

Update to RCPCH evidence on age assessment provisions in the Nationality and Borders Bill, February 2022

Last week we provided evidence in relation to the above. We noted in our evidence that we were reviewing our [position statement](#) and that we would write to you with an update when we had completed this review.

RCPCH position on age assessments

- The RCPCH **updated our position on age assessments** in February 2022.
- Many asylum-seekers will have no documentary evidence of their birth date and therefore other methods of age assessment are currently being undertaken within the UK to establish whether they are under the age of 18 years.
- This has implications for the outcome of their asylum claim and for their ability to access health services, education, and welfare support.
- The RCPCH does not support paediatricians being involved in age assessments of asylum-seeking young people because of the concerns regarding the evidence base for accurate age assessment and the ethical consideration relating to the impact on children.
- **Article 3(1) of the Convention on the Rights of the Child** gives every child the right to have his or her best interests assessed and taken into account as a primary consideration in all actions or decisions that concern him or her.

There are two main factors to consider regarding assessments: accuracy and ethics.

The accuracy of age assessments

- It is difficult to determine a young person's age accurately. A child's physical, emotional, and developmental presentation is influenced by factors including but not limited to their ethnicity, socio-economic environment and nutritional status.
- It is especially important to acknowledge the impact of adverse experiences, conflict, trauma, violence and forced migration.
- Age assessment by examination and X-rays is imprecise and at best can determine what stage of puberty a child is at with an estimated age range.
- The **British Society for Endocrinology and Diabetes states** that the timing of puberty is extremely variable and impacted by genetics as well environmental and social factors.
- Completion of growth occurs at the end of puberty, so if a child starts puberty early, they will finish growing whilst still in their early teens.
- Conversely, if a child starts puberty late, they may not finish growing until well over the age of 18 years.
- Current methods for bone age X-ray assessment, such as the Greulich and Pyle method, use X-rays taken from 'average' Caucasian children and again will vary enormously depending on what stage of puberty a child is at.

- The **British Dental Association has vigorously opposed the use of dental X-rays** to determine whether asylum seekers have reached the age of 18, stressing they are not a reliable way of establishing age.

The ethics of undertaking these assessments

- Exposing anyone to radiation from X-rays unnecessarily should be carefully considered and for non-clinical purposes the RCPCH considers it unethical.
- The Care Quality Commission regulates the use of ionising radiation and state that “justifying each exposure to ensure the benefits outweigh the risks”.
- There have been several judgements in case law about who should hold the burden of proof about a child’s age. Given the lack of evidence regarding the accuracy of age assessment, the RCPCH believe that young people should be given the benefit of doubt with regards to their age.
- We are of the view that age assessments require informed consent, which has to be freely given, and it is difficult to ensure this is taking place if vulnerable young people are assessed under duress.
- Consent is not valid if coerced. Young people may feel that they are compelled to agree to the process. In addition, given their past adverse experiences, young people in this situation may not have the capacity to consent to the age assessment process.
- We believe there is a potentially harmful impact of enforced age assessment on a child’s physical and emotional well-being. As well as the harmful impact of inaccurately assessing a young person as being an adult, we also acknowledge concerns around wrongly assessing an adult as a young person due to the risks adults may pose to children in care placements and education settings.
- We acknowledge there are implications for resource allocation, such as access to health services, education and welfare support, for children in care if adults are incorrectly placed as children.

About RCPCH

The Royal College of Paediatrics and Child Health (RCPCH) is the membership body for paediatricians, representing more than 20,000 child health professionals in the UK and abroad. We are responsible for the training, examinations and professional standards of paediatricians across the country, and we use our research and experience to develop recommendations to promote better child health outcomes.