



EASO

Age assessment practices in EU+ countries: updated findings

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Background information

In December 2020, at the request of the authorities of Iceland (ISL), EASO launched a survey to gather the most recent developments on age assessment practices in the EU+ countries. The survey was a follow-up to the 2017 initial consultation on age assessment.

20 respondents participated in the survey, namely: **AT, BE (CGRS and Fedasil) BG, CH, CY, DE, EL, FI, HU, ISL, LU, MT, NL, NO, PL, PT, RO, SE, SI, SK.**

Based on a preliminary mapping, EASO organised bilateral meetings with all the respondents to gather more information or clarify some aspects of the initial consultation. To offer a comprehensive overview, this summary of updated findings also includes information from the six countries that did not respond to the 2020 survey but had provided input to the consultation carried out in 2017. These countries are **DK, FR, HR, IE, IT** and **LT**. They are marked in grey throughout the text, to mean that the respective information dates to 2017.

New questions were proposed by the ISL authorities, in particular questions number 4, 4.a, 5, 7, 24 and 25. The replies to such new questions only come from the 20 countries which responded to the latest survey.

The findings are limited to EU+ countries, including those EASO has a collaboration agreement with (Norway and Iceland). As a result, the UK has not been included in this exercise.

As part of the methodology, a validation exercise has been conducted, where the respondents verified that their replies were correctly interpreted and reflected in this paper.

As a result of this validation, this document was finalised to illustrate the findings and provide a comparative as well as updated picture of age assessment practices in the EU+ countries.

Contents

Findings related to the process	3
1. Updates on legal provisions (2017-2021).....	3
2. Relevant/landmark court rulings on age assessment (2017-2021).....	3
3. Availability of a national policy or guidance on age assessment.....	6
4. Documents submitted or obtained during the process, used to assess the age.....	7
5. Abandoned methods.....	8
6. Holistic and/or multidisciplinary approach of the age assessment process.....	8
7. Involvement of child protection services in the process.....	10
8. Actors authorised to initiate an age assessment process.....	10
9. Circumstances that may trigger an age assessment.....	11
10. Stages at which age assessment may occur.....	11
Findings related to safeguards	13
11. How the best interests of the child are ensured during the age assessment process.....	13
12. Adoption of alternative methods to obtain information on the applicant’s age, before resorting to age assessment procedures.....	14
13. Support to the applicant from an independent person during the process.....	15
14. Hearing and taking into consideration the applicant’s views in line with their maturity.....	16
15. Informing the applicant of the reasons for an age assessment, the method applied, the consequences of the result for the asylum procedure as well as the consequences of refusal to undergo such an assessment.....	16
16. Applicant and/or representative’s informed consent as a requirement to conduct age assessment, regardless of the age assessment method applied.....	17
17. Application of the benefit of the doubt in the age assessment process.....	17
18. Applicant’s possibility to refuse the age assessment, regardless of the method used.....	17
19. Refusal to undertake age assessment not resulting in automatic assessment as an adult.....	18
20. Taking into account refusal to undertake age assessment when deciding on the application for international protection.....	18
21. Communicating the results to the applicant in a language that they understand or are expected to understand.....	18
22. Considering inconclusive results of the age assessment procedure in the applicant’s favour.....	19
23. Sufficient legal remedies available to the applicant to challenge the decision on age assessment.....	19
24. Possibility to submit additional documentation when challenging the outcome of age assessment. Time allowed to submit new documents.....	19
25. Possibility to review the age after conclusion of age assessment, in case an adult-assessed applicant can prove to be a child or vice versa.....	20
Findings related to Dublin	21
26. The impact of age assessment in the Dublin procedure.....	21
27. Taking into account the applicant’s age as assessed by another EU+ country.....	22
28. Situations after a Dublin transfer.....	23
Training and research	25
29. Training on age assessment.....	25
30. Projects and initiatives.....	26

Findings related to the process

1. Updates on legal provisions (2017-2021)

Only a few respondents reported recent developments in their legal instruments regulating age assessment. In particular:

- **BG:** law on Asylum and Refugees, Article 58(9) New SG No 89/2020 and Article 61(a) New SG No 89/2020 (2).
- **EL:** law No 4636/2019 published on 1 November 2019 (Government Gazette 169) and Ministerial Decision No 9889/2020, published on 13 August 2020 (Government Gazette 3390). The latter decision lays down the age assessment procedure in the context of reception and asylum procedures.
- **SE:** the Aliens Act was amended in April 2017. The Swedish Migration Agency is now required to perform age assessment at an earlier stage of the asylum process as compared to what was the case before.
- **ISL:** relevant ISL pieces of legislation (not included in the previous mapping) are: Act on Foreigners (80/2016), Children Protection Act (80/2002).

2. Relevant/landmark court rulings on age assessment (2017-2021)

The majority of respondents stated that no significant/landmark court rulings on age assessment were issued by their national courts.

The following EU+ countries shared summaries of their respective court rulings:

- **CH:** relevant jurisprudence from the Federal Administrative Court (ATAF 2018 VI/3).
- **DE:** summary reports of the following decisions:
 - **OVG (Higher Regional Court) Bremen, Decision date 4 June 2018 - OVG 1 B 82/18**
Forensic diagnosis of age employing radiological imaging involves a medical examination aimed at determining age in the meaning of Section 42f (2) of the German Social Code (SGB), VIII, which regularly has to be taken into account by the youth welfare office in view of its reliability in doubtful cases. The recommendations for age estimates of living persons drawn up by the interdisciplinary Working Group for Forensic Age Diagnosis of the German Society for Legal Medicine (AGFAD) constitute the generally acknowledged state of the art of medical knowledge in the field of forensic age diagnosis. The three-stage age assessment established based on the recommendations of the AGFAD (physical examination, X-ray of the teeth and left hand or CT scan of the collar bones) usually allows to achieve a greater degree of certainty than an age diagnostic assessment based only on an X-ray of the teeth. Moreover, if the assessor applies the so-called minimum age concept, it can be almost certainly ruled out that a minor be mistakenly classified as an adult.
 - **OVG Bremen (1st Senate), Decision of 19 December 2018 - 1 B 234/18**
... (11) Section 42f (1) SGB, VIII, admittedly stipulates that when foreigners are taken into provisional care, pursuant to Section 42a SGB, VIII, the youth welfare office must assess

and determine, by means of inspection of their ID documents, whether they are legally underage. A qualified inspection should only be performed as an additional assistance measure. However, this does not mean that the date of birth stated in a (genuine) passport is, in all cases, binding for the purposes of age determination. The age determination process conducted through inspection of the ID documents assumes two things. On one hand that the identity of the person designated on the document and the identity of the holder of the document are the same (already OVG Bremen, decision of 09.03.2016 - case number 1 B 33.16 - juris). And, on the other hand, that the inspected documents offer, at least, an adequate guarantee that the stated date of birth stated is correct (OVG Bremen, decision of 06.11.2018 – 1 B 184/18). Only such an understanding of Section 42f (1) SGB VIII can take into account the intention of the legislation (as also expressed in the regulation of the qualified inspection) that age determination must be as accurate as possible, to conclude whether the foreigner is actually underage or not, also in the interest of the child's welfare. Only in this way can it be ensured that underage foreigners only are subjected to the youth welfare regime.

- **LU:** the established jurisprudence accepts the validity and the efficiency of medical tests on age assessment. The latest judgement dated 8 October 2020 confirms that the court cannot recognise any higher evidentiary effect of a birth certificate than a medical test, the result of which reaches a certainty close to 100 %. According to the court, birth certificates could be forged. This interpretation was also shared by the Civil Court in recent judgements.
- **NL:** on the principle of mutual trust – Eurodac registration:
 - **Administrative Jurisdiction Division of the Dutch Council of State, 4 April 2019, 201803537/1/V1**

The Administrative Jurisdiction Division of the Dutch Council of State ruled in a case where, after running a comparison in the Eurodac system, the Government made inquiries with the Italian authorities and was informed that the foreign national was registered in Italy with the year of birth 1997 and had applied for international protection in Italy with that year of birth. With the principle of mutual trust between the Member States as a starting point, the Council of State ruled that the Government rightly assumed that this registration in principle was carried out with due care, so that it is up to the foreign national to demonstrate that the date of birth registered in Italy is incorrect.

Furthermore, the Government rightly took the position that the foreign national has not demonstrated that there is a substantiate lack of proof to establish her age. The Government has therefore seen no reason to doubt the date of birth registered in Italy and has seen no reason to offer the foreign national an age assessment in the form of an X-ray research.
 - **Administrative Jurisdiction Division of the Dutch Council of State, 9 August 2017, 201704419/1/V3**

The Administrative Jurisdiction Division of the Dutch Council of State ruled in a case where, after running a comparison in the Eurodac system, the Government made inquiries with the Italian authorities and learnt that the foreign national was registered in Italy with the year of birth 1998. The Government argues that, having regard to the principle of mutual trust between the Member States, it may in principle be assumed that this registration was carried out carefully, so that it is up to the foreign national to demonstrate that the date of birth registered in Italy is incorrect. The foreign national has not succeeded in this. For example, she has not submitted any identifying documents. The Government took the position that

a copy of the baptismal certificate is not sufficient. Apart from the fact that a copy does not contain any security features, the foreign national did not dispute that this document was not issued by the government of Eritrea and does not contain her photo or place of birth. Furthermore, the single, unsubstantiated assertion of the foreign national during the registration interview, that she was very ill on arrival in Italy and for that reason no longer knows how the registration took place, does not provide any reason to depart from the aforementioned starting point. The Government refrained from further investigating the year of birth registered by the Italian authorities and therefore did not offer an age assessment in the form of X-ray research.

o **Administrative Jurisdiction Division of the Dutch Council of State, 28 June 2019, 201901529/1/V3**

Estimation based on physical appearance – ‘inspection’

The Administrative Jurisdiction Division of the Dutch Council of State ruled in a case where the result of a foreign national’s age assessment, conducted by the officers of the Aliens Police and the officer of the Immigration and Naturalisation Service, differed from the comparison run in the Eurodac system. Therefore, the Government conducted further investigations with the Italian authorities in accordance with Article 34 of the Dublin III Regulation to request information regarding the foreign national. The Italian authorities replied that the foreign national is registered twice in Italy and is known by two different names and two different dates of birth.

The Government argues that, having regard to the principle of mutual trust between the Member States, it may in principle be assumed that this registration was carried out carefully, so that it is up to the foreign national to demonstrate that the date of birth registered in Italy is incorrect. The foreign national is known in Italy under two different dates of birth and has given no plausible explanation for this difference. The Government also took into account that the foreign national had the right to correct his date of birth in Italy pursuant to Article 29(5) of the Eurodac regulation (Regulation (EU) No 603/2013) but did not do so. The foreign national also made inconsistent statements to the Aliens Police about the age he reported to the Italian authorities. The Government therefore argues that the foreign national has insufficiently substantiated that the age of majority registered in Italy is incorrect.

o **Administrative Jurisdiction Division of the Dutch Council of State, 5 May 2019, 201804963/1/V2**

It has been established in this case that the two officers of the Aliens Police did not conduct the age assessment independently of each other. The court has therefore considered that this is not in accordance with the content of the policy in paragraph C12.2. of the Vc 2000.

● **NO: Supreme Court of Norway - Judgement: HR-2019-2344-A**

Brief summary: five Afghan boys had applied for residence in Norway and stated that they were 15/16 years old. After further assessments, which also included medical age examination, the immigration authorities considered all of them to be older than 18. The applications were rejected. The Supreme Court found, like the Court of Appeal, that the general requirement of preponderance of the evidence – and not a lower standard of proof – would be applied in the assessment of whether the applicants were younger or older than 18. Neither the Immigration Act nor the preparatory works suggested any other standard of proof. The application of a lower standard of proof could also not be derived from Article 104 of the Constitution, Article 3 of the Convention

of the Rights of the Child, the General Comments of the UN Committee on the Rights of the Child. There was no reason to invoke a non-statutory exception from the general standard of proof, not even when the assessment was made in a child-sensitive perspective. The personal consequences for the applicants considered against the risk of misuse was not sufficient to depart from the general preponderance of the evidence principle. It was also pointed out that it concerned a thoroughly regulated legal area that had been subject to difficult political considerations, and where provisions have been laid down relatively recently, implying increased protection of minor asylum seekers. Importance was also attributed to the safety margins generally added to all assessments that are made, and that when the decision is made, an individual and nuanced assessment must be made. It was also essential that all applicants are treated as children until the application for residence has been resolved. The appeal against the Court of Appeal's judgement was dismissed.

- **SE:** Three rulings from the Administrative Court of Appeal in Jönköping and Gothenburg state that a temporary or final decision on age is directly applicable even if it has not entered into force. Cases: Administrative Court of Appeal in Jönköping, case numbers 900-17 and 884-17; Administrative Court of Appeal in Gothenburg, case number 4233-16.

3. Availability of a national policy or guidance on age assessment

16 EU+ countries confirmed the availability of a national policy or guidance on age assessment. Such provisions take different forms across EU+ countries: **BE**¹, **BG** (one article in the relevant legislation), **CH** (under preparation), **CY**, **FI** (articles 6a and 6b of the Aliens Act), **FR** (decree), **DE** (several legal instruments and AGFAD recommendations), **LU** (one article in the relevant legislation), **EL** (ministerial decision), **ISL** (administrative regulations²), **MT** (regulation), **NL** (implementation guidelines), **NO** (Directorate of Immigration 2020-007 updated in 2020), **PL** (internal guidelines), **SI** (Standard Operating Procedures), **SE** (judicial position³ serving as recommendation regarding the application of laws and ordinances).

On the other hand, there is **no national policy** or guidance on age assessment in seven EU+ countries: **AT**, **HU**, **IE**, **IT** (regional guidance available), **LT**, **PT**, **SK**.

Not specified: **DK**, **HR**, **RO**.

¹ Unaccompanied minors in Belgium, Reception, Return and Integration Arrangements, July 2009, p. 26 and ECRE/BCHV-CBAR, AIDA National Country Report Belgium, 30 April 2013, p. 43.

² Reglugerdafasn, administrative document, 29 May 2017.

³ Swedish Migration Authority, document 'Lifos extern', 18 March 2021.

4. Documents submitted or obtained during the process, used to assess the age

Question added in the 2020 survey

When asked which types of documents are taken into account to assess the age of the individual, the following options were selected:

- passport - 18 EU+ countries: **AT, BE, BG, CH, CY, DE, EL, FI, HU, ISL, LU, MT, NL, NO, PL, PT, SI, SE;**
- ID document - 18 EU+ countries: **AT, BE, BG, CH, CY, DE, EL, FI, HU, ISL, LU, MT, NL, NO, PL, PT, SI, SE;**
- residence card - 13 EU+ countries: **AT, BE, BG, FI, HU, ISL, MT, NL, NO, PL, PT, SI, SE;**
- travel documents such as those provided by the UNHCR - 13 EU+ countries: **AT, BE, BG, CY, FI, HU, ISL, MT, NO, PL, PT, SI, SE;**
- third countries' marriage certificates (religious or civil) of the applicant or any family member, making reference to the age of the applicant - 10 EU+ countries: **AT, BE, BG, FI, HU, MT, NO, PT, SI, SE;**
- third countries' birth certificates (religious or civil) of the applicant or any family member, making reference to the age of the applicant - 12 EU+ countries: **AT, BE, BG, CY, FI, HU, ISL, MT, NO, PT, SI, SE;**
- family booklet - 12 EU+ countries: **AT, BE, BG, CY, FI, HU, ISL, MT, NO, PT, SI, SE;**
- any other documents: **BE** (assessed on their merits, e.g. school records), **DE** (taken into account if necessary), **LU** (assessed on a case-by-case basis), **MT** (verified by immigration police), **NO** (deemed relevant and taken into account depending on document's validity/notoriety, issuing procedure, etc.), **SE;**
- No reply: **HR, DK, FR, IE, IT, LT, RO, SK.**

4.a. Requirements applying to the above-mentioned documents

Question added in the 2020 survey

The above-mentioned documentation should meet the requirements below:

- Originals or legalised copies (11 EU+ countries): **BE, BG** (except Dublin docs), **CH** (with pictures as proof of identity), **CY** (original documents), **DE** (preferred), **EL** (original passport or ID prevails over medical findings, other originals may trigger referral to age assessments in case of doubts), **HU, NL** (with pictures as proof of identity), **PL, PT, SI** (identity documents subject to validation, with pictures as proof of identity).
- Copies are accepted (5 EU+ countries): **BE** (in practice some degree of flexibility is applied), **BG** (only Dublin docs), **EL** (although copies may trigger referral to age assessments in case of doubts), **PL** (only as last resort), **SI** (if other indicators consistent with the information are present).
- Other documents are assessed on a case-by-case basis (11 EU+ countries): **AT, BE, CH, DE** (authenticity check), **FI** (Finland takes into account all evidence presented to prove the applicants' age, but the weight of the evidence depends on its authenticity and nature), **ISL** (authenticity assessment), **LU, EL, MT** (verified by Immigration police), **NO** (validity), **SE;**
- No reply: **HR, DK, FR, IE, IT, LT, SK, RO.**

5. Abandoned methods

Question added in the 2020 survey

When asked what methods were no longer in use and why, the authorities of the EU+ countries replied as follows:

- **CH:** Greulich and Pyle method (X-ray of the left hand/wrist) abandoned, due to lack of precision.
- **CY:** physical examination abandoned, due to the refusal of applicants to proceed with this examination for cultural reasons.
- **LU:** sexual maturity observation is the only method that has been abandoned.
- **SE:** carpal (hand/wrist) X-ray was used approximately between 2006 and 2014. The National Board of Health and Welfare now recommends MRI pictures of knee joint and dental X-ray of wisdom teeth.
- **SI:** Magnetic Resonance Imaging of wrist and collar bone was standard practice until 2019. The method has been discontinued as it allows only limited assessment, due to insufficient quality of the pictures. The Institute for Legal Medicine, together with the Ministry of Interior and the Migration Directorate, received permission from the national Radiation Protection Administration to start using X-Ray of collar bone and wrist for the purposes of age assessment of unaccompanied minors.

Six EU+ countries stated that they did not abandon any method: **AT, HU, ISL, MT, NO, PT.**

Not applicable or no reply available: **BE, BG, DE, EL, FI, HR, DK, FR, IE, IT, LT, NL, RO.**

6. Holistic⁴ and/or multidisciplinary approach⁵ of the age assessment process

When asked whether a holistic and/or multidisciplinary approach is applied in the assessment of individuals' age, the responding authorities informed as follows:

- 12 EU+ countries confirmed that they use a holistic and/or multidisciplinary approach when assessing applicants' age: **BE** (in specific cases, e.g. when the outcome of the medical examination is questioned by other actors), **CY, DE, FI, FR, HR, IT, ISL, MT, NO, SE, SI.** In particular:
 - **MT:** the Age Assessment Team first meets with the person and conducts a psychosocial assessment taking into consideration different factors, including possible vulnerabilities. A second meeting is held at a later stage, and the same team conducts a more in-depth

⁴ According to the EASO PG on age assessment, an age assessment process based on a 'holistic' approach does not focus exclusively on age but takes into consideration a broader spectrum of factors. Under this approach, the needs of children and young people in a migration context are also taken into consideration when assessing the chronological age.

⁵ According to the EASO PG on age assessment, a multidisciplinary approach for the purpose of age assessment would imply the exploration of different aspects or factors, e.g. of a physical, psychological, developmental, environmental and cultural nature. Conversely, an age assessment process based solely on medical methods cannot be considered multidisciplinary.

assessment. The decision is then communicated to the concerned person, who has the right to appeal.

- o **DE**: the first interview and physical examination are combined. If the age is still uncertain following this step, radiological examination is performed on the upper/lower jaw (orthopantomogram) and/or wisdom teeth. It is checked if the wrist is well developed, and CT of the collarbone is executed.
- o **SE**: non-medical methods (such as documents and interview) are the first resort. If doubts persist, medical assessment follows (MRI of the knees and X-ray of the teeth).
- o **FI**: medical age assessment is conducted only if there are reasonable grounds for suspecting the reliability of the age information provided by the concerned person after assessing documents, appearance, behaviour and consistency of narrative.
- 15 EU+ countries do not apply a holistic and/or multidisciplinary approach: **AT, BE** (in general), **BG, CH, DK, EL** (not applied in practice: the shortage of various professionals, such as members of the psychosocial team in the mainland or paediatricians on the islands, hinders the multidisciplinary approach), **HU, IE, LT, LU, NL** (age inspection based on appearance, behaviour and declarations is done at the beginning of the asylum procedure. In case of doubts on the applicant's age and if no Dublin investigation is indicated, a medical age assessment is carried out), **PL, PT, RO, SK**.

Among those not applying a holistic and/or multidisciplinary approach, there are certain EU+ countries which either use or combine multiple medical examinations: **AT, BE** (in general), **CH, LU, LT**. In particular:

- **BE** combines X-ray on different parts of the body: carpal; collar bone; and teeth. To complement the assessment, an interview is carried out by the child protection authorities before the medical examination, and the examination of documents is also performed.
- **CH** adopts the 'three pillars method'⁶, which involves dental, radiological (hand and/or collar bone) and physical development examination.
- **LU** takes into consideration many elements (declarations at arrival collected by an expert in unaccompanied minors, identity given in any other countries, medical experts opinions, radiologist's opinion, etc. Workflow is that the radiologist gives an opinion, which is then taken into account by the medical experts).

IE is the only country not using any medical methods. There, the Child & Family Agency (TUSLA) provides a professional opinion which is notified to the Office of the Refugee Applications Commissioner (ORAC) in writing in the form of a detailed report.

⁶ Since 2019, the CH State Secretariat for Migration (SEM) has been using the method (so-called 'three pillars method') recommended by the German Society for Legal Medicine (working group on forensic age diagnostics (*Arbeitsgemeinschaft für Forensische Altersdiagnostik/AGFAD*)).

7. Involvement of child protection services in the process

Question added in the 2020 survey

The latest version of the survey included a question concerning the involvement of child protection authorities in the age assessment process. It was found that:

- In six EU+ countries, child protection services are not involved in the process: **AT, FI, LU, NO, NL, PL**.
- In four EU+ countries, child protection services are involved only if needed: **FI, MT⁷, PT, BE** (if needed or due to other circumstances not regarding the age assessment).
- In eight EU+ countries, child protection services are involved in age assessment: e.g. social workers and social services provide information on the age of the applicant (**BG, CH, DE** (Youth Welfare Service), **CY** (Social Welfare Services), **ISL** (involved since the beginning), **IE, SE, SI**).
- In **HU** if an applicant is identified as an unaccompanied minor, the asylum authority notifies the child protection services and the minor is accommodated in a child protection institution.
- In **EL** an applicant is ‘treated’ as a minor until the final decision on the age assessment.

No reply: **HR, DK, FR, IT, LT, SK**.

8. Actors authorised to initiate an age assessment process

The findings show that the an age assessment process can be initiated by the following actors:

- determining authority (immigration/asylum authority) in 23 EU+ countries: **AT, BE, BG, CH, CY, DE, DK, FI, HR, HU, IE, ISL, LT, LU, MT, NL, NO, PL, PT, RO, SE, SI, SK**;
- police and/or border guard in eight EU+ countries: **DE, DK, IT, LT, MT, NO, PL, SK**;
- judicial and quasi-judicial bodies in six EU+ countries: **AT** (Federal administrative court), **DE** (Court), **FR** (prosecutors or judges in youth courts, if only medical age assessment is concerned), **IT** (judge), **PT** (family and juvenile courts), **NO** (Appeals board);
- applicants themselves in three EU+ countries: **DE, FI, HU**;
- reception authorities in two EU+ countries: **FI, SI** (process officially initiated by the asylum authority);
- everyone who is involved in reception/asylum processes in two EU+ countries: **EL, MT** - including European agencies in **EL** and NGOs as well as other stakeholders in **MT**;
- child protection institutions in five EU+ countries: **BE** (Guardianship Service), **DE** (Youth Welfare Service), **HR** (legal guardian), **HU, IT** (social services);
- In six countries other actors are also competent to initiate the process: public prosecutor in **BE** and **FR**; legal representative in **HR**; the mayor in **IT**, Dublin Unit in **HU⁸**, Central Office of Labour, Social Affairs and Family and the applicant’s guardian in **SK**.

⁷ Usually when there are unaccompanied minors aged 13 or younger.

⁸ The process can be initiated by the Dublin Unit when the applicant is registered as an adult in HU, but the requested Member State denies responsibility because the applicant was registered as a minor in that country.

9. Circumstances that may trigger an age assessment

The findings show that age assessment may be triggered in the following circumstances:

- If the applicant's claim to be a minor is doubted, in 25 EU+ countries: **AT, BE, BG, CH, DE, DK, EL, FI, FR, HR, HU, IE, ISL, IT, LU, LT, MT, NL, NO, PL, PT, RO, SE, SI, SK.**
- If the applicant's claim to be an adult is doubted, in 16 EU+: **CH, BE, BG, DE, DK, FI, HR, HU, IE, ISL, IT, LT, MT, NO, PL, PT.**
- If the claimed age is doubted, in 18 EU+ countries: **BE, CY, DE, DK, EL, FI, FR, HR, HU, IE, IT, ISL, LT, MT, NL, PT, SI, SK.**

Age assessment is also conducted for other purposes, such as:

- In **CY** the Social Welfare Services might need to proceed with age assessment after a recommendation of a doctor in case of medication.
- In **DE** for purposes of the Youth Welfare Service or for criminal proceedings.
- In **EL** in case of a Dublin procedure and/or in relocation procedure.
- In **FR** can be used for adopted children.

10. Stages at which age assessment may occur

The findings show that age assessment may occur at various stages across EU+ countries, namely:

- At any stage of the procedure in 19 EU+ countries: **BE, BG, CH, DE, DK, EL, FI, HR, HU, IT, ISL, LU, LT, MT, NL, NO, PL, SE, SK.**
- Upon making an application for international protection in four EU+ countries: **BE, CH, ISL, NL.**
- At the beginning of the admission procedure in **AT.**
- Upon lodging an application for international protection in eight EU+ countries: **BE, BG, CH, CY, HU, ISL, LU, SI.**
- After the personal interview in seven EU+ countries: **BE, BG, CH, FI, FR** (after the analysis of ID documents, if possessed by the unaccompanied minor), **HU, ISL.**
- Prior to the first instance decision in nine EU+ countries: **BE, CH, CY, FI, FR, HU, ISL, PT, RO:**
 - The Finnish Immigration Service initiates age assessment only during asylum procedure. The need for medical age assessment is normally assessed during and after the personal interview. In urgent cases, when there are clear indications that an applicant who is claiming to be a minor is more probably an adult (and should not in that case be accommodated with children), social workers in reception centres/group homes can bring up their concerns and speed up the medical age assessment process.

- At any other point in time, before or after the asylum procedure, in nine EU+ countries: **AT BE, DE, EL, FI, HU, IE, IT, SI**:
 - In **FI** health/social services, as well as any person (at their own expense) may initiate age assessment before or after asylum procedure.
 - In **IE**, prior to the asylum application procedure.
 - In **FR**, age assessment is carried out as part of child protection procedures, not asylum procedures. If, during the assessment of an asylum application, it appears that the age of the applicant should be assessed, the applicant is referred to child protection services and the claim is not processed until the results of the assessment are known.
 - In **LU**, age assessment usually occurs immediately upon lodging the application. However, it can occur at any moment of the procedure, before the decision, if important elements arise showing that the person may, in fact, not be a minor.
 - In **NO**, it is the immigration police that is responsible to register asylum applications. At that stage, the police conduct a kind of a preliminary assessment of age. If the applicant does not have ID documents or has documents in their possession the credibility of which is difficult to ascertain, and if it is not possible to establish with reasonable certainty whether the foreign national is over or under 18, they will obtain an informed consent from the applicant to undergo a medical age assessment. Medical age examination would mainly be conducted before the asylum interview, but there may be exceptions.
 - In **SI**, age assessment may be conducted after lodging the application, if new circumstances arise. Recent amendments to the asylum legislation provide for an additional option to conduct age assessment upon making the asylum application. The amended law has been adopted and will apply from 9 November 2021.

Findings related to safeguards

11. How the best interests of the child are ensured during the age assessment process

The findings show multiple methods being used across EU+ countries to ensure the best interests of the child (BIC). In particular:

- An individual assessment is conducted in 5 EU+ countries, namely:
 - **BG:** a lawyer and a social worker from the child protection department are assigned to each case and conduct a best interests assessment before age assessment. Another social expert from State Agency for Refugees (SAR) conducts a best interests assessment.
 - **BE:** a special needs assessment covering development and vulnerability of the applicant is performed. The results are transmitted to the Guardianship Service and influence the age assessment process (postponing or adapting the age assessment process, if needed).
 - **CY:** the guardian drafts a social report, including any indications of vulnerability or other relevant issues. During the age assessment interview different issues are addressed (family composition, health issues, level of education, etc). In the light of the social report and the interview, the authorities decide whether to proceed with further medical examinations or give the benefit of the doubt and accept the case as it is (if the applicant claims to be a minor, CY accepts that this is the case). Before the age assessment interview, the Asylum Service officer makes sure that the vulnerability form is included in the file, to ensure that any other vulnerabilities are taken into consideration.
 - **DE:** the need for medical age assessment is always evaluated on the basis of specific facts (case-by-case evaluation). In case of doubt, even if there are solid indications, a non-biased and objective hearing and assessment of the statement of facts, including all facts and indications, must be carried out. In all cases involving unaccompanied minors, the hearing is conducted by a person who received special training on how to deal with unaccompanied minors.
 - **FI:** each case is assessed individually, taking into account any particular circumstances when evaluating the need for medical age assessment. For instance, when assessing the narrative and its coherence with the stated age or the applicant's maturity, illiteracy is taken into account as a possible reason for incoherence. In case of refusal to undergo an age assessment, the reasons have to be explored.
- BIC is as a primary consideration in the legal framework in 10 EU+ countries: **AT, DE, CH, FI, HU, LT, LU, PT, RO, SE.**
- Child-specific safeguards are put in place during age assessment in **AT, DE** and **NL.**
- Child protection authorities are involved in **FR** and **IE.**
- BIC is ensured by treating the person as a child during the process in 12 EU+ countries: **AT, BE** (informing the person on children rights) **CH, DE, EL, FI, IT, MT, NL, NO, PL, PT, SK.**

- The presence of the child's representative or guardian is guaranteed during the age assessment process in 13 EU+ countries: **BE** (for complex or particularly vulnerable cases), **BG, CH** (children are accompanied by an independent trustworthy person) **CY, DE, DK, FI, IE, HU, LT, NL, PT, SI**.
- Resort is made to especially trained case officers: **DE, SK**.
- In **ISL** the UN Convention on the Rights of the Child (CRC) is taken into consideration. Furthermore, child protection authorities are involved and the person is treated as a child during the process. The applicant's views are respected. Applicants have the right to access any information at any stage. BIC is also ensured by guaranteeing the presence of the applicant's representative or guardian in the age assessment process.

12. Adoption of alternative methods to obtain information on the applicant's age, before resorting to age assessment procedures

The findings show that:

- It is standard practice to attempt to obtain information before deciding to conduct an age assessment in 21 EU+ countries: **AT, BE** (social workers, mainly from Fedasil, inform the Guardianship Service of every element influencing the age assessment), **CH, CY** (through the report of the Social Welfare Services), **DK, FI, FR** (through a social interview), **HR** (the assessment of the minor's age is conducted on the basis of the information available on the minor, including the expert opinions of the persons working at the minor's case), **HU, IE, ISL, IT, LU** (before ordering a medical examination, the applicant's declarations and documents are taken into account, along with any information provided by other Member States through which the person has transited), **NL, NO, PL, PT** (through documents, dialogue with the child, analysis of circumstances, queries to databases, etc.), **RO, SE** (information gathered from identity documents and the Visa Information System. Input on the applicant's age is also requested to the Social Services), **SI, SK**.
 - In **FI**, before resorting to medical age assessment, all gathered data/information related to applicants age is assessed: e.g. applicants' own declaration (regarding age), narrative (regarding personal history and claim, and its coherence with stated age and maturity), documents, information from other Member States, registers (including Visa Information System. In urgent cases where a clear need for medical age assessment arises from the observations and views of the social workers in children's reception centres/group homes, medical age assessment may be carried out before the asylum interview. This practice is designed for exceptional cases where there are clear indications that an applicant who appears as a minor is most probably an adult. The aim is to safeguard minors staying in children's accommodations.
 - In the **NL**, when there are doubts about an applicant's age, authorities check first of all if the unaccompanied minor has any legal documents. In case of a hit in Eurodac, the age registered in another Member State is investigated. No age assessment is carried out:
 - If the unaccompanied minor who carries no documents is 'obviously' an adult (Aliens Act Implementation Guideline 2000 Part C - 11/3.4). It is considered that there is evidence that the person is an adult when the Aliens police or Royal Netherlands Marechaussee (KMar) and INS (independently of each other) come to the conclusion that the person

involved is obviously 18 years old or older. This age inspection is carried out at the beginning of the asylum procedure and is based on the unaccompanied minor's declarations and behaviour, and external features.

- If Visa Information System source documents are available.
 - If the unaccompanied minor is registered as an adult in another Member State and the outcome of the age inspection performed in the Netherlands is that the unaccompanied minor is not evidently a minor.
- In one EU+ country authorities make attempts to obtain information while the age assessment process is ongoing:
 - **DE**: apart from information volunteered by the applicant and the inspection of available documents, the Youth Welfare Offices have limited options when it comes to factoring objective information into their evaluation. Consequently, under certain circumstances, key information might not yet be available at an early stage. Despite being involved in the process only when the application for international protection is filed, the Federal Office obtains various pieces of information through the asylum process. Such information could be of key significance for age assessment purposes. Examples include register checks, information from Member States, documents inspection, solid evidence from the interview that gives rise to legitimate doubts as to the age of the applicant (e.g. the applicant's appearance and/or behaviour, statements made in the application or interview about the applicant's life and family history, including employment, efforts to secure a living, or other circumstances that usually would not be expected to be experienced by a minor). The Federal Office notifies the Youth Welfare Office of any such age-related findings. At the same time, it asks the Youth Welfare Office for information on the stage of age assessment that has been reached and initiates a check on the age assessment performed.
 - No reply: **EL**.

13. Support to the applicant from an independent person during the process

The findings show that:

- The presence of an independent person during age assessment is allowed in 23 EU+ countries. More specifically: **AT** (trusted person, e.g. legal representative, social worker, legal adviser, friend, etc. during the medical age assessment procedure), **BG** (lawyer), **CH, CY, DE** (youth welfare service until a guardian is appointed), **DK** (personal representative nominated by the Danish Red Cross), **EL, FI, IE** (the Child & Family Agency (TUSLA) and the Legal Aid Board), **ISL** (free legal counsellor) **HR, IT** (NGO servants, cultural mediators, interpreters, guardian or parents), **HU, LT, LU** (lawyer), **NO, PL, SE, SI, SK**.
 - The following EU+ countries confirmed that this person would be the applicant's guardian or representative. In particular: **CH** (an independent, trustworthy person who provides legal representation), **CY, DK, EL** (person appointed by the Public Prosecutor), **FI, HR, IE** (TUSLA), **LT, NL** (Nidos), **NO, PL, SE, SI, SK**. In **SI** a statutory representative is appointed for each minor. If the statutory representative considers that it would be appropriate to have somebody present to give legal advice, then an NGO representative will provide such advice and be present during the process. The process is currently guaranteed through an UNHCR project.

- In **RO** the presence of an independent person is only allowed during forensic examination.
- Legal professionals are involved in 4 EU+ countries, namely: in **BG** and **LU** the independent person is a lawyer; in **ISL** a legal counsellor, and in **IE** a person from the Legal Aid Board.
- In **BE**, in complex cases a guardian could be appointed to assist the person.
- In **MT** and in **FR** the applicant is not supported by an independent person.

14. Hearing and taking into consideration the applicant's views in line with their maturity

The findings show that:

- The applicant's views are gathered and taken into consideration in 21 EU+ countries: **AT, BE, CH, CY, DK, EL, FI, IE, ISL, IT, LU, HU** (through the applicant's declaration), **MT, NL, NO, PL, PT, RO, SE, SI, SK**.
- The applicant's views are gathered in an interview in 14 EU+ countries: **AT, BE, CY, DK** (by trained caseworkers), **FI** (by trained caseworkers), **HR, IE, LU** (by an expert on unaccompanied minors), **MT** (the interview itself, during which verbal and non-verbal elements are taken into account, e.g. if the applicant communicates in a childlike manner as well as the length and elaboration of sentences), **NO, SE, SI, SK, ISL** (the legal guardian will intervene in the interview, pose questions to the applicant and/or raise any concerns).
- The applicant's views are obtained through the representative or the guardian in 6 EU+ countries: **AT** (in case of medical age assessment), **CH, CY** (through the guardian's report), **HR, LT, SI**.
- In **DE** the unaccompanied minor or legal representative has the opportunity to dispel legitimate age-related doubts.
- In **FR** the examination can only be done if the person being assessed is accompanied by a translator speaking a language that the concerned person understands.
- In **ISL** the legal representative and the applicant can make their arguments in the interview or in writing.
- **BG**: undefined.

15. Informing the applicant of the reasons for an age assessment, the method applied, the consequences of the result for the asylum procedure as well as the consequences of refusal to undergo such an assessment

- The applicant is informed about the reasons for the assessment, the method applied, the consequences of the results of such an assessment for the asylum procedure and the consequences of refusal to undergo it regarding all the methods in 15 EU+ countries: **BE, CH, CY, DE, FI, FR, HR, IE, IT, ISL, MT, NL, SE, SI, SK**.
- The applicant receives information on the above only regarding medical methods in 11 EU+ countries: **AT, BG, DK, EL, HU, LU, LT, NO, PL, PT, RO**.

16. Applicant and/or representative's informed consent as a requirement to conduct age assessment, regardless of the age assessment method applied

- The applicant's consent is required for all the methods in nine countries: **BG, DE** (any method other than a visual one), **EL, IT, ISL, LT, MT, SI, SE**.
- The applicant's consent is only required for medical methods in 13 EU+ countries: **BE** (the applicant is explicitly asked if they have any objection to undergo the medical test), **CY, DK, FI, FR, HR, HU, NL, NO, PL, PT, RO, SK**.
- No consent is sought in four EU+ countries: **AT, CH** (not specified), **IE** (no consent required as IE does not use medical methods) and **LU**.
- The representative's consent is required for all methods in four EU+ countries: **BG, IT, LT, SI**.
- The representative's consent is only required for medical examinations in 11 EU+ countries: **CY, DE, FI, HU** (if the applicant's age appears to be below 14 years), **HR, NL, NO, PL, PT, RO, SK**.
- No consent is ever sought from the applicant's representative in four EU+ countries **AT, BE, EL, IE**.

17. Application of the benefit of the doubt in the age assessment process

- The benefit of the doubt is applied in 23 EU+ countries: **AT** (after the assessment), **BE** (on the outcome of the medical test), **BG, CH** (if the results of the assessment are inconclusive), **CY, DE, DK, FR, EL, HR** (following the results and report on the medical examination undertaken), **IE, ISL** (after the assessment), **IT** (results will have a margin of 2 years in *favor minoris*), **LT** (after the assessment), **LU, MT, NL** (in case of inconclusive radiological findings), **PL, PT, SK, SI, SE, CH**.
- The principle is not applied in **FI** and **HU**.
- The applicant's age is established according to the minimum age limit assessed through the anthropological exam in **RO**.

18. Applicant's possibility to refuse the age assessment, regardless of the method used

- The applicant's right to refuse the age assessment regardless of the method used is recognised in 14 EU+ countries: **AT, BE, CH, DE, EL, HR, IT, LU, MT, NL, PL, PT, RO, SI**.
- The possibility to refuse medical examinations only is recognised in 11 EU+ countries: **BG, CY, DK, FI, FR, HU, ISL, LT, NO, SE, SK**.
- Not defined: **IE**.

19. Refusal to undertake age assessment not resulting in automatic assessment as an adult

- In case of refusal to undergo age assessment, the applicant is **not** automatically considered an adult in 12 EU+ countries: **AT, BE, BG, CH, DK, FR, ISL, IT, MT, NO, PT, SE.**
- The reasons for refusal are explored in **AT, EL, FI, LU, MT, RO, SE.**
- When there is **no justification** for the refusal or no additional evidence of minority, the applicant is considered an adult in nine EU+ countries: **AT, HR, EL, FI, HU, LT, LU, RO, SE.**
- The applicant refusing to undergo age assessment is **automatically considered an adult** in seven EU+ countries: **DE, FI, HU, NL, PL, SK, SI.**
- Not specified: **CY, BG, IE, ISL, PT.**

20. Taking into account refusal to undertake age assessment when deciding on the application for international protection

- Refusal is not taken into account when deciding on the international protection claim in eight EU+ countries: **BE, BG, CY** (unless the minority is relevant to the claim), **FI, HR, IT, ISL, SI.**
- Refusal is taken into account when examining the claim in nine EU+ countries: **AT, CH, DE, HR, LT, LU** (the decision on the application for international protection takes into account the applicant's refusal to undergo age assessment. However, the decision is based on whether the applicant has a well-founded fear of persecution in their country of origin, regardless of age), **NL, NO, PL.**
- Not specified: **DK, EL, FR, HU, IE, MT, PT, RO, SK, SE.**

21. Communicating the results to the applicant in a language that they understand or are expected to understand

- The applicant is informed through an interpreter in a language that they understand, or are supposed to understand, in 23 EU+ countries: **AT, BG, CH, CY, DE** (or via the guardian) **DK, EL, FI, FR, HR, HU, ISL, IT** (through cultural mediators and interpreters), **LT, MT, NL, NO, PL, PT, RO, SK, SI, SE.**
 - **CH:** a trustworthy person uses child-appropriate language to explain the results. An interpreter is also used.
 - **LU** and **ISL** inform of the results in the personal interview.
- In **BE** the results of the medical test are disclosed in a formal decision. Social assistants assist the person when the outcome of the decision is explained.
- Not specified: **IE.**

22. Considering inconclusive results of the age assessment procedure in the applicant's favour

- The benefit of the doubt is applied in case of inconclusive results in 20 EU+ countries: **AT, BE, CH, CY, DE, EL, FR, HR, HU, IT** (2 years *favor minoris*), **LT, ISL, LU, MT, NL, PL, RO, SE, SK, SI**.
- The benefit of the doubt is not applied in four EU+ countries: **BG, DK, FI, NO**.
- Not specified: **IE, PT**.

23. Sufficient legal remedies available to the applicant to challenge the decision on age assessment

- It is possible to challenge the age assessment decision separately from the international protection decision in ten EU+ countries: **BE, DK, EL, FR, IE, IT, LT, LU, MT, SE**.
- It is possible to challenge the age assessment decision as part of the international protection decision or simultaneously in 11 EU+ countries: **AT, BG** (during the asylum procedure, the result of the expert examination may be revoked if the applicant submits original documents proving their minority), **CH, DE, FI, HR, HU, LU, NL** (in practice), **NO, PT**.
- No legal remedies to appeal against age assessment are offered in two countries: **PL, SI**.
- No practice: **SK**.
- Not specified: **RO**.
- No reply: **CY**.

24. Possibility to submit additional documentation when challenging the outcome of age assessment. Time allowed to submit new documents

Question added in the 2020 survey

- Possibility provided in **BE, CH, CY, DE** and **NL** (until the decision becomes binding), **FI** (2 weeks of time, which can be prolonged) **ISL** (any document will be assessed, if submitted before of publication of the decision).
- Possibility provided during the appeals proceeding in **AT, BG** (also during RSD procedure), **CH**.
- Possibility provided at any stage of the procedure till the final decision in **EL, HU, LU, PL, PT, NO** (anytime before the appeal's assessment).
- No time limit in **SE**.
- On a case-by-case basis in **SI**.
- Acceptance will depend on an assessment of the new evidence in **CY** and **SI**.
- Decision incumbent on the Immigration Appeals Board in **MT**.
- No reply: **HR, DK, FR, IE, IT, LT, RO, SK**.

25. Possibility to review the age after conclusion of age assessment, in case an adult-assessed applicant can prove to be a child or vice versa

Question added in the 2020 survey

- It is possible to review the age after the age assessment process in 17 EU+ countries, subject to certain circumstances: **AT** (on a case-by-case basis), **BE, BG, CH, CY, DE, EL** (only if applicant can submit an original passport and/or ID card), **FI** (only while the process is ongoing), **HU, ISL** (all new information is assessed), **LU, MT, NL** (in case of convincing evidence), **NO, PL** (in case of strong evidence), **PT, SE**.
- No practice is established in **SI**.
- No reply: **HR, DK, FR, IE, IT, LT, RO, SK**.

Findings related to Dublin

26. The impact of age assessment in the Dublin procedure

The EU+ countries were asked to provide information on how the age assessment process and result impact on the Dublin procedure and determination of responsibility.

The findings show that:

- In most respondent EU+ countries the Dublin procedure is to be discontinued when an age assessment is conducted and concluded during a Dublin procedure and the applicant is assessed as a child (**BE, DE, CY, CH, HU, PL, PT, SI**). Nevertheless, in **BE, DE, CY, CH, HU, NL, PL, PT** and **SI**, the Dublin procedure would continue if the applicant has any family members in other EU+ countries or in case other articles of the Dublin III Regulation apply. In **BE, PL, PT** and **HU**, the transfer would be enforced only if it is in the best interests of the child. In **AT, FI, NL** and **NO**, if age assessment is conducted **during a Dublin procedure**, the consultation with the presumed responsible EU+ country starts prior to the conclusion of the age assessment. In **AT**, if the applicant is found to be a child, the take back request is withdrawn and, where this is in the best interests of the child, and responsibility is assumed. In **NO**, when there are elements indicating that the applicant has family members in other EU+ country, a request according to article 34 is sent before the assessment is concluded. When age assessment is concluded and there are grounds for a take back request to be sent, this is done within the time limits set in the Dublin III Regulation.
- In **SE**, the age assessment procedure is usually initiated after receiving a reply from the other EU+ country in the Dublin procedure.
- In **NL, FI**, and **SE** the information received on the status and age of the responding EU+ country is taken into account in the age assessment of the applicant.
- In **BG, IE, LU** and **MT** the age assessment is usually conducted and concluded **before commencing a Dublin procedure**. If the applicant is a minor, a Dublin procedure is initiated only if there are family members in another EU+ country (**BG, LU**).
- In **SK**, if the person is assessed as a child, the Dublin procedure continues in the cases of ‘irregular foreigners’ but not in the case of applicants for international protection. A minor may be transferred to another EU+ country only if they are an ‘irregular foreigner’.
- In **EL**, the age assessment procedure does not change as a result of the fact that a Dublin procedure takes place. But it is prioritised with a view at complying with the Dublin procedure’s strict time limits.
- In **ISL**, if the case concerns a ‘possible minor’, age assessment is conducted as soon as possible regardless of the type of the concerned procedure. Where age assessment is conducted in the framework of a Dublin procedure, consultation with the presumed responsible EU+ country starts prior to the conclusion of age assessment. The following specific cases apply:
 - If age assessment concludes that the applicant is an adult, the case proceeds in the Dublin procedure within the time limits in the Dublin III Regulation.

- o If age assessment concludes that the applicant is a child, the case is evaluated in accordance with the best interests of the child and according to the Dublin III Regulation, as prescribed in Articles 6 and 8.
- o If there are elements indicating that the applicant has family members in other EU+ country, an information request according to Article 34 of the Dublin III Regulation is sent.
- o If age assessment concludes that the applicant is a child but a Dublin procedure has already started and a take back request has been sent to the presumed responsible EU+ country, the request is withdrawn and responsibility is assumed, where this is in the best interests of the child.
- o If age assessment has been conducted in another EU+ country and the conclusions thereof are available, or where other information regarding the status and age of the applicant has been received, such information is taken into account in the age assessment of the applicant.
- Information not available: **DK, FR, HR, IT, LT.**

27. Taking into account the applicant's age as assessed by another EU+ country

The survey investigated to what extent EU+ countries take into account the result of an age assessment carried out by another EU+ country. The findings show that:

- The results of an age assessment process conducted in another EU+ country are systematically accepted in 9 EU+ countries: **BG, EL, FR, HR, LT, NL, PL, PT, SI.**
- The results of an age assessment process conducted in another EU+ country are reassessed on individual basis in 16 EU+ countries: **AT, BE, CH, CY, DE, DK, FI, HU, IE, ISL, IT, LU, NO, RO, SE, SK.** In particular:
 - o **DE, LU** and **SK** reassess the results depending on whether age assessment was carried out with medical or non-medical methods. **DE** accepts a medical report: in lack thereof, the results are reassessed on an individual basis. In fact, **DE** only questions age assessment (medical or not) if there are signs pointing to grounded doubts about the age. In **LU**, a medical examination is proposed if the age assessment in the other country did not involve a medical test and if there are serious doubts. **SK** accepts the results when they are based on medical evidence and credible.
 - o **BE** and **DK** accept the results if assessment was made using a methodology comparable to their own, and if the information is available and complete.
 - o **AT** assesses which methods were used (medical or non-medical), who conducted the age assessment (private entity or authority), and who requested it (the concerned person or the authority). An additional medical age assessment is conducted as a last resort, for instance if the methods used are unclear or if the outcome is inconclusive.
 - o **CH** looks at all the information. For example, a medical age assessment is not required in certain cases but might be in others, depending on all the other information available.
 - o **CY** assesses the methods, information, and data.

- o In **IE**, the Office of the Refugee Applications Commissioner refers the applicant for age assessment with Child & Family Agency for agreed confirmation.
- o In **ISL**, the applicant is called in for a short interview to shed light on any discrepancies. If doubts persist, the applicant is offered to undergo a new age assessment. Information is also sought from the country which performed the initial assessment.
- o **NO** assesses each age assessment on an individual basis, looking at its quality and methodology.
- o **SE** assesses each case individually.

28. Situations after a Dublin transfer

The EU+ countries were asked to provide additional information on cases where an EU+ country **transfers a child to their country** because there are family members and then, after the transfer, the applicant is assessed as an adult. The findings show that:

- In most of the respondent EU+ countries this circumstance would not affect responsibility (**BE, CH, DE, LU, NO, SK**). Rather, it would have an impact on how the claim is handled in the asylum procedure (**BE, CH, NO, SK**).
- In **FI**, it is envisaged that a person would be transferred back, after the transfer has already been made, only if new evidence regarding responsibility emerges. The transfer decision can be overturned only if it is challenged by the applicant, exerting their right to effective remedy.
- **NL** envisages the possibility of a take back request, depending on the individual case.
- In **BG** and **PL**, the age would not be doubted, and the applicant would be accepted as a child in any case.
- **PT** would inform the other EU+ country that it was only after the transfer that the result of the age assessment became known.
- **AT, CY, EL, LT, SI** do not have any practice regarding this specific case.
- **DK, FR, HR, IE, IT, ISL, HU, MT, RO**: information not available.

The EU+ countries were asked to provide additional information on cases where an adult is transferred to their country and then, after the transfer, is assessed as a child. The findings show that:

- In **AT, BG, CY, DE, LU, NL, PL** and **SK** there would be no change in responsibility. In **SK** this would have an impact on how the case is handled in the asylum procedure.

In **CH, LU, NO**, another Dublin procedure may be considered if the child has family members in another country with whom could be reunited. In **LU** a BIC assessment would be conducted and in **NO** the whole case would be assessed with a holistic approach.

- In **BE**, a new age assessment would take place only if the applicant declares themselves to be a minor.
- In **EL**, when the applicant is considered an unaccompanied minor because there may be doubts regarding their age, the asylum procedure starts anew.

- In **PT**, prior to transfer, a take back request is not accepted if, based on the information received, there are doubts that the applicant is a minor.
- **SE** assumes that the age assessment made by the other EU+ country is legally fit and therefore considers it a strong indication of the age of the applicant. However, an individual assessment is made in each case.
- **SI**: no practice is established.
- **DK, FR, HR, IE, IT, ISL, HU, MT, RO**: no information is available.

Training and research

29. Training on age assessment

While in **FI** the initial or ad hoc training courses cover not only the methods, but also other assessment-related issues, the training focuses on age inspection methods in **MT** and **NL** and on evidence assessment and age assessment in **SE**. All these countries have specific training courses on age assessment.

In other EU+ countries, age assessment is part of other training courses: **AT, CH** (two trainings) **DK, EL** (interviewing children), **PT**.

In one EU+ country, the topic of age assessment is assessed in other training courses such as the one on interviewing children: **EL**.

No training courses in **BE** (short introduction to new social workers), **BG** (planned for 2021) **DE, HU, ISL, IT**.

Specialised training courses are addressed to the following target groups:

- case workers: **FI, PT, SE**;
- specialised staff: **MT** (age assessor), **NL** (INS, AVIM and Kmar);
- new employees and senior employees: **CH** (two different modules).

Among others, the following actors are involved in delivering the training courses:

- senior specialised staff: **FI**;
- EASO: **MT**;
- asylum authority: **CH** (specialised unit), **NL, PT, SE**;
- child protection institutions: **NL**;
- UNHCR: **PT**;
- NGOs: **PT**.

Regarding frequency, the age assessment training is:

- part of the initial training in **CH, FI, NL**;
- delivered on a regular basis in **CH, SE**;
- both part of the initial training and delivered on a regular basis in **MT, PT**.

No information available for **CY, HR, FR, LU, LT, NO, PL, RO, SK, SI**.

30. Projects and initiatives

The findings show that research or projects on age assessment are ongoing in a number of EU+ countries, in particular:

- **BE:** carried out by the universities of Leuven and Ghent;
- **BG:** elaboration of a guidance/methodology on age assessment is ongoing;
- **CH:** working group to ensure harmonisation of the practice;
- **NL:** research on CT scan of the collar bone and/or X-ray of wisdom teeth as a method;
- **NO:** **BioAlder** tool and new methods of age estimation through DNA methylation patterns;
- **SE:** ongoing review of the current methods.

For ease of reference, please find below more information on the above-mentioned projects.

BE: the universities of Leuven and Ghent conducted research in the past on the topic of medical age determination, and other relevant projects are still ongoing. In particular:

- Gunst K., Mesotten K., Carbonez A. en Willems G., 2003. 'Third molar root development in relation to chronological age: a large sample-sized retrospective study'. *Forensic Science International* 136:52-57.
- Mesotten K., Gunst K., Carbonez A. en Willems G., 2003. 'Chronological age determination based on the root development of a single third molar'. *Journal of Forensic Odonto-stomatology* 21:31-35.
- Thevissen P. W., Fieuws S., Willems G., 'Human dental age estimation using third molar development stages: does a Bayesian approach outperform regression models to discriminate between juveniles and adults?', *Int. J. Legal Med*, 2009.
- Thevissen P. W., Fieuws S., Willems G., 'Human third molar development: Comparison of 9 country specific populations, *Forensic Science International* 201 (2010), pp. 102-105.

BG: Bulgarian Helsinki Committee's project on age assessment covering guidance/methodology on age assessment. The actors involved are the Bulgarian Helsinki Committee, the Ministry of Interior, SAR, the Agency for Social Assistance and others.

NO: the Department of Forensic Sciences of the Oslo University Hospital (OUS) has been in charge of scientific biological age assessment at the national level since 2016. To accomplish this mission, in the period 2016-2019 OUS worked together with the Norwegian Knowledge Centre for the Health Services (now 'Norwegian Institute of Public Health') to conduct systematic reviews of the most common age assessment methods. It has been found that Demirjian's third molar development and the skeletal hand-wrist development by the Greulich and Pyle atlas are the methods with most scientific documentation. A statistical tool combining these two methods has been developed, named **BioAlder**. The tool is a statistical calculation model based on studies of the development of the hand-wrist skeleton and lower left wisdom tooth conducted on more than 22 000 young persons of known chronological age. BioAlder provides a probability distribution of age (as an age interval) based on the development stages of the wisdom tooth and hand skeleton. Emphasis is placed on BioAlder being able to present uncertainty in an easily comprehensible manner. The BioAlder manual, 1.3 version, updated to June 2020 is available at https://oslo-universitetssykehus.no/seksjon/Documents/BioAlderManual_v1.3English.pdf. BioAlder is

a temporary solution. The research efforts of the Department of Forensic Sciences are aimed at finding new and better methods of estimating chronological age in children and adolescents. Age estimation through DNA methylation patterns is the most promising method at present. However, little has been done on validation for different populations. The research group on Age assessment at the Department of Forensic Sciences is working on a prediction model based on DNA methylation data and is leading an international research project where DNA methylation data is collected from different parts of the world. The aim is to evaluate the accuracy of the model for individuals from different regions.

SE: the Swedish Government has decided to conduct a review of the methods used for medical age assessment in the asylum procedure. The project's time span is 2020-2024. The project's working group consists of experts from the National Board of Forensic Medicine, the National Board of Health and Welfare, Swedish Migration Agency, the Swedish Agency for Health Technology Assessment and Assessment of Social Services, the Ministry as well as child specialists and professors on statistics and mathematics. The expected outcome is a review of the methods used in Sweden and recommendations on methods to be used in the future.

CH: a working group has been formed to ensure harmonisation of the practice of age assessment. The members of this group come from different units of the State Secretariat for Migration (SEM). The duration of the project is approximately 6 months. The staff involved are employees of the different organisational units within the SEM. The forensic medicine institutes that collaborate with the SEM are also consulted. The expected outcome is standardisation of the age assessments procedure as well as harmonisation of the practice of all regions.

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