([86]) The text of General Comment No 6 is available at: http://www.unicef.org/protection/files/CRCGC6_EN.pdf
([87]) The text of General Comment No 10 is available at: http://www.crin.org/docs/CRC_GeneralComment10.pdf
([88]) The text of General Comment No 14 is available at: http://www.refworld.org/docid/51a84b5e4.html
([89]) The text of the Report is available at: http://www2.ohchr.org/english/bodies/hrcouncil/docs/11session/A.HRC.11.7.pdf
([90]) The text of the Technical Note is available at: http://www.refworld.org/docid/5130659f2.html
([91]) The text of the Comparative Report is available at: http://www.refworld.org/docid/4ecf71aeb.html

- **Separated children in Europe programme (SCEP): Statement of Good practice**, 2009 ([92]). The statement sets out the policy and practice basis for SCEP's work, looking at age assessment in particular in **Section D5.**
- **SCEP, Review of current laws, policies and practices relating to age assessment in 16 European Countries**, 2011 ([93]). The report provides a summary of the national age assessment situations in 16 countries and outlines the key protection issues relevant to age assessment.
- **SCEP, Position Paper on age assessment in the context of separated children in Europe**, 2012 ([94]). This paper draws upon SCEP's 2011 report and its 2009 statement on good practice. It highlights the need to provide special protection and assistance to separated children, including standards and safeguards concerning age assessment, referral processes, as well as approaches, methods and outcomes of age assessment.

([92]) The text of the Statement is available at: http://www.scepnetwork.org/images/18/219.pdf
([93]) The text of the Report is available at: http://www.scepnetwork.org/images/17/166.pdf
([94]) The text of the Position Paper is available at: http://www.refworld.org/pdfid/4ff535f52.pdf

Annex 3 — Summary of the legal provisions

Procedural measure safeguard	Minimum standard	Legal provision
Best interests	UN CRC3 APD 17(v) 6 RAPD25.6 RQD 20.5	In all actions concerning children the best interests of the child shall be a primary consideration. States parties shall ensure conformity with the standards established by competent authorities, particularly in the areas of safety, health, in the number and suitability of their staff, as well as competent supervision.
	RAPD 25.1	Member States shall ensure that: a representative represents and/or assists the unaccompanied minor; an unaccompanied minor is informed immediately of the appointment of a representative; the representative performs his/her duties in accordance with the principle of the best interests of the child and shall have the necessary expertise to that end; the representative only be changed when necessary; organisations or individuals whose interests conflict or could potentially conflict with those of the unaccompanied minor shall not be eligible to become representatives.
	RDR 6.3	In assessing the best interests of the child, Member States shall closely cooperate with each other and shall, in particular, take due account of the following factors: (a) family reunification possibilities; (b) the minor's well-being and social development; (c) safety and security considerations, in particular where there is a risk of the child being a victim of trafficking; (d) the views of the minor, in accordance with his/her age and maturity.
	RRCD 23.12	The best interests of the child shall be a primary consideration for Member States when implementing the provisions of this directive that involve minors. Member States shall ensure a standard of living adequate for the minor's physical, mental, spiritual, moral and social development.
	RD 17.5	The best interests of the child shall be a primary consideration in the context of the detention of minors' pending removal.
Adequate training	APD 17.4 RAPD 25.3	A personal interview on an application for international protection is conducted by a person who has the necessary knowledge of the special needs of minors. An official with the necessary knowledge of the special needs of minors prepares the decision by the determining authority on the application of an unaccompanied minor.
	QD 30.6 RQD 31.6	Those working with unaccompanied minors shall have had and continue to receive appropriate training concerning their needs.
	Euratom 4: Optimisation	All doses due to medical exposure for radiological purposes shall be kept as low as reasonably achievable. Member States shall promote the establishment and the use of diagnostic reference levels for radiodiagnostic examinations, and the availability of guidance for this purpose having regard to European diagnostic reference levels where available. For each biomedical and medical research project, the individuals concerned shall participate voluntarily — these individuals shall be informed about the risks of this exposure — a dose constraint is established for individuals for whom no direct medical benefit is expected from this exposure. Special attention is to be given, to keep the dose arising from the medico-legal exposure as low as reasonably achievable. The optimisation process shall include the selection of equipment, the consistent production of adequate diagnostic information or therapeutic outcome as well as the practical aspects, quality assurance including quality control and the assessment and evaluation of patient doses or administered activities, taking into account economic and social factors. Member States shall ensure that: (a) dose constraints are established for exposure of those individuals knowingly and willingly helping; (b) appropriate guidance is established for exposure in the case of a patient undergoing a treatment or diagnosis with radionuclides. Where appropriate, the practitioner, or the holder of the radiological installation, provides the patient or legal guardian with written instructions. These instructions shall be handed out before leaving the hospital or clinic or a similar institution.
	Euratom 5: Responsibilities	The prescriber as well as the practitioner shall be involved as specified by Member States in the justification process at the appropriate level. Any medical exposure is effected under the clinical responsibility of a practitioner. The practical aspects for the procedure or part of it may be delegated by the holder of the radiological installation or the practitioner, as appropriate, to one or more individuals entitled to act in this respect in a recognised field of specialisation.

Procedural measure safeguard	Minimum standard	Legal provision
Adequate training	Euratom 6: Procedures	Written protocols for every type of standard radiological practice shall be established for each equipment. Ensure recommendations concerning referral criteria for medical exposure, including radiation doses, are available to the prescribers of medical exposure. In radiological practices, a medical physics expert shall be involved, as appropriate, for consultation on optimisation including patient dosimetry and quality assurance including quality control, and also to give advice on matters relating to radiation protection concerning medical exposure, as required. Clinical audits shall be carried out in accordance with national procedures. Ensure that appropriate local reviews are undertaken whenever diagnostic reference levels are consistently exceeded and that corrective actions are taken where appropriate.
	Euratom 7: Training	Practitioners must have adequate theoretical and practical training for the purpose of radiological practices, as well as relevant competence in radiation protection. Ensure that appropriate curricula are established and shall recognise the corresponding diplomas, certificates or formal qualifications. Continuing education and training after qualification is provided and, in the special case of the clinical use of new techniques, the organisation of training related to these techniques and the relevant radiation protection requirement. The introduction of a course on radiation protection should be encouraged in the basic curriculum of medical and dental schools.
Benefit of the doubt	RAPD 25.5	Member States may use medical examinations to determine the age of unaccompanied minors within the framework of the examination of an application for international protection where, following general statements or other relevant indications, Member States have doubts concerning the applicant's age. If thereafter, Member States are still in doubt concerning the applicant's age, they shall assume that the applicant is a minor.
	QD 4.5 RQD 4.5	Where Member States apply the principle according to which it is the duty of the applicant to substantiate the application for international protection and where aspects of the applicant's statements are not supported by documentary or other evidence, those aspects shall not need confirmation, when the following conditions are met: (a) the applicant has made a genuine effort to substantiate his application; (b) all relevant elements, at the applicant's disposal, have been submitted, and a satisfactory explanation regarding any lack of other relevant elements has been given; (c) the applicant's statements are found to be coherent and plausible and do not run counter to available specific and general information relevant to the applicant's case; (d) the applicant has applied for international protection at the earliest possible time, unless the applicant can demonstrate good reason for not having done so; and (e) the general credibility of the applicant has been established.
	PCT 13	Child victims of trafficking in human beings shall be provided with assistance, support and protection. The child's best interests shall be a primary consideration, where the age of a person subject to trafficking in human beings is uncertain and there are reasons to believe that the person is a child, that person is presumed to be a child in order to receive immediate access to assistance, support and protection.
	CoE CAT 10	Persons who are trained and qualified in preventing and combating trafficking in human beings, in identifying and helping victims, including children should be provided. Different authorities should collaborate with each other, as well as with relevant support organisations, so that victims can be identified in a procedure duly taking into account the special situation of women and child victims, adopt measures as may be necessary to identify victims as appropriate in collaboration with other parties and relevant support organisations. When the age of the victim is uncertain and there are reasons to believe that the victim is a child, he or she shall be presumed to be a child and shall be accorded special protection measures pending verification of his/her age. As soon as an unaccompanied child is identified as a victim, each party shall provide for representation of the child by a legal guardian, organisation, or authority which shall act in the best interests of that child.
Care and accommodation	UNCRC 20	Children deprived of family environment: Children who cannot be looked after by their own family have a right to special care and must be looked after properly, by people who respect their ethnic group, religion, culture and language.
	UNCRC 21	Adoption: Children have the right to care and protection if they are adopted or in foster-care. The first concern must be what is best for them. The same rules should apply whether they are adopted in the country where they were born, or if they are taken to live in another country.
	UNCRC 25	Review of treatment in care: Children who are looked after by their local authorities, rather than their parents, have the right to have these living arrangements looked at regularly to see if they are the most appropriate. Their care and treatment should always be based on 'the best interests of the child'.
	UNCRC 27	Adequate standard of living: Children have the right to a standard of living that is good enough to meet their physical and mental needs. Governments should help families and guardians who cannot afford to provide this particularly with regard to food, clothing and housing.

Procedural measure safeguard	Minimum standard	Legal provision
Care and accommodation	RCD 19.2 RRCD 24.2	Unaccompanied minors who make an application for international protection shall, from the moment they are admitted to the territory to the moment they are obliged to leave the host Member State in which the application for international protection asylum was made or is being examined, be placed: (a) with adult relatives; (b) with a foster-family; (c) in accommodation centres with special provisions for minors; (d) in other accommodation suitable for minors. Member States may place unaccompanied minors aged 16 or over in accommodation centres for adult asylum seekers, if it is in their best interests. As far as possible, siblings shall be kept together, taking into account the best interests of the minor concerned and, in particular, his or her age and degree of maturity. Changes of residence of unaccompanied minors shall be limited to a minimum.
	RRCD 11.2	Minors shall only be detained as a measure of last resort and after having established that other less coercive alternative measures cannot be applied effectively. It shall be for the shortest period of time and all efforts shall be made to release the detained minors and place them in accommodation suitable for minors. Unaccompanied minors shall be detained only in exceptional circumstances. All efforts shall be made to release the detained unaccompanied minor as soon as possible. The minor's best interests shall be a primary consideration. Unaccompanied minors shall not be kept in prison accommodation. Unaccompanied minors shall as far as possible be provided with accommodation in institutions provided with personnel and facilities which take into account the needs of persons of their age. Where minors are detained, they shall have the possibility to engage in leisure activities, including play and recreational activities appropriate to their age. Where unaccompanied minors are detained, Member States shall ensure that they are accommodated separately from adults.
	RRCD23.5	Member States shall ensure, if appropriate, that minor children of applicants or applicants who are minors are lodged with their parents, their unmarried minor siblings or with the adult responsible for them whether by law or by custom the national practice of the Member States concerned, provided this is in the best interests of the minors concerned.
Child focused	UNCRC 4	Protection of rights: States parties shall undertake all appropriate legislative, administrative, and other measures for the implementation of the rights recognised in the present convention. With regard to economic, social and cultural rights, states parties shall undertake such measures to the maximum extent of their available resources and, where needed, within the framework of international cooperation.
	UNCRC 7	Registration, name, nationality, care: All children have the right to a legally registered name. Children have the right to a nationality (to belong to a country). Children also have the right to know and, as far as possible, to be cared for by their parents.
	UNCRC 8	Preservation of identity: Children have the right to an identity — an official record of who they are. Governments should respect children's right to a name, a nationality and family ties.
	UNCRC 9	Separation from parents: Children have the right to live with their parent(s), unless it is bad for them. Children whose parents do not live together have the right to stay in contact with both parents, unless this might hurt the child.
	UNCRC 12	Respect for the views of the child: When adults are making decisions that affect children, children have the right to say what they think should happen and have their opinions taken into account.
	UNCRC 13	Freedom of expression: Children have the right to get and share information. The freedom of expression includes the right to share information in any way they choose, including by talking, drawing or writing.
	UNCRC 16	Right to privacy: Children have a right to privacy. The law should protect them from attacks against their way of life, their good name, their families and their homes.
	UNCRC 22	Refugee children: Children have the right to special protection and help if they are refugees (if they have been forced to leave their home and live in another country), as well as all the rights in this convention. Provision of legal and procedural information free of charge in procedures at first instance.
	RAPD 25.4	Unaccompanied minors, together with the representative, shall be provided, free of charge, with legal and procedural information as referred to in Article 1.

Procedural measure safeguard	Minimum standard	Legal provision
Child focused	Euratom 3: Justification	Sufficient net benefit, weighing the total potential diagnostic or therapeutic benefits it produces, including the direct health benefits to an individual and the benefits to society, against the individual detriment that the exposure might cause. All new types of practices involving medical exposure shall be justified in advance before being generally adopted. Existing types of practices involving medical exposure may be reviewed whenever new, important evidence about their efficacy or consequences is acquired. All individual medical exposures shall be justified in advance taking into account the specific objectives of the exposure and the characteristics of the individual involved. Special attention shall be given to the justification of those medical exposures where there is no direct health benefit for the person undergoing the exposure and especially for those exposures on medico-legal grounds. If an exposure cannot be justified, it should be prohibited.
	Euratom 9: Special practices	Appropriate radiological equipment, practical techniques and ancillary equipment are used for the medical exposure of children. Special attention shall be given to the quality assurance programmes, including quality control measures and patient dose or administered activity assessment practitioners and those performing the exposure obtain appropriate training on these radiological practices.
	Euratom 10: Special protection during pregnancy and breastfeeding	For females of childbearing age, the prescriber and the practitioner shall inquire whether she is pregnant, or breastfeeding, if relevant special attention shall be given to the justification taking into account the exposure both of the expectant mother and the unborn child. For breastfeeding females, special attention shall be given to the justification taking into account the exposure both for the mother and the child. Any measure contributing to increasing the awareness of women subject to this article, such as public notices in appropriate places, could be helpful.
Consequences of refusal	APD 17.5	Member States may use medical examinations to determine the age of unaccompanied minors within the framework of the examination of an application for asylum. In cases where medical examinations are used, Member States shall ensure that: (a) unaccompanied minors are informed prior to the examination of their application for asylum, and in a language which they may reasonably be supposed to understand, of the possibility that their age may be determined by medical examination. This shall include information on the method of examination and the possible consequences of the result of the medical examination for the examination of the application for asylum, as well as the consequences of refusal on the part of the unaccompanied minor to undergo the medical examination; (b) unaccompanied minors and/or their representatives consent to carry out an examination to determine the age of the minors concerned; and (c) the decision to reject an application for asylum from an unaccompanied minor who refused to undergo this medical examination shall not be based solely on that refusal. The fact that an unaccompanied minor has refused to undergo such a medical examination shall not prevent the determining authority from taking a decision on the application for asylum.
	RAPD 25.5	Member States may use medical examinations to determine the age of unaccompanied minors within the framework of the examination of an application for international protection where, following general statements or other relevant indications, Member States have doubts concerning the applicant's age. If thereafter, Member States are still in doubt concerning the applicant's age, they shall assume that the applicant is a minor. Any medical examination shall be performed in full respect of the individual's dignity, selecting the least invasive examination and carried out by qualified medical professionals allowing, to the extent possible, for a reliable result. In cases where medical examinations are used, Member States shall ensure that: (a) unaccompanied minors are informed prior to the examination of their application for international protection, and in a language that they understand or are reasonably supposed to understand, of the possibility that their age may be determined by medical examination. This shall include information on the method of examination and the possible consequences of the result of the medical examination for the examination of the application for international protection, as well as the consequences of refusal on the part of the unaccompanied minor to undergo the medical examination; (b) unaccompanied minors and/or their representatives consent to an examination to determine the age of the minors concerned; and (c) the decision to reject an application for international protection from an unaccompanied minor who refused to undergo this medical examination shall not be based solely on that refusal. The fact that an unaccompanied minor has refused to undergo such a medical examination shall not prevent the determining authority from taking a decision on the application for international protection.
	QD 4.5	Where Member States apply the principle according to which it is the duty of the applicant to substantiate the application for international protection, and where aspects of the applicant's statements are not supported by documentary or other evidence, those aspects shall not need confirmation when the following conditions are met: (a) the applicant has made a genuine effort to substantiate his application; (b) all relevant elements, at the applicant's disposal, have been submitted, and a satisfactory explanation regarding any lack of other relevant elements has been given; (c) the applicant's statements are found to be coherent and plausible and do not run counter to available specific and general information relevant to the applicant's case; (d) the applicant has applied for international protection at the earliest possible time, unless the applicant can demonstrate good reason for not having done so; and (e) the general credibility of the applicant has been established.
	RQD 4.5	Where Member States apply the principle according to which it is the duty of the applicant to substantiate the application for international protection and where aspects of the applicant's statements are not supported by documentary or other evidence, those aspects shall not need confirmation when the following conditions are met: (a) the applicant has made a genuine effort to substantiate his application; (b) all relevant elements at the applicant's disposal have been submitted, and a satisfactory explanation has been given regarding any lack of other relevant elements; (c) the applicant's statements are found to be coherent and plausible and do not run counter to available specific and general information relevant to the applicant's case; (d) the applicant has applied for international protection at the earliest possible time, unless the applicant can demonstrate good reason for not having done so; and (e) the general credibility of the applicant has been established.

Procedural measure safeguard	Minimum standard	Legal provision
Data protection	Data Protection Protection of individuals – Automatic processing of Personal data, 28.1.1981 5: Quality of data	Personal data undergoing automatic processing shall be obtained and processed fairly and lawfully; stored for specified and legitimate purposes and not used in a way incompatible with those purposes; adequate, relevant and not excessive in relation to the purposes for which they are stored; accurate and, where necessary, kept up to date; preserved in a form which permits identification of the data subjects for no longer than is required for the purpose for which those data are stored.
	Protection of individuals — Automatic processing of personal data, 28.1.1981 6: Special categories of data	Special categories of data: Personal data revealing racial origin, political opinions or religious or other beliefs, as well as personal data concerning health or sexual life, may not be processed automatically unless domestic law provides appropriate safeguards. The same shall apply to personal data relating to criminal convictions.
	Protection of individuals' automatic processing of personal data, 28.1.1981 8: Additional safeguards for the data subject	Additional safeguards for the data subject: Any person shall be enabled: to establish the existence of an automated personal data file, its main purposes, as well as the identity and habitual residence or principal place of business of the controller of the file; to obtain at reasonable intervals and without excessive delay or expense confirmation of whether personal data relating to him are stored in the automated data file as well as communication to him of such data in an intelligible form; to obtain, as the case may be, rectification or erasure of such data if these have been processed contrary to the provisions of domestic law giving effect to the basic principles set out in Articles 5 and 6 of this convention; to have a remedy if a request for confirmation or, as the case may be, communication, rectification or erasure as referred to in paragraphs b and c of this article is not complied with.
	Directive 95/46/EC 6: Principles relating to data quality	1. Member States shall provide that personal data must be: (a) processed fairly and lawfully; (b) collected for specified, explicit and legitimate purposes, and not further processed in a way incompatible with those purposes. Further processing of data for historical, statistical or scientific purposes shall not be considered as incompatible provided that Member States provide appropriate safeguards; (c) adequate, relevant and not excessive in relation to the purposes for which they are collected and/or further processed; (d) accurate and, where necessary, kept up to date; every reasonable step must be taken to ensure that data which are inaccurate or incomplete, having regard to the purposes for which they were collected or for which they are further processed, are erased or rectified; (e) kept in a form which permits identification of data subjects for no longer than is necessary for the purposes for which the data were collected or for which they are further processed. Member States shall lay down appropriate safeguards for personal data stored for longer periods for historical, statistical or scientific use. 2. It shall be for the controller to ensure that paragraph 1 is complied with.

Procedural measure safeguard	Minimum standard	Legal provision
Data protection	Directive 95/46/EC 10: Information to be given to the data subject Information in cases of collection of data from the data subject	Member States shall provide that the controller or his representative must provide a data subject from whom data relating to himself are collected with at least the following information, except where he already has it: (a) the identity of the controller and of his representative, if any; (b) the purposes of the processing for which the data are intended; (c) any further information such as: — the recipients or categories of recipients of the data, — whether replies to the questions are obligatory or voluntary, as well as the possible consequences of failure to reply, — the existence of the right of access to and the right to rectify the data concerning him, in so far as such further information is necessary, having regard to the specific circumstances in which the data are collected, to guarantee fair processing in respect of the data subject.
	Directive 95/46/EC 13: Exemptions and restrictions	Exemptions and restrictions: Member States may adopt legislative measures to restrict the scope of the obligations and rights provided for in Articles 6(1), 10, 11(1), 12 and 21 when such a restriction constitutes a necessary measures to safeguard: (a) national security; (b) defence; (c) public security; (d) the prevention, investigation, detection and prosecution of criminal offences, or of breaches of ethics for regulated professions; (e) an important economic or financial interest of a Member State or of the European Union, including monetary, budgetary and taxation matters; (f) a monitoring, inspection or regulatory function connected, even occasionally, with the exercise of official authority in cases referred to in (c), (d) and (e); (g) the protection of the data subject or of the rights and freedoms of others.
	RAPD 30	Collection of information on individual cases: For the purposes of examining individual cases, Member States shall not: (a) disclose information regarding individual applications for international protection, or the fact that an application has been made, to the alleged actor(s) of persecution or serious harm; (b) obtain any information from the alleged actor(s) of persecution or serious harm in a manner that would result in such actor(s) being directly informed of the fact that an application has been made by the applicant in question, and would jeopardise the physical integrity of the applicant and his/her dependants, or the liberty and security of his/her family members still living in the country of origin.
Detention	UNCRC 37	Detention and punishment: No one is allowed to punish children in a cruel or harmful way. Children who break the law should not be treated cruelly. They should not be put in prison with adults, should be able to keep in contact with their families, and should not be sentenced to death or life imprisonment without possibility of release.
	UNCRC 40	Juvenile justice: Children who are accused of breaking the law have the right to legal help and fair treatment in a justice system that respects their rights. Governments are required to set a minimum age below which children cannot be held criminally responsible and to provide minimum guarantees for the fairness and quick resolution of judicial or alternative proceedings.
	UNCRC Committee GC 10.37	For children who enter the criminal justice system it is very important to establish whether they have reached the age of criminal liability, and whether they are under or over 18 years, as children in conflict with the law have a right to be treated in a manner which takes into account the needs related to their age.
	RRCD 11.2	Minors shall only be detained as a measure of last resort and after having established that other less coercive alternative measures cannot be applied effectively. It shall be for the shortest period of time and all efforts shall be made to release the detained minors and place them in accommodation suitable for minors. Unaccompanied minors shall be detained only in exceptional circumstances. All efforts shall be made to release the detained unaccompanied minor as soon as possible. The minor's best interests shall be a primary consideration. Unaccompanied minors shall not be kept in prison accommodation. Unaccompanied minors shall as far as possible be provided with accommodation in institutions provided with personnel and facilities which take into account the needs of persons of their age. Where minors are detained, they shall have the possibility to engage in leisure activities, including play and recreational activities appropriate to their age. Where unaccompanied minors are detained, Member States shall ensure that they are accommodated separately from adults.
	RD 17.3-4	Minors in detention shall have the possibility to engage in leisure activities, including play and recreational activities appropriate to their age, and shall have, depending on the length of their stay, access to education. Unaccompanied minors shall as far as possible be provided with accommodation in institutions provided with personnel and facilities which take into account the needs of persons of their age.

Procedural measure safeguard	Minimum standard	Legal provision
Dublin cases	UNCRC 10	Family reunification: Families whose members live in different countries should be allowed to move between those countries so that parents and children can stay in contact, or get back together as a family.
	CJEU C-648/11 DR 6	When an unaccompanied minor has lodged asylum applications with more than one Member State, the Member State responsible for examining the application will be that where the most recent application was lodged. For this to apply no member of the minor's family must be legally present in another Member State and the minor's best interests must not require a different solution.
	DR 15.3	If the asylum seeker is an unaccompanied minor who has a relative or relatives in another Member State who can take care of him or her, Member States shall if possible unite the minor with his or her relative or relatives, unless this is not in the best interests of the minor.
	RDR 31.2	The transferring Member State shall, insofar as such information is available to the competent authority in accordance with national law, transmit to the responsible Member State any information that it is essential in order to safeguard the rights and immediate special needs of the person concerned, and in particular in the case of minors, information in relation to their education; information about the assessment of the age of an applicant.
Evidence assessment	UNCRC Committee GC 6	The United Nations Committee on the Rights of the Child stipulates that age assessment, 'should not only take into account the physical appearance of the individual, but also his or her psychological maturity.'
	QD 4 RQD 4 APD 17.5	Member States may consider it the duty of the applicant to submit as soon as possible all the elements needed to substantiate the application for international protection. In cooperation with the applicant, it is the duty of the Member State to assess the relevant elements of the application. The elements consist of the applicant's statements and all the documentation at the applicant's disposal regarding the applicant's age, background, including that of relevant relatives, identity, nationality/ies, country/ies and place(s) of previous residence, previous asylum applications, travel routes, travel documents and the reasons for applying for international protection. Take into account the individual position and personal circumstances of the applicant, including factors such as background, gender and age, so as to assess whether, on the basis of the applicant's personal circumstances, the acts to which the applicant has been or could be exposed would amount to persecution or serious harm. Where Member States apply the principle according to which it is the duty of the applicant to substantiate the application for international protection and where aspects of the applicant's statements are not supported by documentary or other evidence, those aspects shall not need confirmation when the following conditions are met: (a) the applicant has made a genuine effort to substantiate his application; (b) all relevant elements at the applicant's disposal have been submitted, and a satisfactory explanation has been given regarding any lack of other relevant elements; (c) the applicant's statements are found to be coherent and plausible and do not run counter to available specific and general information relevant to the applicant's case; (d) the applicant has applied for international protection at the earliest possible time, unless the applicant can demonstrate good reason for not having done so; and (e) the general credibility of the applicant has been established.
	RAPD 10.3	Member States shall ensure that decisions by the determining authority on applications for international protection are taken after an appropriate examination when: (a) applications are examined and decisions are taken individually, objectively and impartially; (b) precise and up-to-date information is obtained from various sources, such as the European Asylum Support Office and the United Nations High Commissioner for Refugees (UNHCR) and relevant international human rights organisations; (c) the personnel examining applications/taking decisions have the knowledge with respect to relevant standards; (d) personnel examining applications/taking decisions have the possibility to seek advice from experts, such as medical, cultural, religious, child-related or gender issues.

Procedural measure safeguard	Minimum standard	Legal provision
Evidence assessment	RAPD 25.5	May use medical examinations to determine the age of unaccompanied minors where, following general statements or other relevant indications, Member States have doubts concerning the applicant's age. If there is still doubt concerning the applicant's age, they shall assume that the applicant is a minor. Any medical examination shall be performed in full respect of the individual's dignity, selecting the least invasive examination and carried out by qualified medical professionals allowing, to the extent possible, for a reliable result. Where medical examinations are used, ensure that: (a) unaccompanied minors are informed prior to the examination of their application for international protection, and in a language that they understand or are reasonably supposed to understand, of the possibility that their age may be determined by medical examination; (b) unaccompanied minors and/or their representatives consent to an examination to determine the age of the minors concerned; (c) the decision to reject an application for international protection from an unaccompanied minor who refused to undergo this medical examination shall not be based solely on that refusal. The fact that an unaccompanied minor has refused to undergo such a medical examination shall not prevent the determining authority from taking a decision on the application for international protection.
	RCD 19.4 RRCD 24.4 QD 30.6 RQD 31.6	Those working with unaccompanied minors shall have had or/and shall continue to receive appropriate training concerning their needs, and shall be bound by confidentiality.
	EU Reg. VIS 767/2008 Article 24: Amendment of data	Only the Member State responsible shall have the right to amend data which it has transmitted to the VIS, by correcting or deleting such data. The Member State responsible shall check the data concerned and, if necessary, correct or delete them immediately.
Representative	RCD 19.1 QD 30.2 RQD 31.2	Ensure the necessary representation of unaccompanied minors by legal guardianship, or other appropriate representation. Regular assessments shall be made by the appropriate authorities.
	APD 17.1 RAPD 25.1 RRCD 24.1	Take measures as soon as possible so that a representative represents and/or assists the unaccompanied minor, performing in accordance with the principle of the best interests of the child, with the necessary expertise to that end. The representative shall only be changed when necessary; those whose interests conflict or could potentially conflict with those of the unaccompanied minor are not eligible to become representatives. Give representatives the opportunity to inform the unaccompanied minor about the meaning and possible consequences of the personal interview and how to prepare for the personal interview. A representative is present at the interview and has an opportunity to ask questions or make comments, within the framework set by the person who conducts the interview.
	APD 17.2 RAPD 25.2	Member States may refrain from appointing a representative where the unaccompanied minor: (a) will in all likelihood reach the age of maturity before a decision at first instance is taken; or (b) can avail himself/herself, free of charge, of a legal adviser or other counsellor, admitted as such under national law to fulfil the tasks assigned above to the representative; or (c) is married or has been married.
	APD 17.3	May, refrain from appointing a representative where the unaccompanied minor is 16 years old or older, unless he/she is unable to pursue his/her application without a representative.
	RAPD 25.4	Unaccompanied minors, together with the representative, shall be provided, free of charge, with legal and procedural information.
	RAPD 25.5	Ensure that unaccompanied minors are informed prior to the examination of their application for international protection, and in a language that they understand or are reasonably supposed to understand, of the possibility that their age may be determined by medical examination. This shall include information on the method of examination and the possible consequences of the result of the medical examination for the examination of the application for international protection, as well as the consequences of refusal on the part of the unaccompanied minor to undergo the medical examination. Unaccompanied minors and/or their representatives consent to examination to determine age.
	CoE CAT 10.4 PCT 14.2	Members States shall appoint a guardian or a representative for a child victim of trafficking in human beings from the moment the child is identified by the authorities where, by national law, the holders of parental responsibility are, as a result of a conflict of interest between them and the child victim, precluded from ensuring the child's best interest and/or from representing the child.
	PCT 16.3	Member States shall take the necessary measures to ensure that, where appropriate, a guardian is appointed to unaccompanied child victims of trafficking in human beings.

Procedural measure safeguard	Minimum standard	Legal provision
Informed consent	APD 17.5 RAPD 25.5	Unaccompanied minors are informed prior to the examination of their application for asylum, and in a language which they understand or may reasonably be supposed to understand, of the possibility that their age may be determined by medical examination. Information on the method of examination and the possible consequences of the result of the medical examination for the examination of the application for asylum/international protection, as well as the consequences of refusal on the part of the unaccompanied minor to undergo the medical examination. Unaccompanied minors and/or their representatives consent to carry out an examination to determine age. Decision to reject an application for asylum, shall not be based solely on refusal to undergo medical examination. Refusal to undergo such a medical examination shall not prevent a decision on the application for asylum.
	RAPD 19	Provision of legal and procedural information free of charge in procedures at first instance. On request, applicants are provided with legal and procedural information free of charge, including information on the procedure in the light of the applicant's particular circumstances. In the case of a negative decision, provision of information to clarify the reasons of such decision and explain how it can be challenged.
	RAPD25.5	Medical examination performed in full respect of the individual's dignity, selecting the least invasive examination.
Options to challenge/right of appeal	RAPD 19 RAPD 25.4	On request, applicants are provided with legal and procedural information free of charge. This shall include, at least, the provision of information on the procedure in the light of the applicant's particular circumstances. In the event of a negative decision, Member States shall also, on request, provide applicants with information to clarify the reasons of such decision and explain how it can be challenged.
Potential cases of trafficking	UNCRC 6	Survival and development: Every child has the right to life. Governments must do all they can to ensure that children survive and grow up healthy.
	UNCRC 11	Kidnapping and trafficking: Governments must take steps to prevent children being taken out of their own country illegally or being prevented from returning.
	UNCRC 32	Child labour: Governments must protect children from work that is dangerous or might harm their health or education.
	UNCRC 33	Drug abuse: Governments must protect children from the use of illegal drugs.
	UNCRC 34	Sexual exploitation: Governments must protect children from sexual abuse and exploitation.
	UNCRC 35	Abduction: Governments must ensure that children are not abducted or sold.
	UNCRC 36	Other forms of exploitation: Governments must protect children from all other forms of exploitation that might harm them.
	PCT 13	Child victims of trafficking in human beings shall be provided with assistance, support and protection, the child's best interests shall be a primary consideration. Where the age of a person subject to trafficking in human beings is uncertain and there are reasons to believe that the person is a child, that person is presumed to be a child in order to receive immediate access to assistance, support and protection.
	CoE CAT 10	Provide persons who are trained and qualified in preventing and combating trafficking in human beings, in identifying and helping victims, including children. Different authorities collaborate with each other as well as with relevant support organisations, so that victims can be identified in a procedure duly taking into account the special situation of women and child victims adopt measures as may be necessary to identify victims as appropriate in collaboration with other parties and relevant support organisations. When the age of the victim is uncertain and there are reasons to believe that the victim is a child, he or she shall be presumed to be a child and shall be accorded special protection measures pending verification of his/her age. As soon as an unaccompanied child is identified as a victim, each party shall provide for representation of the child by a legal guardian, organisation or authority which shall act in the best interests of that child.
Qualified professionals	RCD 19.4 RRCD 24.4 QD 30.6	Appropriate training concerning the needs of unaccompanied minors, with individuals bound by confidentiality.
	RRCD 24.1 RAPD 25.1	The representative shall perform his/her duties in accordance with the principle of the best interests of the child and shall have the necessary expertise to that end. The person acting as representative shall only be changed when necessary. Organisations or individuals whose interests conflict or could potentially conflict with those of the unaccompanied minor shall not be eligible to become representatives.
	RAPD 25.3	A person who has the necessary knowledge of the special needs of minors conducts the interview and prepares the decision on the application of an unaccompanied minor.
	RAPD 25.5	Any medical examination shall be performed in full respect of the individual's dignity, selecting the least invasive examination and carried out by qualified medical professionals allowing, to the extent possible, for a reliable result.

Annex 4 — National legal and policy frameworks: an overview of relevant instruments

Austria	According to Article 15/1/6 Austrian Asylum Act 2005 (amendment of 2009), an asylum seeker has to prove an alleged or doubtful minority, to which he refers in a procedure under this Federal Act, by providing unobjectionable documents or other apt and equivalent means of evidence. If the alien does not manage to do so, the Federal Asylum Office or the Asylum Court may, in the frame of a multifactorial examination method, order also the diagnosis of the age by radiologic examinations, mainly X-ray examinations. Any examination method is to be applied as smoothly as possible. The cooperation of the alien in an X-ray examination cannot be enforced. In case founded doubts continue after the diagnosis of the age, to the benefit of the alien, his minority is to be assumed. Article 2/1/25 Austrian Asylum Act 2005 defines the multifactorial examination method as a state of the art model to determine the age based on three individual medical examinations (physical, dental and X-ray). In the landmark judgment (VwGH Erk 2005/01/0463) the Austrian High Administrative Court held that in case there is not sufficient evidence to prove the alleged minor age of the applicant, the first instance has to mandate an age assessment determination. A presumption of age solely based on the appearance of the applicant by a legal officer is not sufficient. In reaction to this the multifactorial examination method was introduced.
Belgium	Guardianship Act of 24 December 2002 (Title XIII, Chapter VI 'Unaccompanied minor aliens' of the Programme Law of 24 December 2002 (*Belgian Official Gazette* of 31 December 2002). Modified by the Programme Law of 22 December 2003 and the Programme Law of 27 December 2004. Royal Decree of 22 December 2003 to implement Title XIII, Chapter VI 'Unaccompanied minor aliens' of the Programme Law of 24 December 2002.
Bulgaria	Law on Asylum and Refugees; Child Protection Act.
Croatia	With regard to the asylum procedure, no specific regulations on age assessment can be found in the Asylum Act of the Republic of Croatia. The Asylum Act was passed in 2007 and amended in 2010 (*Official Gazette* No 79/07 and 88/10). The Asylum Act prescribes that provisions of the General Administrative Procedure Act, unless otherwise provided by the Asylum Act, shall be applied in the asylum procedure. It also prescribes that provisions of the Aliens Act shall be applied accordingly to asylum seekers, asylees, aliens under subsidiary protection and aliens under temporary protection, in the part which has not been provided otherwise by the Asylum Act. The General Administrative Procedure Act, 2009 (*Official Gazette* No 47/09) which prescribes that the proof can be performed by expert testimony if the determination or assessment of certain facts, which is essential to resolve the administrative matter, requires special expertise. The Aliens Act, 2011 (*Official Gazette* No 130/11), entered into force on 1 January 2012, prescribes that age assessment may be carried out when there is serious doubts that the alien is a minor.
Cyprus	The Refugee Law 2000–09 was passed in 2009. According to Article 10 of the Refugee Law the Asylum Service may use medical examinations to determine the age of unaccompanied minors within the framework of the examination of his application: '(1H) in case of use of medical examination [...] the Asylum Service ensures — (a) that the unaccompanied minor is informed prior to the examination of his application, and in a language which he is reasonably supposed to understand, of the possibility of determination of his age by medical examination. This includes information on the method of examination and the possible consequences of the result of the medical examination to the examination of the application, as well as the consequences of refusal on the part of the unaccompanied minor to undergo the medical examination; (b) the unaccompanied minor and/or his representative consent to carry out an examination to determine the age of the unaccompanied minor; and (c) the decision to reject an application from an unaccompanied minor who refused to undergo such medical examination is not based solely on such refusal. (1I) An unaccompanied minor's refusal to undergo medical examinations for the determination of his age does not prevent the Head from taking a decision on the application of the unaccompanied minor.'

Czech Republic	Asylum Act 325/1999 Section 89: '(3) if an applicant for international protection is an unaccompanied minor and there are justified doubts regarding his/her claimed age, a medical examination shall be carried out in order to establish his/her actual age. The Ministry shall present the findings of the medical examination to the court as evidence in the proceedings on the appointment of a guardian pursuant to Subsection (1). If for any reason an unaccompanied minor refuses medical examination, the Ministry shall consider him/her an adult applicant for international protection. (4) The Ministry shall inform an unaccompanied minor of the option to determine his/her age in a medical examination pursuant to Section 3 in his/her mother tongue or a language in which he/she is able to communicate, in an invitation to file an application for international protection or within a maximum period of 15 days from the Declaration on International Protection. In the information, the Ministry shall also indicate the manner in which the examination is made and it shall inform the unaccompanied minor of any possible consequences and on the consequences of refusal to undergo medical examination related to his/her application for international protection.' Act on the Residence of Foreign Nationals 326/1999 Section 124: '(5) The police shall only entitled to detain an unaccompanied minor foreign national, if there is a substantiated risk that he/she might threaten the security of the state or might seriously disrupt public order. If there are reasonable doubts whether the foreign national is an unaccompanied minor foreign national, the police shall be entitled to detain the foreign national on the grounds stated in Subsection (1) until his/her actual age is established. The police shall start taking steps aimed at ascertaining the age of an unaccompanied minor foreign national forthwith after detaining him/her.' Act on Executing Institutional or Protective Education at School Facilities 109/2002, Section 23: '(2) The director of a facility for children can in reasonable cases ask the specialised medical centre for an age assessment paid by the facility.'
Denmark	According to section 40c(2) in the Danish Aliens Act, the Danish national police and the Danish Immigration Service can demand that an unaccompanied alien claiming to be a minor, participates in a medical examination to determine the aliens age.
Estonia	Forensic Examination Act, passed 1 January 2002 and the Act on Granting International Protection to Aliens, passed 1 July 2006.
Finland	Law on use of radiation, passed in 1991; permit issued by the Radiation & Nuclear Safety Authority of the Department of Forensic Medicine at the University of Helsinki authorising teeth and skeleton X-rays for age assessment since 1997. An amendment to the Aliens Act, providing a legislative framework for age assessment was passed 1 July 2010.
France	In accordance with Articles L.221-5 (at the border 'waiting area') and L.751-1 (on French territory) code entry and stay of foreigners and the right to asylum 'Proof of age will result in consideration of documents regular, unless other factors (external or from the act itself) establish that it is illegal, falsified or does not correspond to reality.' Thus, Article 47 of the Civil Code provides that 'any act of civil status of French and foreign made in foreign countries and written in the forms used in this country is authentic, unless other acts or parts held, external data or elements from the act itself establish, if necessary after any necessary checks, that the act is illegal, falsified or that the facts stated therein do not correspond to reality. ' Therefore, in case of uncertainty about the actual age of the applicant, the prosecutor may request forensic expertise consisting of several components: psychological interview, clinical examination, dental examination and a review of the age bone method Greulich and Pyle. Based on the results of these examinations, the prosecutor will decide whether to appoint an ad hoc administrator or refuse the appointment stating the majority of the applicant. Further, the benefit of the doubt must be given to the young, as also recalls the circular of the Ministry of Justice of 14 April 2005, taken pursuant to the Decree of 2 September 2003 concerning the appointment and compensation ad hoc administrators imposed by Article 17 of the Law of 4 March 2002 on parental authority. 'Civil law: * Court of Cassation, Civ 1, 10 May 2006, No 04-50149 appeal: In the absence of administrative document, benefit of the doubt given to the one who says when minor is not provided irrefutable proof of its majority. * Court of Cassation, Civ 1, 23 January 2008, No 06-13344 appeal: In the presence of a civil status document "in accordance with the forms required by the applicable foreign law", it is faith since no element outside the act could be no doubt of the particulars contained therein and examination cannot be retained because of its vagueness.' 'Administrative law: * Council of State, 23/10/2002, No 232013: "But it is clear from the evidence that medical expertise being conducted at the request of a police officer to verify the age of MX […] concluded that given the morphological development of dental maturation, the degree of radiological bone age, physiological age is estimated to be above 18 having regard to the consistency of the examinations and the absence any document submitted in support of the applicant's assertions, it is therefore wrong that the judge delegated by the President of the Administrative court of Cergy-Pontoise cancelled the impugned order on the ground that the administration does not establish that given the margins of error affecting such evaluations have indicated the applicant an incorrect date of birth."'

Germany	Article 49 §6 Residence Act as legal ground for age assessment. Available court decisions on age assessment mostly in connection with criminal detention. The Federal High Court refers to Article 49 §6 Residence Act (decision from 14 October 2010) http://www.juris.de/iportal/portal/t/1dr3/page/jurisw.psml?pid=Dokumentanzeige&showdoccase=1&js_peid=Trefferliste&documentnumber=1&numberofresults=1&fromdoctodoc=yes&doc.id=KORE301222010%3Ajuris-r00&doc.part=L&doc.price=0.0&doc.hl=1#focuspoint
Greece	Decision of the Minister of Health No Υ1.Γ.Π. οικ.92490/4.10.2013, *Government Gazette* 2745/B/29.10.2013: medical protocols of TCNs in first reception centres, Article 6 'Minors and Age Assessment', states that an age assessment may take place within the procedures of first reception in order for the First Reception Service to refer the alien to appropriate accommodation facilities. The same article describes the age assessment protocol to be followed.
Hungary	The Asylum Act 2007 foresees specific provisions on age assessment: '44 §(1) If any doubt emerges concerning the minor status of a person seeking recognition who claims to be a minor, a medical expert examination may be initiated for the determination of his/her age. The examination may only be performed with the consent of the person seeking recognition, or if the person seeking recognition is in a state which does not permit the issuance of a declaration, with that of his/her representative by law or guardian. (2) An application for recognition may not be refused solely on the grounds that the person seeking recognition, the representative by law or guardian did not consent to the performance of the examination. (3) If the person seeking recognition, the representative by law or guardian does not consent to the expert examination aimed at determining the minor status, the provisions relating to minors, with the exception of the provisions relating to the involvement of a legal representative or the appointment of a guardian, may not be applied to the person seeking recognition.'
Ireland	Refugee Act 1996 and Childcare Act 1991. A significant high court ruling was Moke V RAC. In this case the court accepted age assessment was an inexact science, but outlined minimum procedural requirements in relation to an age assessment decision.
Italy	D.P.R.n. 448/88 — Provisions on penal process against minor accused, Article 8; joint Directive 7.12.2006 of the Ministry of Interior and the Ministry of Justice concerning the procedures for taking charge of asylum seeker unaccompanied minors; guidelines on the presumption of minor age, adopted by the Minister of Interior on 9 July 2007; Leg. Decree 251/2007 regarding 'Implementation of Directive 2004/83/EC in minimum standards for the qualification and status of third country nationals or stateless persons as refugees or as persons who otherwise need international protection and the content of the protection granted,' Article 28 on minors; Leg. Decree 25/2008 regarding 'Implementation of Directive 2005/85/EC on minimum standards on procedures in Member States for granting and withdrawing refugee status,' Article 19 on procedures concerning minors; Protocol 21.5.2009 signed by the Ministry of Interior, the Ministry of Justice and the Ministry of Health concerning the implementation of a project for experimenting methods of age assessment.
Latvia	Section No 6 of the Asylum Law (2009) states that the state border guard performs identification of an asylum seeker and the state border guard has rights to assign and organise the inspection and expertise of documents, objects, language, medical and other expertise in order to identify an asylum seeker. The section No 13 of the state border guard internal Regulations No 16 'Regulations on the action of the officials of the state border guard in the case if a foreigner submits an application to receive asylum' (9 December 2011) states that if the expertise is performed to assess age, the state border guard sends the conclusion of the expertise to a court, which shall assess expert opinion in compliance with the section No 182 of the Administrative Procedure Law. In accordance with section No 182 'Assessment of Expert Opinion' of the Administrative Procedure Law, a court shall assess expert opinion in accordance with the provisions of Section No 154 'Assessment of Evidence,' which stipulates that a court shall assess the evidence in accordance with its own convictions which shall be based on comprehensively, completely and objectively verified evidence, and in accordance with judicial consciousness based on laws of logic, findings of science and principles of justice; no evidence shall have such predetermined effect as would bind a court; a court judgment shall state why preference has been given to certain evidence in comparison with other, and why certain facts have been recognised as proved while other facts as not proven. If the expert opinion is not clear enough or is incomplete, a court may order supplementary expert examination, assigning performance thereof to the same expert. If the expert opinion is not substantiated or reasoned, or if the opinions of several experts contradict one another, the court may order repeated expert examination, assigning performance thereof to another expert or several experts.

Lithuania	The Law on the Legal Status of Aliens, 29 April 2004: 'Article 123 — Age Determination Test. (1) If there are reasonable grounds to doubt the alien's age, the Migration Department may oblige the alien who is applying for the issue of a residence permit or for the granting of asylum to undergo an age determination test. (2) The age determination test must be performed with the consent of the alien whose age has to be determined. Determining the age of an alien, who is a minor the test shall be performed only with the consent of the alien's parents, other legal representatives or temporary guardian (curator). (3) If the alien refuses to undergo an age determination test, he shall be considered as not meeting the conditions set by paragraph 1 of Article 26 of this Law. (4) If the alien who applies for the granting of asylum in Republic of Lithuania refuses to undergo an age determination test for no justifiable reason, other information that cannot be confirmed by written evidence shall be assessed in accordance with paragraph 2 of Article 83 of this Law. (5) The expenses related to the performance of the age determination test shall be covered by the alien except for the asylum applicants whose test expenses shall be covered by the Republic of Lithuania.' According to the Order of the Minister of the Internal Affairs of the Republic of Lithuania of 15 October 2004, on approval of procedure for examination of applications for asylum, enactment of decisions on asylum and their realisation, a public servant authorised by the state institution or agency which has been filed an alien's asylum application determines his/her age on the basis of the available documents. If the alien's age cannot be established on the basis of available documents (in case of absence of documents or presence of false ones), migration staff rely on the information provided by the alien himself/herself, unless there are obvious doubts about his/her age. In this case, migration staff can apply to the particular medical institution for a medical examination. The age determination procedure can be applied only with the consent of asylum seeker. Determining the age of an alien who is a minor, the test shall be performed only with the consent of the alien's parents, other legal representatives or temporary guardian (curator). If the alien who applies for the granting of asylum in the Republic of Lithuania refuses to undergo an age determination test for no justifiable reasons, other information that cannot be confirmed by written evidence shall be assessed in accordance with paragraph 2 of Article 83 of the Law on the Legal Status of Aliens of 29 April 2004, i.e. if in the course of examination of the asylum applicant's application the asylum applicant misleads the investigation, delays it by his acts or failure to act, tries to cheat or if contradictions are established between facts indicated by the asylum applicant that have a decisive effect when granting the asylum. The expenses related to the performance of the age determination test shall be covered by the alien except for the asylum applicants whose test expenses shall be covered by the Republic of Lithuania.
Luxembourg	According to Article 12(3) of the Revised Law on Asylum and other forms of protection, dated 5 May 2006, the minister may order a medical examination in order to determine the age of an asylum seeker. It should be said that the determination of age is influencing the procedure for granting international protection. Article 9(2) states that every applicant is obliged to communicate all information needed for the identification of the rightfulness of the application, including the age. In case the applicant refuses the medical examination, he is in default of appearance, or it turns out that he is of full age, the applicant will be informed that these circumstances will have a negative influence on the decision-taking of the application on international protection. The fact of failing to consent to that medical examination will not prevent the minister to render a decision regarding the application for international protection. Such decision however will not be exclusively based on such a refusal on his part.
Malta	Legal Notice 243 of 2008 and Legal Notice 320 of 2005, Article 14.
Netherlands	Legal provisions on age assessment are contained within the Aliens Act Implementation Guidelines. Age assessment is possible since 1999.
Norway	Age examination was included in the Norwegian Immigration Act, 2007. Section 88 on Age Examination states, 'where, in case concerning asylum or in a case concerning a residence permit for a family member, it is not possible to establish with reasonable certainty whether the foreign national is over or under the age of 18, the foreign national may be requested to allow himself/herself to be examined, he or she shall be made aware that this may be of significance for the assessment of the case. The King may by regulations make further provisions in respect of the implementation of age examinations.' The Directorate of Immigration has developed guidelines on how to practice age assessment (RS2010-183). Unfortunately the guidelines only exist in Norwegian. The guidelines are available at the homepage of the Directorate http://www.udiregelverk.no/default.aspx?path={4870DB37-72D8-4D29-9D73-5F81E79DC450}
Poland	Article 30 of the Act of June 23, 2003 on granting protection to foreigners within the territory of Poland, states that: '(1) A foreigner, who claims to be a minor, in case of any doubts as to his/her age, may have to undergo medical examinations with his/her consent or with the consent of his/her legal representative for the purpose of determination of his/her actual age. (2) Results of the medical examination should contain the information about age of the foreigner, as well as information about the acceptable margin of error. (3) A foreigner who claims to be a minor shall be treated as an adult, if he/she, or his/her legal representative refuse the consent to carrying out medical examinations referred to in par. 1. (4) Carrying out medical examination shall be ensured by the Head of the Office for Foreigners, and in the event in which the doubts as to the foreigner's age occurred during submitting the application — the authority admitting the application (which is the border guard).'
Portugal	Article 28(3) of Asylum Law No 27/2008, passed on 30.6.2008; Law on Personal Data Protection No 67/98, passed on 26.10.1998; and Law establishing the legal regime of forensic medicine No 25/2004, passed on 19.08.2004.

Romania	Law no 122/2006 on the Asylum in Romania (published in the *Official Journal* No 428 of 18.5.2006, entered into force on 16 August 2006) provides the following: Article 16 'Guarantees concerning the unaccompanied asylum applicants minors': '(1) The asylum application of an unaccompanied minor shall be examined with priority. (2) The Romanian Immigration Office shall take measures in order to appoint a legal representative, as soon as possible, who shall assist the asylum applicant unaccompanied minor during the carrying out the asylum procedure. (3)There is no need to appoint a leg representative for the asylum applicant unaccompanied minor in case she/he reaches the adult age in 15 days since she/he has lodged the application. (4) The Romanian Immigration Office shall inform the legal representative and the asylum applicant unaccompanied minor, using a language she/he knows, about the possibility to perform a medical expertise in order to determine the age. Such information should also include explanations regarding the methods of the medical examination, possible consequences of its result and effects of an eventual refuse to be subject to it.' Article 41 'Establishing the age of the asylum applicant minor alien': '(1) In case the asylum applicant declares she/he is a minor and there are no serious doubts regarding his/her age, she/he shall be considered a minor. (2) In case the unaccompanied minor is not able to prove her/his age and there are serious doubts regarding his/her minority, the Romanian Immigration Office shall ask for a medical legal expertise in order to evaluate the age of the asylum applicant, having previous written consent of the minor and her/his own legal representative. (3) In case the asylum applicant and/or legal representative refuse to carry out the medical legal expertise in order to evaluate the age and there are not brought about convincing proofs regarding his/her age, she/he shall be considered of adult age. (4) In the case foreseen under paragraph 3, it shall be considered that the respective person has reached the age of 18 at the date of lodging the asylum application. (5) The provisions under paragraph 3 shall not apply for the case in which there are serious reasons established following a psychological examination by the Romanian Immigration Office, to refuse the medico-legal expertise in order to establish the age.'
Slovak Republic	The Act on Asylum 480/2002 Col. as amended, states at Section 23: 'If the Ministry has doubts about the age of an applicant, the applicant is obliged to undergo a medical examination; in case of the alien pursuant to Section 16, paragraph 2*, it is necessary to obtain the consent of his/her legal representative or guardian. If the medical examination determines that the applicant is a full-aged person, the Ministry shall proceed with him/her as a full-aged person, and it shall without delay inform his/her legal representative or guardian and the competent court on the result of the medical examination. If an alien refuses to undergo a medical examination or if the legal representative or guardian does not agree within this examination, in accordance with this act, this alien shall be considered a full-aged person for the purpose of the procedure. If the medical examination cannot determine whether he/she is a minor or a full-aged person, in accordance with this act he/she shall be considered a minor for the purpose of the procedure and legal representative and guardian shall inform the applicant without delay. Within the instruction pursuant to Section 4, paragraph 2, the Ministry shall inform the applicant on the possibility to execute a medical examination to determine his/her age, the way of its execution, and on consequences of the examination for the assessment of the application for granting asylum as well as on consequences of a refusal of the examination. Section 4/2 prior to filling in the questionnaire, but at the latest within 15 days after commencement of the procedure, the authorised employee of the Ministry shall instruct the applicant of his/her rights and obligations during the asylum procedure, of possible consequences of not fulfilling or violating his/her obligations under this act, of the possibility of being represented in the procedure under this act and of access to a legal aid. The Ministry shall also provide the applicant with information about non-governmental organisations focusing on the care of applicants and persons granted asylum; if possible, the instruction and information shall be provided in writing and in the language which is supposed to be understood by the applicant. Section 16/2(2) legal acts on behalf of an alien who has not attained maturity (18 years) shall be performed by his/her representative at law. If such an alien stays on the territory of the Slovak Republic without a legal representative, the court shall appoint him/her a guardian.'
Slovenia	International protection Act (Off. G. RS, No 11/11 — consolidated version, 98/11 — odl. US in 83/12, hereinafter Act): 'Article 44a introduces the procedures for assessing the age of applicants who claim to be unaccompanied minors on submitting their applications. The age assessment procedure is ordered under the Act as a medical examination exclusively in cases where there is a doubt about the actual age of the applicant. An unaccompanied minor is notified of the possibility that a test for assessing his age may be ordered already before the examination of his application. The notification also includes the information on the course of the examination and eventual consequences of the results, as well as the consequences if the examination is refused. The method and standards under which the age assessment examination is performed are a matter for the expert and his ethics, and the Act merely provides that the examination is to be performed by a medical expert. The examination determining the age of an alleged unaccompanied minor can be performed only with the approval of the unaccompanied minor and his legal representative. If the medical examination is refused without well-founded reasons, the unaccompanied minor will be dealt with in the subsequent procedures as an adult. Medical grounds are primarily considered as well-founded reasons for rejecting the examination. The application filed by a person who claims to be an unaccompanied minor must not be rejected only by reason that he/she refused the medical examination. If after the examination there is still a doubt as to whether the person is a minor or an adult, it is deemed that he is a minor.' After the examination the expert issues a written professional opinion and the applicant, as well as his legal representative are made familiar with its contents. An independent appeal against the expert opinion is not allowed, yet it is possible within the international protection procedure.

Spain	Spanish Act 2/2009, 11 December 2009, amending Organic Law 4/2000, 11 January 2000, on aliens rights and duties in Spain and social integration; Royal Decree 557/2011, 20 April 2011, approving the regulation developing Organic Law 4/2000 on aliens' rights and duties in Spain and social integration, after its reform made by Organic Law 2/2009; Spanish Law on Minor Judicial Protection 1/1996, 15 January 1996, partially modifying the Rules of Civil Law Procedure; Court Order of the Audience Provincial de Madrid (Section 22) of 2/2/2012 on age assessment criteria: the order found that the Madrid Regional Government Tutelary Commission of Minors considered as sole evidence the medical evaluation of the age, however, such an assessment does not support accurate conclusions. Therefore, more evidence is needed to conclude on the age of the minor.
Sweden	According to Chapter 8, paragraph 10(f), of the Swedish Aliens Ordinance (2006:97): 'an asylum-seeking child shall in connection with the application for asylum be informed of the possibility of undergoing a medical examination to determine his/her age.' Swedish jurisprudence includes: MIG 2007:12. The burden of proof lies with the applicant to make his/her identity probable (asylum cases) or proved (other grounds for residence permit), i.e. there is a rule of benefit of the doubt for persons in need of protection if the applicant's story is credible, plausible, coherent and does not conflict with known facts. **http://www.rattsinfosok.dom.se/lagrummet/Detalj_Ram.jsp?detaljTyp=detaljTitel=UM540-06%20Migrations%F6verdomstolen&tmpWebLasare=Microsoft** UM 6147-11: An unaccompanied child who claims to be a minor has the burden of proving his stated age. MIG 2011:11: A person's identity consists of the name, date of birth and citizenship. http://www.rattsinfosok.dom.se/lagrummet/Detalj_Ram.jsp?detaljTyp=detalj&detaljTitel=UM8325-10%20Migrations%F6verdomstolen&tmpWebLasare=Microsoft
Switzerland	The Federal Constitution addresses the situation of age assessment at 11Cst: Protection and development of the child; 13 Cst: Respect of private and family life; 41 Cst: Responsibility of Confederation and Cantons for protection of child and family; and 62 Cst: Schooling and development of every child. In the Asylum Federal Law (LAsi-26.06.1998) 17 LAsi: Minors and protection during the procedure and Prescription 1 (OA1) 7 OA1: Representation of minors, protection and development of the child. Jurisprudence of the Federal Administrative Court can be found at: http://www.Bvger.ch/recht/00551/index.html?lang=fr ATAF C-3885/2007: Concrete integration of the Convention on the Rights of the Child in the Swiss Law. ATAF C-723/2007: Concrete integration of the art.8 ECHR in the Swiss Law. ATAF E-6811/2006: Necessity of protection and development of the child. ATAF D-4243/2009: Best interest of the child. JICRA 1992/2: Representation of minor in the asylum procedure. JICRA 2003/1, 2006/14: Role of the reliable person. JICRA 2004/30, 2005/16: Principle of the serious body of evidence. JICRA 200/19: Limits of the X-ray diagnosis of bones. JICRA 1996/3, 1996/5, 199/25: Capacity of discernment/interview.
United Kingdom	The policy in the UK is to accept a 'Merton Compliant' Age Assessment. Significant UK jurisprudence on age assessment includes B v London Borough of Merton [2003] EWHC 1689 (Admin), which provides general guidance to local authorities on the way in which they are obliged to carry out age assessments, http://www.bailii.org/ew/cases/EWHC/Admin/2003/1689.html FZ v London Borough of Croydon [2011] EWCA Civ 59 developed the rules on fairness and rationality when assessing age — http://www.bailii.org/ew/cases/EWCA?Civ/2011/59.html R (T) v Enfield [2004] EWHC 2297 (Admin) highlighted the importance of considering age assessments — http://www.bailii.org/ew/cases/EWHC/Admin/2004/2297.html A & WK v SSHD & Kent County Council [2009] EWHC 939 (Admin) concerning the disclosure of age assessments to the Home Office and weight to be given to paediatric reports http://www.unhcr.org/refworld/country,,GBR_HC_QB,,IRQ,,4a251daf2,0.html R (A) & R (M) [2009] UKSC 8 found that courts make the final finding on age http://www.bailii.org/uk/cases/UKSC/2009/8.html R v London Borough of Croydon [2011] EWHC 1473 considered paediatric reports http://www.bailii.org/ew/cases/EWHC/Admin/2011/1473.html A & M (R, on the application of) v London Borough of Croydon & London Borough of Lambeth [2008] EWCA Civ 1445 provided guidance on appeals where the age assessment has not been disclosed by the appellant — http://www.supremecourt.uk/decided-cases/docs/UKSC_2009_0106_Judgment.pdf AA (Afghanistan) v SSHD [2007] EWCA Civ 12 concerning where the Immigration Judge makes a finding that an applicant was a child at the date of their decision, but they have become an adult by the appeal date — http://www.bailii.org/ew/cases/EWCA/Civ/2007/12.html R (PM) v Hertfordshire County Council [2010] EWHC 2056 (Admin) found that the Local Authority is not bound by a finding of fact by the First Tier Tribunal as to the age of an appellant — http://www.bailii.org/ew/cases/EWHC/Admin/2010/2056.html

Annex 5 — Overview of the different procedural and safeguarding elements currently in use during the age assessment processes

Country	Informed consent gained prior to assessment	Applicant advised of reasons for assessment	Applicant informed about health conse-quences of procedure used	Applicant informed of conse-quences and likely outcomes of assessment	Other approaches attempted before resorting to Age assessment exam	Benefit of the doubt extended in applicant favour	Possibility for applicant to decline to undergo age assessment	Refusal to undertake medical age assessment does not result in automatic assessment as adult	Applicant supported by an independent person during the process	Applicant informed of results in a language they understand	Advised of right of appeal/ options to challenge	Pending result individual is treated as a child
Austria	√	√	√	√		√	√	√	√	√	√	√
Belgium	√	√	√	√	√	√	√	√	√	√	√	√
Bulgaria	√	√	√	√			√	√	√	√	√	√
Croatia	√	√		√	√		√	√		√	√	
Cyprus	√	√	√	√		√		√	√	√		√
Czech Republic	√	√		√			√		√	√	√	√
Denmark	√	√					√		√	√	√	√
Estonia	√	√		√		√	√	√	√	√	√	√
Finland	√	√	√	√		√	√	√	√	√		√
France	√	√	√		√	√				√		√
Germany	√	√	√	√		√	√	√	√	√	*	√
Greece	√	√	√	√	√	√	√	√	√	√	√	√
Hungary	√	√	√	√	√	√	√		√	√	√	√
Ireland	√	√		√	√	√			√	√	√	
Italy	√	√	√	√		√	√	√		√	√	√
Latvia	-	√		√		√		√	√			√
Lithuania	√	√	√	√	√	√	√	√	√	√	√	√
Luxembourg	-	√		√		√			√			√
Malta	√	√		√		√	√	√		√	√	√
Netherlands	√	√	√	√	√	√	√	√ ([95])	√	√	√	√

([95]) The application is not automatically rejected, but if age assessment is refused, it will lead to the conclusion of majority. The asylum request will then be assessed taking into consideration that the person is of majority.

Country	Informed consent gained prior to assessment	Applicant advised of reasons for assessment	Applicant informed about health conse-quences of procedure used	Applicant informed of conse-quences and likely outcomes of assessment	Other approaches attempted before resorting to Age assessment exam	Benefit of the doubt extended in applicant favour	Possibility for applicant to decline to undergo age assessment	Refusal to undertake medical age assessment does not result in automatic assessment as adult	Applicant supported by an independent person during the process	Applicant informed of results in a language they understand	Advised of right of appeal/ options to challenge	Pending result individual is treated as a child
Norway	√	√	√	√	√	√	√	√	√	√	√	√
Poland	√	√	√	√			√		√	√	√	√
Portugal	√	√		√			√		√	√	√	√
Romania	√	-		√		√	√	√				√
Slovakia	√	√		√			√					
Slovenia	-	-										√
Spain	√	√	√	√			√			√	√	√
Sweden	√	√		√	√	√	√	√	√	√	√	√
Switzerland	-	√		√	√	√	√	√		√	√	√
United Kingdom	√	√		√	√	√	√		√	√	√	√

Annex 6 — Overview of age assessment methods in use by country

Non-medical methods

Country	Documents submitted	Age determination interview	Social services assessment	Estimations based on physical appearance	Other
Australia	√	√		√	
Austria	√	√			
Belgium	√				
Bulgaria			√		
Canada	√				√ ([96])
Croatia	√	√			
Cyprus	√	√			
Czech Republic	√				
Denmark	√				
Estonia	√	√	√	√	
Finland	√	√		√	
France	√	√			
Germany	√	√		√	
Greece	√	√	√		√ ([97])
Hungary	√	√		√	
Ireland	√	√	√	√	
Italy	√	√			
Latvia					
Lithuania	√	√			
Luxembourg					
Malta	√	√			
Netherlands	√	√		√	
New Zealand	√		√	√	
Norway	√	√		√	
Poland	√	√			
Portugal					
Romania				√	
Slovakia	√				
Slovenia	√				√ ([98])
Spain	√	√			
Sweden	√	√	√	√	
Switzerland	√	√			
United Kingdom	√	√	√	√	√ ([99])
United States	√	√			√ ([100])

([96]) No specific policy follows standard exam practice.
([97]) Treated as child until proved opposite.
([98]) Treated as child until proved opposite.
([99]) the UK *does not* refer to social services to age assess where an asylum applicant's claim to be a child is doubted, and there is little or no evidence to support their claimed age and, their physical appearance/demeanour very strongly suggests that they are significantly over 18 years of age. In these circumstances the applicant is treated by the Home Office as an adult. Careful consideration must be given, independently by two appropriate officers, to assessing whether an applicant falls into this category as they would be considered under adult processes. The applicant is notified of this and that they can approach social services for an age assessment. If the Home Office receives relevant new evidence the decision to treat an applicant as an adult should be reviewed.
([100])Does not generally conduct scientific assessment in order to determine the applicant's age.

Medical methods

Country	Carpal (hand/wrist) X-ray	Collar bone X-ray	Dental X-ray	Dental Observation	Psychological interviews/ tests	Physical development assessment by paediatrician	Sexual maturity observation	Other
Australia								
Austria	√	√	√	√			√	
Belgium			√	√	√			
Bulgaria	√				√		√	
Canada								
Croatia								√ ([101])
Cyprus								
Czech Republic	√							
Denmark	√	√	√	√		√	√	
Estonia	√	√	√		√	√	√	
Finland	√		√	√				
France	√	√	√		√			
Germany	√	√	√	√			√	
Greece	√		√		√	√	√	
Hungary	√		√	√			√	
Ireland								
Italy	√	√	√	√				
Latvia	√	√	√	√		√		
Lithuania	√	√				√		√ ([102])
Luxembourg	√	√						
Malta	√							
Netherlands	√	√						
New Zealand	√		√	√	√	√	√	
Norway	√		√	√				
Poland	√	√	√	√				√ ([130])
Portugal	√	√	√	√				
Romania	√	√	√	√			√	
Slovakia	√	√				√		
Slovenia								
Spain	√							
Sweden	√		√					
Switzerland	√							
United Kingdom								
United States								√ ([104])

([101])Has used medical methods in two (2) cases.
([102])C-spine X-ray and right shoulder.
([103])DNA test on applicant's request.
([104])Does not generally conduct scientific assessment in order to determine applicant's age.

HOW TO OBTAIN EU PUBLICATIONS

Free publications:

- one copy:
  via EU Bookshop (http://bookshop.europa.eu);
- more than one copy or posters/maps:
  from the European Union's representations (http://ec.europa.eu/represent_en.htm);
  from the delegations in non-EU countries (http://eeas.europa.eu/delegations/index_en.htm);
  by contacting the Europe Direct service (http://europa.eu/europedirect/index_en.htm) or
  calling 00 800 6 7 8 9 10 11 (freephone number from anywhere in the EU) (*).

  (*) The information given is free, as are most calls (though some operators, phone boxes or hotels may charge you).

Priced publications:

- via EU Bookshop (http://bookshop.europa.eu).

Priced subscriptions:

- via one of the sales agents of the Publications Office of the European Union
  (http://publications.europa.eu/others/agents/index_en.htm).

BZ-02-13-783-EN-N

doi:10.2847/12152