

Psychosocial age assessments in the UK

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Poor age assessment procedures may have devastating consequences. New guidance for social workers in England aims to help ensure that the age of asylum-seeking children is assessed more fairly, more ethically and more accurately.

Age assessment is a process for determining the age of unaccompanied young people without documents (or who have not shared their documents) in countries where they are seeking refuge. As the European refugee 'crisis' continues, more unaccompanied children are travelling to Europe. And the increase in migration makes it ever more likely that families will be separated, leaving young people to find their own way.

International law, including the UN Convention on the Rights of the Child, and an array of national legislation are designed to protect children, including children

seeking asylum. These laws and policies aim to ensure more protective immigration systems, and/or child welfare systems that offer particular benefits and safeguards. It is critical for children to be protected appropriately, and to receive the services they need and are entitled to, such as appropriate accommodation and school placements. For this, it is necessary to determine the age of anyone seeking asylum who may be a child.

Across Europe, a range of methods is employed, from medical to dental to psychosocial assessments, or any combination of these, but none produces

exact results.¹ In only a handful of countries in Europe are social workers involved in age assessments; most countries use an age determination interview undertaken by immigration officials. The majority (24 out of 30 countries) use carpal (hand/wrist) X-rays, with approximately half using collar bone and/or dental X-rays as part of their age assessment process. About one-third use sexual maturity observations. The use of X-rays is in itself controversial; the British Dental Association, for example, has stated that it is “inappropriate and unethical to take radiographs of people when there is no health benefit for them”.²

Regardless of the type of age assessment, the usual range of possible ages is two to three years on either side of the suggested age. For a young person, this can make a huge difference. Approximately two-thirds of European countries give young people the benefit of the doubt during age assessments. The controversial and inexact nature of age assessments means that the practice is discussed regularly in various fora but change to the process has been slow.

New developments

The UK has recently strengthened its move toward a purely psychosocial model for age assessments. Psychosocial assessments involve interviews with and observations of the young people (with contributions by any other professionals working with them), exploring their lives (physical, emotional, familial, educational and beyond) particularly in relation to their social environment, both current and past. These types of assessments, carried out by social workers, have been undertaken for more than a decade in the UK but without any official guidance, despite years of requests by social workers and NGOs for help completing these specialist assessments. With no guidance, the quality of age assessments varied widely and the resultant legal challenges meant that local authorities were spending more time and money completing second age assessments or fighting judicial reviews. Finally in 2013 a task force was created to address this gap, and in October 2015 the

Association of Directors of Children’s Services published guidance for social workers in England conducting age assessments.³

The new social work guidance seeks to provide a framework for the least invasive, most multi-disciplinary process that adheres to international law and protects children. Though the guidance does not necessarily contain new ideas, it does consolidate case law and good practice in social work principles that have not been brought together in one place before.⁴ It also supports and recommends, for example, the principle of the ‘benefit of the doubt’ being weighted towards assessing a young person as a child. The guidance was written by social work practitioners and managers and a young person’s asylum advocate, with legal advice provided by a barrister; the process was overseen by the Age Assessment Strategic Oversight Group, comprising representatives from a range of government and non-governmental agencies.

The advantages of social workers undertaking age assessments are many:

- The assessments produced by social workers are psychosocial assessments. They do not include medical models, which continue to be controversial.
- Social workers focus on the well-being of children (and adults), not on immigration control, so are (theoretically) neutral in matters of immigration.
- Social workers practising in the UK undergo years of training – both theoretical and in practical placements – on child development, child protection, how to complete assessments and, increasingly, human trafficking.
- There are parallels between age assessments and needs assessments, which demand that social workers assess a young person holistically, searching for an understanding of a range of factors including health, education, individual experiences and family background.
- The nature of their work and their workplaces ensure that social workers are likely to be able to provide a more

informal, comfortable environment (in contrast to an immigration centre, for example) for assessment of a young person who may have experienced fear, exploitation, torture or abusive behaviour in their country of origin or during their travels.

Pitfalls and concerns

The ultimate goal of the Age Assessment Strategic Oversight Group in the UK is to have each of the professions that may play a role in the age assessment process to complete its own guidance, and for these chapters to be merged into one book to facilitate collaboration between all agencies involved. At present, however, the social work guidance is the only one that is complete.

Even with social workers being responsible for undertaking age assessments in the UK, immigration officers may make an initial determination on individuals who approach the Home Office, and so already influence the trajectory of the case. Those whose appearance 'strongly suggests' – in the opinion of the immigration services – that they are over the age of 18 will not be referred by immigration officers to a local authority for social work assessment.

Informed consent is another critical issue when dealing with children. In the UK, social workers are responsible for judging whether young people have the maturity to understand what is being asked of them and to provide informed consent to participate (or not participate) in the activity. This judgement, however, can be quite subjective. Furthermore, in some other European countries, not all applicants are informed about the possible health consequences of medical procedures used, which calls into doubt how informed their consent can actually be. This is compounded by the fact that the person being asked to provide consent may well be a child, with limited understanding of what is being explained to them in a language that may not be their mother tongue. In about a third of European countries, the refusal to undergo a medical age assessment can result in automatic

presumption that the young person is an adult.

It is also critical that young people know how to challenge an outcome if they do not agree and have the means to do so. In the UK, young people can request a judicial review of the local authority's work if they disagree with the age they have been assigned (assuming that they can secure legal aid and representation). In many European countries, advice about, availability of and access to appeal are severely limited.

Conclusion

The guidance for social workers in England has been downloaded more than 20,000 times in the first six months since publication, and some local authorities have revised their policies and procedures based on the guidance. It will take some time for the practice to become embedded and for it to be seen if it leads to better assessments and fewer legal challenges.

A primary consideration of any age assessment should be the repercussions that may ensue if the assessment is not accurate. If a child is assessed as an adult, immigration detention and removal are very real possible outcomes. The psychological effects of detention cannot be overemphasised and for children detention can be even more destructive. Removal to the country from which they have fled is devastating. Regardless of the age assessment methods employed, those undertaking them have a responsibility to ensure the safety of those in their charge.

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1. European Asylum Support Office (2013) *Age assessment practice in Europe* www.refworld.org/pdfid/532191894.pdf
2. www.bda.org/news-centre/latest-news-articles/Pages/Xrays-for-young-asylum-seekers-inaccurate-and-unethical.aspx
3. Online at http://adcs.org.uk/assets/documentation/Age_Assessment_Guidance_2015_Final.pdf The guidance is specifically for England but is open for anyone to adopt.
4. See also the Scottish guidance compiled in 2012 www.migrationscotland.org.uk/uploads/files/documents/age_assessment_guidance.pdf