

**“They have to believe what we say. We have to chase our dreams. We have to be steady. We have to be alive”:
The psychological impact of the age dispute process on
unaccompanied children seeking asylum in the UK**

May 2024

Executive Summary

Local authorities in the UK have a statutory duty to support unaccompanied children seeking asylum as ‘children in need’. The global increase in displaced peoples, government hostility, and cuts to local services have driven an increase in the number of unaccompanied children whose ages are disputed. This has a significant impact on their lives, especially if assessed to be adults. The mental health impact of this process remains largely unexplored.

A focus group was conducted with unaccompanied children who have been ‘age disputed’ by their local authority. Clinical distress scores were also compared for unaccompanied children being assessed for psychological therapy who have and have not been age disputed.

Focus group participants detailed the mental health impact of the age dispute process (prolonged uncertainty and isolation, repeatedly re-telling one’s story and being disbelieved, identity confusion), the disruption caused to their life in the UK (broken trust with professionals, disruption to housing and education, feeling confused by the process), and the inappropriateness of parts of the age assessment (focus on physical appearance and personality and a lack of consideration of cultural factors). They described the age dispute process as hostile and threatening (feeling trapped and coerced, being treated like a liar and a criminal). Additionally, children seeking psychological therapy who were having their age disputed by the local authority demonstrated significantly higher levels of psychological distress at their initial assessments than those who were not age disputed.

The age dispute process in the UK is in a state of change. Our findings underscore the need for a holistic, psychosocial approach to age assessment which greater protects the mental health and well-being of unaccompanied children. The implications for UK policy and practice are considered in light of these findings.

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Who We Are

We work within a partnership between the Helen Bamber Foundation and Young Roots providing a trauma-specialist psychology service to asylum-seeking children and young people. Our clients often present with pre- and peri-migration trauma and adversity, and post-migration stressors that impact their mental health – including post-traumatic stress disorder (PTSD), depression, and anxiety. In our clinical experience, the age-dispute process represents a key post-migration stressor for many of the unaccompanied children that often impacts meaningful therapeutic engagement and recovery from mental health difficulties such as PTSD, depression, traumatic bereavement, and anxiety. We therefore set out to further explore the mental health impact of the local authority-led age dispute process among unaccompanied children.

Introduction

Increasing conflict and political upheaval has contributed to a global increase in the displacement of peoples to an extent that has exceeded the 'European migrant crisis' in 2016. This has led to a significant increase in the number of people seeking asylum in the UK, including almost 6,000 children in 2023 alone. Around half of these were unaccompanied children seeking asylum.¹ Due to the traumatic and/or adverse experiences unaccompanied children have had that led them to flee their home country, en route to the UK, and following their arrival, there is an elevated prevalence of mental health difficulties, including post-traumatic stress disorder (PTSD) among this population. This can be due to exposure to violence and conflict, physical and sexual abuse and torture, exploitation and human trafficking, and police brutality.² This can be further impacted by not receiving the care and support they need in the UK and being less able to access education.³ There is a significant risk of unaccompanied children going missing in the UK.⁴

Under both international (UN Convention on the Rights of the Child - UNCRC) and domestic law (Children Act 1989 or devolved nation equivalent), local authorities have a duty to care for unaccompanied children as 'children in need'.⁵ Since 2010, local authority budgets have faced unprecedented cuts and so in some areas the numbers of unaccompanied children have been seen as exerting additional pressure on already stretched systems. These pressures, combined with divisive rhetoric and increasingly hostile approach from Home Office officials at the border, are likely to have contributed to the increase in the proportion of unaccompanied children who have their age formally disputed in recent years.⁶ Official figures suggest that, over an 18-month period, as many as 1,300 children were wrongfully placed in accommodation with adults having been incorrectly judged to be an adult on arrival in the UK.⁷ The hostility within the system is further exacerbated by recent legislative changes including the Nationality and Borders Act 2022⁸ and the Illegal Migration Act 2023.⁹

¹ Home Office. [Irregular migration to the UK, year ending June 2023](#), 2023. (accessed 6 November 2023).

² Michalek, J. Lisi, M. Binetti, N. Ozkaya, S. Hadfield, K., Dajani, R., Mareschal, I. [War-related trauma linked to increased sustained attention to threat in children](#). Child Development. 2022 Jul;93(4):900-9.

³ Children's Commissioner for England. [Spotlight on: Unaccompanied Asylum Seeking Children missing from education](#), 2023. (accessed 24 April 2024).

⁴ Arbeláez, V., Crețu, M., Vitor, P., Medeiros de Matos, P. [Missing unaccompanied asylum-seeking children in the UK](#), School for Policy Studies, 2023. (accessed 24 April 2024).

⁵ United Nations Office of the High Commissioner for Human Rights, [Convention on the Rights of the Child](#) (accessed 6 November 2023); Department for Education, [The Children Act 1989: Guidance and Regulations](#), 2021 (accessed 15 November 2023)

⁶ Home Office. [Immigration system statistics, year ending June 2023](#), 2023. (accessed 6 November 2023).

⁷ Helen Bamber Foundation, Refugee Council and Humans for Rights Network, [Forced Adulthood: The Home Office's Incorrect Determination of Age and How this Leaves Child Refugees at Risk](#), 2024. (accessed 29 February 2024).

⁸ HM Government. [Nationality and Borders Act 2022](#), 2022. (accessed 6 November 2023).

⁹ HM Government. [Illegal Migration Act 2023](#), 2023. (accessed 6 November 2023).

Age disputes take place when the 'claimed age' of an unaccompanied child is challenged by the Home Office at the border or at a later stage by the local authority in which the child is present. This report will focus on age assessments conducted by local authorities. In the UK, local authority-led age assessments are conducted by social workers and, if carried out lawfully, are known as 'Merton-compliant'. Guidance for conducting age assessments emerged from a successful legal challenge on behalf of an unaccompanied child in the London Borough of Merton in 2003¹⁰ and has been further developed by subsequent legislation and professional guidance.¹¹

Local authority-led age assessments have come under criticism for the subjectivity and normativity of chronological age, the underappreciated impact of trauma and adversity on child development and reported wide variation in practice. Critics also point out that unaccompanied children are living through significant turmoil, are separated from or have lost their families, are navigating living in an unknown environment, may be unable to speak the language upon arrival, and have often experienced significant trauma. Further, the age assessment process is just one of the several prolonged and hostile processes unaccompanied children have to endure within the asylum system. These factors contribute further to an environment of threat, maintain or exacerbate existing mental health difficulties, establish the child's relationships to adults and professionals as similarly hostile, and impact the child's ability to provide consistent and reliable testimony. However, rather than interpreting any inconsistencies through this complexity, unaccompanied children are often perceived as dishonest and attempting to access rights to which they are not entitled. This can result in many age assessments being subject to legal challenge.¹²

Many European countries have adopted so-called 'medical' age assessments. However, these have been criticised for being inaccurate, unethical and unscientific by key organisations including the British Association for Social Workers,¹³ British Dental Association,¹⁴ and the Royal College of Paediatricians and Child Health. In addition, advice from the Home Office's 'Interim Age Estimation Science Advisory Committee' made very clear that "if biological age

¹⁰ [R \(B\) v Mayor and Burgesses of the London Borough of Merton](#). UK Court of Appeal, 2003. (accessed 8 November 2023).

¹¹ See Association of Directors of Children Services. [Guidance to assist social workers and their managers in undertaking age assessments in England](#), 2015.

¹² Given-Wilson, Z. Herlihy, J. Hodes, M. [Telling the story: A psychological review on assessing adolescents' asylum claims](#). Canadian Psychology/Psychologie Canadienne., 2016; Brown, K. [Seeking asylum: An adversarial system and culture of disbelief](#). University of Warwick., 2017. (accessed 16 November 2023); Given-Wilson, Z. Hodes, M. Herlihy, J. [A review of adolescent autobiographical memory and the implications for assessment of unaccompanied minors' refugee determinations](#). Clinical child psychology and psychiatry., 2018; Sørsveen, A. T. Ursin, M. [Constructions of 'the ageless' asylum seekers: An analysis of how age is understood among professionals working within the Norwegian immigration authorities](#). Children & Society., 2021.

¹³ British Association of Social Workers. [BASW Statement on Biological Methods of Age Assessment](#), 2023. (accessed 16 November 2023).

¹⁴ British Dental Association. [Nationality and Borders Bill and the use of dental X-rays for age assessment purposes](#), 2022. (accessed 16 November 2023).

assessment is implemented it should be used to assess whether the age claimed by UASC is *possible*" (emphasis added) and should only be used as part of a wider social work assessment that is compliant with existing guidance and case law.¹⁵ Social work assessments are already detailed and should include a wide range of evidence. So, if scientific methods can only ascertain whether an age might be possible, there is a question as to the real benefit of adding another, costly and time-consuming, element to an existing system that is already lengthy and onerous.

The Nationality and Borders Act 2022 also introduced the National Age Assessment Board (NAAB) which became operational in March 2023. The NAAB is comprised of social workers employed by the Home Office and is expected to carry out full age assessments usually in circumstances of low capacity or unavailability of expertise within local authorities. Concerns have been raised about the independence of the NAAB from the Home Office, a lack of oversight, and how binding decisions may interfere with key legislation.¹⁶

Despite these changes, the majority of age assessments are expected to still be conducted by local authorities. Therefore, further understanding the psychological impact of local authority led age dispute processes remains relevant and will support best practice in this area.

This report describes a research study aiming to explore the psychological and mental health impact of local authority led age dispute processes on unaccompanied children in the UK. This involved comparing psychological outcomes across children and young people who were and were not age disputed and conducting a focus group of age disputed unaccompanied children. This project is currently undergoing academic peer review.

¹⁵ Interim Age Estimation Scientific Advisory Committee. [Biological evaluation methods to assist in assessing the age of unaccompanied asylum seeking children](#), 2022. (accessed 16 November 2023).

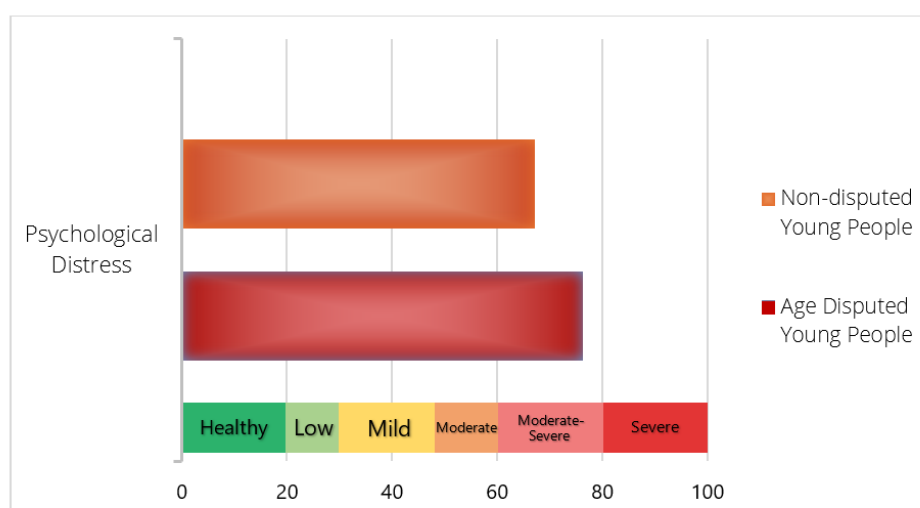
¹⁶ See Refugee and Migrant Children's Consortium [Briefings on the Nationality and Borders Bill 2021 and 2022](#)

Comparing Levels of Psychological Distress

The first stage of this research project involved comparing the initial outcome scores for asylum-seeking children and young people who accessed psychological assessment and support within the partnership between the Helen Bamber Foundation and Young Roots. Psychological therapy for this population in our service typically follows a phased model of treatment that includes 'stabilisation' and 'trauma-focused therapy'.¹⁷ Stabilisation work involves working in the here and now to support asylum-seeking children and young people to develop their coping techniques and resources for managing anxiety, depression, emotional dysregulation, and/or symptoms of PTSD, whilst trauma-focused therapy includes specific, specialist approaches designed to facilitate processing of traumatic experiences to support the alleviation of associated PTSD symptoms.

All children and young people who are referred to the partnership for psychological therapy complete the *Core Outcomes in Routine Evaluation-Outcome Measure* (CORE-OM) prior to and following stabilisation therapy. This is a questionnaire which captures levels of psychological distress experienced over the past week and is completed at the point of assessment for all children and young people accessing psychological therapy.

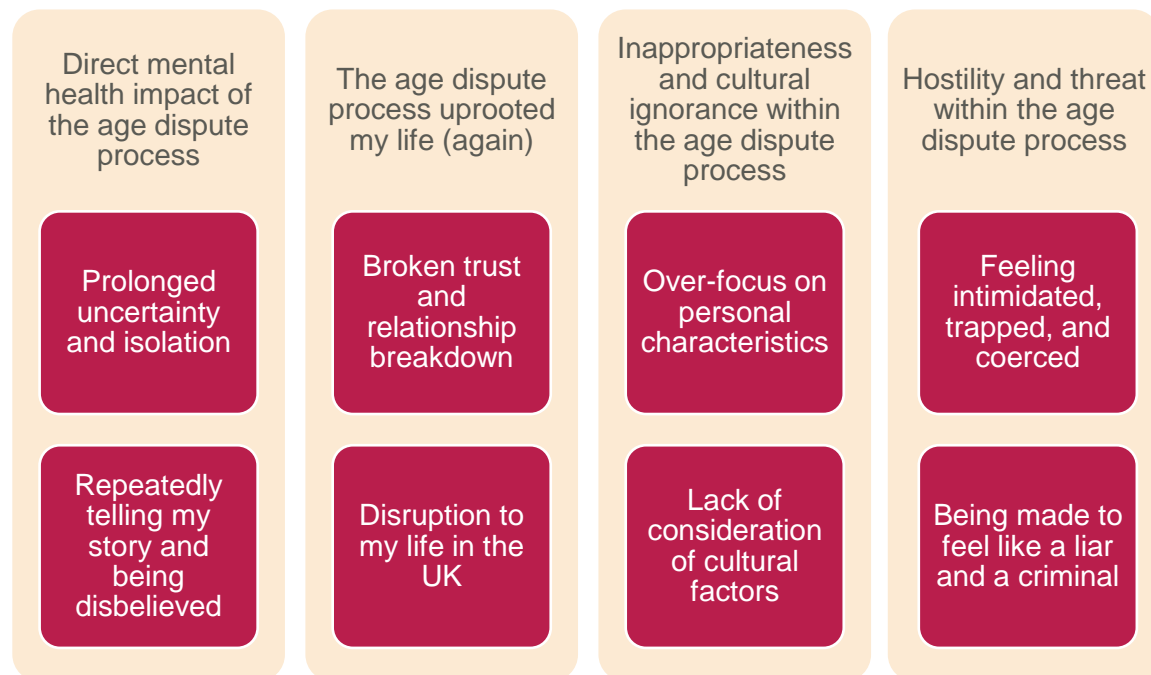
When comparing the initial assessment scores for asylum-seeking children and young people, both groups presented with clinically significant distress (moderate-severe on average). However, those who were age disputed (32 young people) presented with higher levels of psychological distress than those who were not (57 young people). Whilst a crude measure, this supports our clinical experience of the age dispute process as a key post-migration stressor that, along with other important stressors that young asylum seekers face (e.g., insecure legal status, integration difficulties, family separation, and worry about loved ones' safety), can give rise to, maintain, or exacerbate the mental health difficulties of an already very vulnerable population of children.



¹⁷ Herman, J. L. [Recovery from psychological trauma](#). Psychiatry and Clinical Neurosciences, 52(S1), S98-S103, 1998.

The Focus Group

A focus group was conducted with seven young people who had been age disputed, including those who were and were not ultimately found to be adults. Two young people advised on its design and were compensated for their time. Eligible participants were briefed on the focus group's purpose and requirements and provided their informed consent to participate. The focus group was facilitated by two psychologists (authors) and explored the experiences of unaccompanied children of the age dispute process and of its consequences. This led to four key themes which separate as follows:



Direct mental health impact of the age dispute process

The young people that took part in the focus group spoke of the direct mental health impact of the age dispute process. This broke down into the impact of *prolonged uncertainty and isolation* and *repeatedly telling my story and being disbelieved*.

Prolonged uncertainty and isolation

The young people explained that the long, drawn-out process of the age dispute had a significant mental health impact as they felt stuck in limbo, unsure of what their future would hold. This prolonged uncertainty generated feelings of despondency and detachment from others, compounded by frustration with inconsistent information and delays in resolution. Further, the agonising wait for an outcome seemed to reinforce a sense of hopelessness and powerlessness, magnified by a perceived lack of support and isolation. These experiences were further intensified by a sense that peers struggled to understand their experiences and by shifts in their relationship with social care.

“I felt like I don’t belong anywhere. I was just sitting in my room all day. I don’t even have the energy to go out. It’s like I’m waiting on an answer... and the one week you have to wait turns into two weeks. And how you feel get worse and worse and worse.”

“They said, okay, we accept it [the claimed age]. Oh, we don’t accept it... I was scared at that time, and I was like... what is going on? And after that, I get tired of my life because of these different stories... If you know my age and you know you’re going to accept me after three years, I want you to accept me at the first place.”

These experiences clearly set out the potential negative mental health impact of the age dispute process and of repeated delays in the process of conducting the assessment on vulnerable young people who have, more often than not, survived repeated experiences of trauma and adversity. This emphasises the importance of assessments being conducted effectively, compassionately, and in a timely manner in line with best practice guidance.

Repeatedly telling my story and being disbelieved

The young people also explained how sharing your story with professionals leaves you feeling vulnerable and is itself an exercise of trust. When this trust is experienced as being broken due to being met with scepticism, the young people described a significant negative impact on their mental health and ways of relating to oneself and others. This is intensified further by the stresses of having to continually re-tell your story within a perceived atmosphere of judgement, scrutiny, and disbelief. The confusion this generates and the repeated challenges to young peoples’ fragile self-understanding also seem to impact identity formation, which is particularly significant during this crucial stage of development.

“I get so emotional... but when you heard the word that they don’t believe [you]... what you’re going to feel is that you were telling them everything that you know because you were hoping they’re going to help you. And when you know that they don’t believe you, what you’re going to feel is like. Am I a liar? I told them every secret that I know what I passed in my ways to come here and everything. And... you’re going to feel like they don’t care about your life.”

“We need like a real person who is help us. I can’t repeat myself again and again. I’m tired mentally, physically, everything. Even my hair is changed now. I’m not like this before. I’m so beautiful I was. And now, I’m absolutely changed... I can’t drink, I can’t eat, it’s closed my appetite.”

These considerations suggest a need for trauma-informed assessments conducted within the context of holistic support for age-disputed unaccompanied children, connecting unaccompanied children with peers who share experiences, providing space to process the impact on their identity, and for age disputes to meet the timelines set in key guidance to only be conducted when absolutely necessary, and by culturally competent social workers experienced in working with unaccompanied children and young people.

The age dispute process uprooted my life (again)

The young people that participated in the focus group also described how the age dispute process contributed to significant disruption to, and unravelling of, the life that they had begun to build here in the UK. An experience that is sadly all too familiar of sudden and wide-ranging insecurity and instability and can therefore be re-traumatising.

Broken trust and relationship breakdown

A significant impact of the age dispute process described by participants was the sense of broken trust and relationship breakdown with their designated social worker – often one of the key supportive adults in their lives in the UK. The young people described feeling betrayed by their social worker who they had built a relationship with only to feel like the content of this relationship was then used against them within the age dispute, leaving them feeling abandoned and uncared for – again, sadly, often not for the first time. It seems that this can deteriorate further into an adversarial relationship between unaccompanied children and young people and social care, with those who are found to be a child and remain within children's social care describing irreparable damage and distrust, and all participants describing a negative impact on their relationship to professionals more broadly.

“When I was with a social worker, like, yeah, in foster care I was, and then they give me another age again. Then I say that is not my age... I told my age why they confused. Why? Everybody is leaving me. Everybody is leaving me.”

“Social services, they're always against me. Social services is there to help people but, because of that assessment... they're all against me... If I tell them I like this thing, they'll do something completely different than that. Like, I said to them I want to go to the gym. What she did, she found one gym very far away from me.”

“You have to give time to know a person. You just, you can't say someone is, you can't tell someone's age like within one hour or one, two hours, you know... they don't care. It's fine if they don't believe you, but at least they have to check on you, how you're doing, you know, everything. But after [the decision] they don't care.”

Given that age disputes are expected to remain predominantly within the remit of local authorities even following recent legislative changes, this suggests the need for additional support for unaccompanied children and young people who are age disputed during the process itself, for specific training and support for social workers in mitigating the impact of the age dispute on their relationship with the child on young person, of repairing this relationship following the outcome, and to have sufficient resources to achieve these outcomes.

Disruption to my life in the UK

The age dispute process also seems to significantly affect the lives of asylum-seeking children and young people across several life domains. Young people reported that it can hamper their access to education and secure housing, disrupt their sense of connection and community, and replicate the severing of important attachments when they fled their home countries. The age dispute process therefore seems to perpetuate the instability and sense of danger they've endured, often just as they've started to build a life here in the UK. Further, being found to be an adult can leave children and young people in vulnerable situations, such as sharing accommodation with unfamiliar adults, and forces them to navigate complex systems like social housing without adult support.

“They moved me four times [during the age dispute], so I start saying I'm not going to have permanent place to live. They don't care. They're going to put you somewhere; they don't care how you live. They just think we give her some place to stay, so she's fine. They don't know how they affect your social life, how they affect your college...”

“When [I was found to be an adult], they... take me out of foster care, then [put me in accommodation] for adults. I can't live there. It's like a prison. It's not a house... They told me, you have to take your [assigned] age, and then you have to apply [for social housing]... ‘We're going to change the key. You're going [to be] homeless.’ I don't know after tomorrow where I'm live.”

Participants highlighted disruptions across various life domains and prolonged instability that can mirror the trauma experienced before their arrival in the UK and increase the risk for re-traumatisation, exploitation, and victimisation. It is therefore extremely important to acknowledge the importance of secure and stable living arrangements, maintaining stability and consistency until the age dispute process concludes, and adequate support regardless of the outcome, in order to protect their wellbeing and mitigate the practical and mental health consequences of repeated upheaval.

Inappropriateness and cultural ignorance within the age dispute process

The young people also described how the age assessment appears to overemphasise personal characteristics, such as physical features, voice, and confidence, without an appreciation of the contexts and cultural factors that can lead an unaccompanied child to appear more mature and 'adult-like'. There was a shared perception that assessors often applied a British or Western lens to how a child/adult should be, look, and behave.

Over-focus on personal characteristics

The young people highlighted how there can be an overemphasis on physical characteristics and outward presentation during their age assessments, including scrutiny of their

appearance, mannerisms, and behaviour. This scrutiny often leads to a sense of frustration and feeling over-analysed. This also seems to extend beyond physical traits to include aspects of the young person's character, such as confidence and perceived maturity, without considering the experiences that have shaped these qualities. The experiences of trauma and adversity that unaccompanied children and young people have often endured are not adequately taken into account, leading to a sense of injustice within the process.

“Everybody is complaining about me. She nails is long. Hair is like that. Her face like that. She put lipstick. Why they care about my personality? They have to do her work, she don't have to complain about my personality. If I long hair. If I short hair. They don't have to complain about that. None of their business.”

“Because then I haven't grown a beard, I looked young, but my voice was very deep, and they said ‘You have so much confidence in you. The way you speak, you don't skip any words’. And I was like, it's because I've been living on my own since I was 12. I've been feeding myself, I've been going to work, come back home, and feed myself. What do you expect? Do you think that's a joke? That's not a joke.”

These considerations emphasise the need for greater training on conducting age assessments in a culturally sensitive manner and for age disputes to be conducted by those with experience in working with unaccompanied children and young people from diverse backgrounds, and who therefore have an appreciation of the variation in perceived maturity, independence, confidence, and competence that these young people may present with relatively to British-born children.

Lack of consideration of cultural factors

Relatedly, the experiences of the young people in the focus group also seemed to highlight a significant under-appreciation of the consequences for development of the varied social, cultural, political, and economic contexts unaccompanied children and young people existed in prior to their arrival in the UK. They emphasised the disparity between what it means to be a child and what it means to be an adult in developing versus developed nations, with children in developing nations often demonstrating greater independence and maturity relative to British children through necessity and hardship. Many participants shared experiences of starting work as early as 10 years old, forcing them to cultivate independence and self-sufficiency from a remarkably young age. Despite this, their maturity is often misinterpreted through the lens of Western norms, where this maturity is perceived to reflect a more advanced age than reported. Further, there is a prevailing sentiment among participants that they have endured significantly more challenges than their Western counterparts, leading to a hardening and maturing process beyond what may be expected.

“I didn't grow up in British. You know I have been passing so many [countries], so many problems on my way. So, I have to be strong. I don't have to be like a kid, you know. I don't have to play with the toys. In Africa or other country, if you went there... they're going to marry in 16 years [old]. In 17 [years old] they're going to have a kid. So do you think that they're going to play with the toy or something like that?”

“I don't know about this country. The rules, the respect or something. In our country, I know that... if you are older than me, I can't look in your eyes... that means I'm not respecting you. And then on my age assessment... they think that she is shy, she is looking at the floor. I'm never shy. Never... I'm sitting there. I respect them. And then they give me after the age assessments a different age.”

The cultural inappropriateness of the process experienced by participants appears to contribute to a sense of injustice, lack of care, and agenda chasing that undermines the best interests of unaccompanied children and intensifies the negative impact of the age dispute, especially if found to be an adult based upon these factors. Therefore, those conducting age assessments require further training and support in assessing unaccompanied children from different cultural and socioeconomic backgrounds and who may have experienced adversity and trauma, each contributing to differences in behaviours, perceived maturity, and phenotypic age.

Hostility and threat within the age dispute process

Perhaps the most alarming experiences reported were of the perceived environment of intimidation and threat that can occur within or following the age dispute process. Unaccompanied children and young people reported mistreatment in the aftermath of the assessment, with some of the participants describing being threatened with repercussions including arrest, detention, and removal from the UK.

Feeling intimidated, trapped, and coerced.

According to the young people in the focus group, the age assessment process appears to engender a sense that the questions are intentionally designed to catch them in inconsistencies in their story, fostering anxiety and fear that increase the likelihood of errors. These experiences are compounded by the presence of multiple unfamiliar adult professionals, exacerbating feelings of isolation and opposition. This creates an intimidating and hostile situation that is particularly challenging for children and young people who are new to the UK and are often still learning the language and cultural norms. This further complicates their ability to navigate the assessment process and what is experienced as attempts to catch and coerce them.

“They’re not trying to know you; they’re just trying to get the lie. They’re going to ask you one question in two ways and then if you didn’t say the exact same word, they’re going to say you’re lying. You’re not going to answer the next question correctly, you’re going to be confused.”

“I feel like I am in a big trouble [in the assessment] ... I was scared at the same time. You know you can’t do anything with the professional people because they have a lot of ways to put you down. And me as a new refugee here, with no English, with nothing, with no understanding of what the law is. And things like that is really hard for me.”

These experiences seem to foster a hostile atmosphere within the age assessment process, exacerbating the detrimental effects on the mental health and well-being of unaccompanied children and young people undergoing assessment. This atmosphere appears to impede their active participation in the assessment process and may ultimately undermine the validity of the assessment's conclusions. Furthermore, this raises concerns about the impact of such processes on social workers, who may be put in the position to act as immigration officers instead of considering the best interests of children, which can result in moral injury and burn-out. Consequently, there is a clear imperative for improved training, oversight, and support, with a particular focus on conducting assessments with an appreciation of the potential impact on those being assessed as well as the assessors.

Being made to feel like a liar and a criminal.

The young people also described a persistent sentiment of being unfairly regarded as deceitful and attempting to manipulate the system to gain access rights to which they were not entitled. This perception not only affected their interaction with social care and other professionals but also hindered their willingness to seek out support. Further, participants highlighted adverse effects on their mental health and well-being, with some even reporting experiencing suicidal thoughts. For some, this perceived dishonesty appeared to result in punitive treatment, including threats of arrest, detention, and removal, which contributed to fears regarding the potential repercussions of the age assessment on their pending asylum claims.

“It’s really stressful. Then they tell you, you are lying. Like, make you, like you may kill yourself, you think like that. Yeah, I’m serious. I’m four years, I’m waiting, like I told everyone the truth. When they say [I’m] lying until now, like I’ve never ever told [them] another different age. But they say your age is like this.”

“The social service manager, he just told me I have to move. I was in the foster care and ... I told him I’m okay about this place, I don’t want to move. And then he told me he want to call police... I’m not like... criminal? And then he told me like, “I have power”. I was crying. I don’t know anything about this country like I don’t have any family. I [was] just shocked then.”

“They said [they will call the police] to me as well. ‘If you don’t accept it, you might go back to your country... you have to go, otherwise we’re going to call the police.’ But I was scared, I said, okay, I’m going to go.”

These experiences undoubtedly exert significant psychological stress via feelings of threat, coercion, abandonment, and fear among unaccompanied children and young people, likely exacerbating trauma-related mental health difficulties. These observations underscore the need for greater oversight and safeguarding of the rights and well-being of unaccompanied children and young people during age assessments, alongside increased recognition of their vulnerabilities and susceptibility to re-traumatisation and adverse health outcomes.

Conclusion and Recommendations

The findings of this study, and our clinical experiences of working with this population, emphasise the potential negative psychological impact of age assessments and disputes. We would therefore argue the need for a shift in emphasis from chronological age to individual vulnerability in determining the needs of asylum-seeking children and young people. In doing so, we would elaborate on the 15 key principles for age assessments proposed by the Refugee and Migrant Children’s Consortium¹⁸ - drawn from domestic and international law and guidance - to 20 key principles as outlined in *Table 2*.

1. Age assessment procedures are only to be undertaken as a measure of last resort when there are grounds for serious doubts and where other approaches have failed to establish the individual’s age.
2. Where conducted age assessments should only be undertaken taking the best interests of the child as a primary consideration .
3. A holistic assessment of capacity, vulnerability and needs that reflect the actual situation of the young person is preferred to reliance on procedures aimed at estimating chronological age .
4. When an age assessment is conducted, a process must be developed that allows for a holistic, impartial multi-agency approach , conducted over an adequate period of time, drawing on the expertise of those who play a role in the child’s life, including health professionals, psychologists, teachers, foster parents, youth workers, advocates, guardians and social workers.
5. Where doubts remain about the child’s age after an assessment, the person seeking asylum is to be given the benefit of the doubt and assumed to be a child. This should include cases where the margin of error allows for the possibility that the individual is under 18 years old.

¹⁸ Refugee and Migrant Children’s Consortium. [Age assessment proposals in the New Plan for Immigration](#), 2021. (accessed 16 November 2023).

6. Age assessment must be carried out in a safe, child- and gender-sensitive manner with due respect for human dignity . The least invasive option should be followed which balances physical, developmental, psychological, environmental, and cultural factors.
7. Age assessments also need to take into account the ethnic and cultural background of the child.
8. A person claiming to be under the age of 18 should be treated as a child and benefit from the rights of a child unless this would be clearly unreasonable.
9. Procedures on age assessment need to be clear and transparent.
10. Age assessment should not be carried out immediately upon arrival of separated or unaccompanied children in border areas and/or on the territory since time is crucial in building trust and allows for proper recollection and sharing of information about the child's own story which is useful in establishing his or her age.
11. No method can determine age definitively. Hence, there will always be a margin of error .
12. Medical age assessment methods are highly contested and are subject to a high margin of error. UNHCR does not support the use of medical age assessment methods in its own operations.
13. Assessments are overseen by an independent guardian who is present if requested to attend by the individual concerned.
14. There must be a procedure to appeal against the decision as well as the necessary support to do so. This should include access to legal assistance and assistance for a child to understand their rights.
15. Should the age assessment conclude that the young person is not a child, the applicant should be provided assistance and protection based on a comprehensive assessment of their protection needs and vulnerabilities .
16. Holistic, multi-agency support throughout including connecting with peers who are also unaccompanied and/or age disputed.
17. Trauma-informed approach to age assessment including: supportive, non-confrontational environment, promoting trusting relationships, acknowledging the impact of trauma on testimony, and the emotional impact of re-telling one's story.
18. No change in living circumstances whilst the age dispute process is on-going, including the opportunity for appeal.
19. Mediation and repair of relationships between unaccompanied children and social care following the age dispute if found to be a child to rebuild trust .
20. Greater oversight of how assessments are conducted and protections against coercive practice , with clearer channels for challenging the outcomes of inappropriate or coercive assessments.

Table 2 – 20 Key Principles for Best Practice in Age Assessments.

In summary, our findings suggest that the age dispute process has the potential to significantly exacerbate the mental health difficulties of already vulnerable unaccompanied young people seeking asylum. Newly introduced legislation promoting the use of 'scientific methods' to assess age will do nothing address these issues. Rather than focussing on unethical, impractical, and imprecise medical approaches, time would be better spent promoting best practice within local authority-led age assessments. It also remains to be seen how young people experience the assessments conducted by the National Age Assessment Board, and to what extent they are accepted or subject to further challenge.

By greater protecting the rights of the child, adhering to international best practice and law, and ensuring holistic, trauma-informed, and multi-agency input throughout, the mental health impact of the age dispute process can be mitigated. However, a longer-term goal from a public health perspective is a shift in the political hostility and narratives of scepticism towards refugees and people seeking asylum and the acknowledgment of needs of protection based not merely on age but on individual vulnerability, needs, and risks.