

2. The multi-disciplinary age assessment

Age is an integral part of a child's identity and must therefore be confirmed during the identification process of an applicant who may be a minor. This is crucial, since recognition as a child determines the specific rights and protections to which an applicant is entitled in the asylum procedure, as well as in the broader context of child protection and other rights attached to childhood status. This initial verification involves the collection of basic personal information and any relevant documentation in order to assess whether the claimed age appears credible (EUAA's Practical Guide on Age Assessment, November 2025, p. 12). Where doubts about the claimed age arise, national authorities may need to resort to age assessment procedures.

Unlike the recast Asylum Procedures Directive (APD), which addressed age determination only indirectly within the broader guarantees for unaccompanied minors, the APR introduces a dedicated provision on age assessments in Article 25, directly applicable in all Member States from June 2026 without the need of transposition. For the first time in EU law, the APR makes clear that age determination must follow a two-step process and cannot be reduced to a simple medical examination.

As described in Recital 37 and regulated in Article 25(1) of the APR, the first step involves a multi-disciplinary assessment based on non-medical methods such as document analysis *(see Section 2.1)*, interviews, visual assessments and psychosocial assessments *(see Section 2.2)*. It must be carried out by professionals with expertise in child development, including psychologists, social workers or paediatricians. If this multi-disciplinary assessment proves inconclusive, Article 25(2) of the APR provides, as a second step, that medical examinations may be used as a measure of last resort *(see Section 3)*. The results of the medical examination and the multi-disciplinary assessment must then be considered together *(see Section 4)*.

The above legal configuration builds on the criteria already established by soft law instruments[9] and the case law examined in the following subsections, according to which:

- Age determination must follow a multi-disciplinary approach, combining different forms of assessment, such as documentary evidence, social interviews and psychosocial assessments, so that their cumulative weight can support more reliable decisions.
- Age assessment methods must follow a 'cascade approach', requiring preference to be given to the least intrusive measures, namely documentary evidence and recorded information, before considering social or psychological assessments and, only as a last resort, medical assessments.

Mixed-method approach to determine age, including available documentation, social and psychological assessments

A significant body of case law has long held that authorities must adopt a holistic and multidisciplinary approach to age assessments, combining different methods in order to obtain more reliable results. This requirement has been embedded in the ECtHR's jurisprudence since its landmark ruling in *Darboe and Camara* v *Italy* (21 July 2022, paras 47, 55, 132 and 155), where the court observed that this was already reflected in both EU asylum law and the Italian legal framework. The principle was more recently reaffirmed in *A.C.* v *France* (16 January 2025, paras 51-54, 168)[i] concerning age assessments in the context of the French child protection system rather than in the context of international protection.

In both cases, the ECtHR noted that the national frameworks required an initial verification based on identity and/or civil status documents, when available. When the documentation proved insufficient to establish minority swiftly, the procedure continued with an assessment carried out by a multidisciplinary team. In the Italian framework, this included a socio-medical assessment with interviews conducted by social workers focusing on previous life experiences relevant to the assessment, as well as psychological or neuropsychiatric evaluations in the presence of a cultural mediator and required that any medical methods follow the least invasive means possible. In the French child-protection framework, social assessments were carried out by professionals with relevant training or experience and were required to take due account of cultural and social factors. The ECtHR further noted in the latter decision that international standards prohibit physical examinations of sexual maturity and medical examinations should be conducted only as a last resort.

Similarly, the CRC Committee has long advocated a multidisciplinary approach to age assessments, requiring consideration not only of physical characteristics but also psychological maturity, available documentation and social history. It has emphasised that an initial interview during registration should be conducted "in an age?appropriate and gender-sensitive manner (…) by professionally qualified persons to collect biodata and social history to ascertain the identity of the child".[ii] Therefore, in its jurisprudence, the CRC Committee has consistently rejected approaches that rely primarily or exclusively on medical examinations, emphasising the need for holistic, multidisciplinary evaluations of both physical and mental maturity. Instead, the committee holds that age determination should be based on "a comprehensive assessment of the child's physical and mental maturity, carried out by specialist paediatricians or other professionals capable of comparing different aspects of adolescence. Such an assessment should be prompt, conducted in a child-friendly and fair manner, considering gender and cultural aspects, and should include interviews with children and, where appropriate, accompanying adults, in a language the child understands" (see for example *A.L.* v *Spain*, 31 May 2019, para 12(4); *R.K.* v *Spain*, 18 September 2019, para 9(4); *A.D.* v *Spain*, 4 February 2020, para 10(10); *M.B.* v *Spain*, 28 September 2020, para 9(9); *C.O.C.* v *Spain*, 29 January 2021, para 8(9); and *R.Y.S.* v *Spain*, 4 February 2021, para 8(4)). Likewise, the committee recently reaffirmed the need for a "thorough and culturally-sensitive age assessment" in *Jas.K.B., C.K.B., M.S.B. and J.K.B.* v *Czech Republic* (14 September 2026, para 9(7)) concerning a detained Afghan family whose dates of birth had been recorded by approximation, without further verification of the age of one daughter, who was considered to be 18.

The cascade approach from the least to more intrusive methods

The order in which the different methods of age assessment, for example visual assessments, document analysis, interviews, psychological assessments and medical assessments as a measure of last resort, are applied matters, as seen in the examples of case law. The jurisprudence shows that this order must progress from the least to more intrusive methods, a principle now embedded in Article 25 of the APR, which requires a preliminary verification based on the applicant's initial statements, available documentary evidence or other relevant indications. When this is inconclusive, the authorities may carry out a two-step process, beginning with a multidisciplinary assessment, including a psychosocial assessment, and resorting to medical methods only thereafter.

This progression from the least to more intrusive procedures is referred to as the 'cascade approach' in the EUAA Practical Guide on Age Assessment (November 2025, pp. 51-52) and relates to the principle of minimum intervention required to better uphold the best interests of the child (EUAA Practical guide on the best interests of the child in the framework of international protection, March 2026, pp. 82-83). It was particularly underscored by the ECtHR in *F.B.* v *Belgium* (6 March 2025, paras 42-44), in which the court examined the Belgian referral policy for medical examinations in the context of age assessments and held that the principle of proportionality requires authorities to exhaust less intrusive methods before progressing to more intrusive ones. Specifically, the court found that the authorities had breached Article 8 of the ECHR by immediately carrying out radiological examinations, which determined the applicant to be over 18 years old, despite the requirement that such tests be used only as a measure of last resort due to their intrusive nature.

The ECtHR further noted that it was only after the medical assessment had been carried out that the authorities conducted an in-depth interview with a specially-trained guardianship officer, during which the applicant could have received adequate information, submitted additional documentation and clarified her situation through less invasive means. In doing so, the court highlighted that the proper sequencing of age assessment methods is intrinsically linked to the procedural safeguards governing the age determination process. While the Pact was not yet applicable at the time, it is worth noting that the ECtHR referred to Article 25 of the APR in the section of the judgment setting out the relevant EU legal framework.

Following the ECtHR's finding that the Belgian decision-making process in age determination had been flawed, the Belgian Council for Alien Law Litigation (CALL) upheld appeals, for instance when decisions terminating child custody or deciding on Dublin transfers did not meet the requirements set out by *F.B.* v *Belgium* when other means of age verification, such as available documentation, had not been duly considered (see judgments from 18 April 2025 and 29 April 2025). The Belgian Council of State likewise emphasised (27 May 2025) the importance of exploring less intrusive methods for age assessments, noting in particular that an applicant's failure to produce documentary evidence in support of their statements did not relieve the authorities of their obligation to consider less intrusive methods before resorting to medical examinations.

Likewise, the Danish Refugee Appeals Board's Coordination Committee considered the ECtHR's judgment in *F.B.* v *Belgium*, found that there was a need to revise its age assessment practice, and subsequently remanded 11 cases to the Danish Immigration Service (DIS) for

reconsideration. Going forward, the committee decided that age assessments should follow a three-stage process, moving from less to more intrusive methods: an initial interview by the asylum authority, conducted by an officer with specialised training and expertise in interviewing children; an age assessment conducted by a child psychologist or another appropriately qualified professional; and medical examinations.[iii]

Other Member States also follow a staggered approach. For instance, the German Higher Administrative Courts of Bavaria (5 April 2017) and Bremen (4 June 2018) have examined the obligation under Section 42f of Book VIII of the Social Code to assess minority first on the basis of identity documents and, in their absence, on the basis of the applicant's statements, followed by a qualified visual assessment and interview, with medical age assessment methods used only as a measure of last resort.

Similarly, the Italian Supreme Court of Cassation (8 October 2025) provided further insight into the sequencing of the Italian multi-disciplinary framework that had been examined by the ECtHR in the *Darboe and Camara* v *Italy* judgment, recalling that it requires a gradual approach through which age should primarily be verified through identity documents, and only when well-founded doubts persist may a socio-medical assessment be carried out. On this note, the Austrian Supreme Administrative Court (28 March 2017) has likewise held that medical examinations are not required when adulthood or minority can be recognised without specialised expertise.

The requirement of a multidisciplinary approach to age assessments has been incorporated into international standards through soft law instruments and the jurisprudence of the ECtHR and the CRC Committee. It is now codified in the Pact, which clarifies requirements that were not previously explicit in EU law, such as the need to consider available documents, which must be presumed genuine unless there is evidence to the contrary *(see Section 2.1)*; continuing with methods such as visual assessments, age assessment interviews and psychosocial assessments *(see Section 2.2)*; and treating medical examinations as a measure of last resort *(Section 3)* which, as established in Recital 37 of the APR, must progress from the least to more intrusive methods.

As these layers accumulate, the growing complexity of the ageassessment process may increasingly sit in tension with the strict timelines for processing asylum applications, particularly at the border, raising questions about how such requirements can be reconciled in practice. Against this backdrop, the Pact may be seen as laying the groundwork for common EU standards on age assessments, an area that has not yet been addressed in the case law of the Court of Justice of the European Union (CJEU) but will likely be in the future.

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[i] Council of Europe, European Court of Human Rights, *A.C.* v *France*, 15457/2025, 16 January 2025, para 168.

[ii] UN Committee on the Rights of the Child (1 September 2005). General Comment No 6: Treatment of Unaccompanied and Separated Children Outside their Country of Origin, CRC/GC/2005/6, para 31.

[iii] Danish Refugee Appeals Board's Coordination Committee (3 July 2026). Referat af møde i koordinationsudvalget den 15. juni 2026 [Minutes of the meeting of the Coordination Committee on 15 June 2026].

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  UN Committee on the Rights of the Child (1 September 2005). General Comment No 6: Treatment of Unaccompanied and Separated Children Outside their Country of Origin, CRC/GC/2005/6, para 31; UN (16 November 2017). Joint general comment No 4 (2017) of the Committee on the Protection of the Rights of All Migrant Workers and Members of Their Families and No 23 (2017) of the Committee on the Rights of the Child on State obligations regarding the human rights of children in the context of international migration in countries of origin, transit, destination and return, CMW/C/GC/4-CRC/C/GC/23, para 4; UNHCR (22 September 2009). Guidelines on International Protection No 8: Child Asylum Claims under Articles 1(A)2 and 1(F) of the 1951 Convention and/or 1967 Protocol relating to the Status of Refugees, HCR/GIP/09/08, G8:75; Council of Europe, Parliamentary Assembly (15 April, 2011). Resolution 1810 on unaccompanied children in Europe: issues of arrival, stay and return, para 5(10); Council of Europe (September 2017). Age assessment: Council of Europe Member States' policies, procedures and practices respectful of children's rights in the context of migration, para 121.

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