

CONCLUSION PAPER

*RAN in the Western Balkans Study Visit
9–10 May 2023, Paris, France*

Managing the Needs of Child Returnees

Key outcomes

In recent years, women and children from formerly Daesh-controlled territories have been repatriated in many countries, including in the Western Balkans (WBs) and EU Member States (MSs). However, the management of child returnees remains a fairly new and constantly evolving task for these countries.

A wide range of measures can be taken in the period between the children's arrival and their successful reintegration; likewise, many relevant stakeholders can play a positive role in supporting the child returnee resocialisation processes.

During a Paris study visit, participants from the WBs visited the **Juvenile Justice Department (PJJ)** under the **French Ministry of Justice**, and met with administrators and practitioners to discuss the French approach to the management of child returnees. In addition, they discussed the different measures and mechanisms currently used in their own regions.

Some of the key take-aways from the meeting follow.

1. Participants agreed on the crucial importance of a **multi-agency approach** in supporting child returnees' rehabilitation and resocialisation. Multidisciplinary teams and multisectoral perspectives are essential at both national and local level, in the communities where the children will be living.
2. In the majority of cases, **children are repatriated with their mothers**. Female returnees in France are subject to criminal investigations and prosecution; in the Western Balkans women typically do not enter the criminal justice system. Instead they remain with their children and are integrated into rehabilitation and reintegration programmes outside the custodial system.
3. The **role of juvenile judges** differs vastly in the French vis-à-vis the Western Balkans context: in France, they are responsible for coordinating the measures applicable to child returnees. In the Western Balkans, on the other hand, they play no part in the process whatsoever, which prevents interventions from being established in a clear legal framework.

This paper provides an overview of the French approach to the management and reintegration of child returnees, outlining the different actors involved and the challenges encountered so far. A discussion of the approaches and measures in place in the Western Balkans region follows, including an analysis of the differences and similarities to the French setup and the gaps and good practices identified by the attending practitioners.

The French approach

The extent of the phenomenon

In less than 1 year, France has repatriated more than 100 children from Syria and Iraq through 3 major operations (35 minors in July 2022, 40 in October 2022, and 32 at the beginning of 2023).¹ In addition, an estimated 200 children have returned to France autonomously with their families. It is believed that approximately 100 are still in the conflict zone. The majority of children who have returned to France to date are under the age of 10; slightly more than half were born in France and the rest in other countries, mainly Syria and Iraq.

Children have returned to France through one of the following paths:

- some families returned to France using their own means, with the French authorities learning about their return only after their arrival;
- some individuals and families returned under a French–Turkish protocol allowing Turkey to expel to France individuals trying to reach (or leave) Syria;
- many were repatriated by the French judicial authorities from the camps in north-east Syria, including orphans, children with a critical health condition and children with their mothers.

France has adopted a specific judicial system for dealing with returnees, including children: systematic judicial proceedings are held under the coordination of the national counterterrorism prosecutor's office (Parquet national anti-terroriste or PNAT). Child returnees fall under the scope of the child protection sector, since the juvenile judge is responsible for any judicial decisions taken. The terms of the judicial, medical and educational management of child returnees were defined in an interministerial document in 2018² and further amended in April 2022; the document also allocates an important role to the antiterrorist investigating judge and the juvenile judge. The goal, through multidisciplinary work, is to enable the child to lead a regular life and have a regular childhood.

In the case of child returnees, the juvenile judge is a key actor who determines the children's educational support and social care provision (including foster families and/or residential placements), and coordinates their medical and psychological assessment, school enrolment and decentralised forms of support to accommodate individual family ties.³

The multi-agency approach

Under the coordination of the judiciary, different actors are called upon in France to assess and address the needs of child returnees.

The **Department of Juvenile Justice of the Ministry of Justice** is responsible for the Educational Assistance Assessment: ensuring adapted care, determining if the parents and/or the extended family can meet the child's needs, and providing key information on the necessity of follow-up measure(s). The idea is to assess the possibility of returning the child to their family/extended family. The goal is for the child to return to their family if the conditions are met, which is not always the case: the extended family may not necessarily know the child and/or the environment might pose a risk to the child.

¹ [Troisième opération de rapatriement de femmes et d'enfants français des camps de prisonniers en Syrie – Libération \(liberation.fr\)](#)

² [Légifrance - Droit national en vigueur - Circulaires et instructions - Instruction relative à la prise en charge des mineurs à leur retour de zone d'opérations de groupements terroristes \(notamment la zone irako-syrienne\) \(legifrance.gouv.fr\)](#)

³ [Prononcé le 5 octobre 2022 - Eric Dupond-Moretti 05102022 Djihadistes français | vie-publique.fr](#)

The **Departmental Council**⁴ manages social care within a potential foster family or residential placement, and with the support of the PJJ, conducts an annual assessment of the quality of care of each actor involved in the management of child returnees.

The **Ministry of Health** coordinates the first assessment, sharing with the juvenile judge the somatic and medico-psychological findings as well as recommendations for possible long-term care. This evaluation is used as a basis for the identification of needs for short-, medium- and long-term care at somatic level (infection, malnutrition, chronic diseases, etc.) and can also diagnose, through medico-psychological consultations, mental health disorders (e.g. post-traumatic stress syndrome). Regional health agencies are responsible for identifying the structures and professionals that can ensure adequate follow-up for minors and/or their families.

Finally, the **Ministry of Education** provides support for schooling and education, with the objective of developing personalised school reintegration plans. There is a focus on children with particular needs, particularly those with a limited command of the French language.

In 2017, a special restricted division of the **Unit for the Prevention of Radicalization and Support for Families (CPRAF)**⁵ was established to address the needs of child returnees. Actors in this division are responsible for information-sharing and for the development of personalised care plans. When possible, division actors meet before the child arrives in the community; they continue to meet on a quarterly basis afterwards, until the child reaches the age of majority.

Challenges

There are several challenging elements and aspects in the management of child returnees, in terms of the trauma experienced in conflict zones as well as the administrative and emotional difficulties inherent in the resocialisation and reintegration process.

1) Civil status and legal issues

Children born in conflict zones have no civil status or established proof of descent, and family ties can only be presumed. This lack of a legally recognised parent-child relationship might cause complications in administrative terms, e.g. the lack of identity documents might hinder travel or access to certain services.

Genetic testing might be used to confirm a child's identity and determine their parentage, and consequently also their eligibility for nationality. However, genetic testing is considered an invasive measure, and in France this procedure falls under the legal remit of a civil judge rather than a juvenile judge. The civil procedure can be lengthy. In addition, in some cases, women assumed a maternal role and cared for orphans or children who were not biologically theirs, meaning it cannot be legally assumed that all women returning with children are their mothers.

2) Socio-educational reintegration

After their return, children face multiple challenges linked to their traumatic experiences in conflict zones: these include gaps in education, difficulty in adjusting to cultural differences, and stigmatisation upon return to France.

⁴ The Departmental Council is the deliberative assembly of the department as a territorial community, formed by the departmental councillors elected for 6 years.

⁵ The CPRAF, created in 2014, is a special preventive body that operates at local level and is chaired by the prefect (a high government official), aimed at supporting the social, educational, medical, psychological and/or professional care of potentially radicalised individuals and their families.

Actors in the socio-educational reintegration of child returnees may face difficult tasks and critical choices, as explained below.

- a. **Family.** The parents and/or extended family are not always able to meet the child's needs and provide a safe and stable environment. Although a stable family life can be a protective factor, a family context in which members share the extremist ideology or cannot process past experiences could be a risk factor. In France, the Department of Juvenile Justice assesses whether the family is ready to follow the medical and social care recommendations.
- b. **Relationship with the mother.** While abroad, returning children typically depended on the support of their mothers. However, once repatriated mothers become subject to investigation and prosecution, their children are separated from their (often only) point of reference. Although in theory visits with imprisoned mothers can be organised (visitation rights are determined by the children's judge), in practice this might be difficult logistically if it involves flying to a different city, which requires appropriate travel/ID documents. Mothers can significantly influence (positively as well as negatively) the outcome of the rehabilitation and resocialisation processes.
- c. **Language.** Children who lived in conflict zones may have a different mother tongue to that of their home country, resulting in language barriers, difficulties in establishing relationships with their peers, accessing services, and integrating into school. These considerations may apply also to a broader set of cultural facets.

3) The role of professionals

Experts and professionals involved in the management of child returnees might experience pressure, and consequently anxiety, related to carrying out their duties. As the return of children is a relatively recent phenomenon, the challenges are somewhat new to them, and the cultural and language barriers can exacerbate an already challenging situation. Finally, many practitioners are involved in the management and support of child returnees, each carrying a specific professional culture. An effort is required to ensure effective multi-agency coordination in this context. Training involving the different professions has been shown to be an effective tool, not only to increase knowledge on the existing interministerial mechanisms and the specialised skills required to support young children's trauma, but also as a tool to create good professional relationships between relevant stakeholders.

Discussion highlights

Participants discussed the measures and mechanisms in place to facilitate the social reintegration of child returnees, also including differences and similarities across the experiences represented during the meeting.

Common challenges and similar approaches

Children returning from conflict zones have lived through multiple, severe and traumatic experiences, resulting in arrested development, sleeping and attachment disorders, disturbed reactions to loud noises, and severe learning problems (especially in the initial period after return). As some of these children had to assume adult roles when in Syria or Iraq, they might struggle to accept their child status once back. In addition, they have often been encouraged to be secretive and they tend to maintain this attitude after repatriation. Approaches in France and in the Western Balkans are both based on the premise that children are primarily victims, and that actions and interventions should aim at ensuring the best interest of the child.

In both contexts, the main objective of the rehabilitation and resocialisation measures is the normalisation of children's everyday life. Enrolment into schooling and education is generally perceived as crucial to this goal and there is consensus on the need to adopt a case-by-case approach, as every situation requires tailored measures. Given the physical and psychological traumas children might have experienced while abroad, it is common practice to run medical check-ups and needs assessments upon arrival, to shape the way forward.

Language barriers and lack of a clear legal status for children born in conflict areas such as Syria or Iraq can hinder access to services and negatively impact the resocialisation process. The lack of a shared cultural identity can also be an issue for children who have spent the majority of their lives outside their country of origin. In this regard, some initiatives have been promoted to bridge the gap and familiarise children with the national history and culture. In Kosovo*⁶, for example, the rehabilitation and resocialisation process includes visits to museums and relevant historical sites to enhance the understanding of and emotional connection to the Kosovar culture. In some countries, returnees express scepticism towards local communities. In North Macedonia, for example, returnees found it difficult to trust local Muslim communities for ideological reasons; actors in the management of returnees (including children) thus had to further reflect on which individuals/organisations would be best to work with. In this sense, the involvement of clergy can have a positive effect, as narratives at play might include (and exploit) religious messages, but it is not always recommended since it might induce an immediate reaction of scepticism.

Local and national multidisciplinary teams are established or are being set up in countries taking child returnees. In this regard, in addition to the French approach presented above, many good practice examples can be traced in the Western Balkans region, including the following.

- The **Coordination Center for Countering Violent Extremism** in Albania, which coordinates CVE efforts in the country, including the repatriation and rehabilitation of foreign terrorist fighters (FTFs) and their families, and relies on a broad range of multidisciplinary expertise.
- The **Division for Prevention and Reintegration**, established by the Ministry of Internal Affairs of Kosovo, and the **interinstitutional working group** dealing with returnees, including children, comprising healthcare actors, law enforcement agencies, prosecutors, and relevant ministerial representatives.
- The **interministerial working group** created in North Macedonia to manage the return and treatment of returnees, under the overall coordination of the **National Counterterrorism Coordinator Office**.

From the experiences represented in the meeting, it is clear that alongside coordination at central/national level, multidisciplinary teams are required also at local level, in the communities where children are reintegrated after their return and initial health screenings. While multi-agency work is key, it has its challenges: reluctance to share knowledge and information, the diverse professional cultures inherent in each role, and the difficulties inherent in coordination and collaboration overall. To address challenges related to information-sharing, North Macedonia is currently developing a database that will facilitate access and exchange of relevant data among stakeholders.

Different perspectives and measures

While many elements and approaches are similar among the countries experiencing the return of FTFs and their families, some aspects are managed differently because of the different resources available and the divergent standpoints on the phenomenon. The three following key points were discussed in depth by participants in view of the different mechanisms promoted by the stakeholders involved.

- **Psychological support.** There was a general consensus regarding the value and need of involving a psychological support dimension in the management of child returnees. However, in some WB areas, there is a shortage of specialised professionals (i.e. child psychiatrists) who can be engaged throughout the process. This situation, however, does not apply to all WB partners, as some can count on psychologists with extensive experience in trauma work, in light of past conflicts in the region. In addition, even existing trained psychologists, psychotherapists and psychomotor therapists require continuous learning and adaptational skills when confronted with a new phenomenon, something which holds true in every country. Finally, the Western Balkans generally do not apply standardised evaluation processes in their assessment of children's mental health needs. However, in some areas of the region, the

⁶ *This designation is without prejudice to positions on status, and is in line with UNSCR 1244/1999 and the ICJ Opinion on the Kosovo declaration of independence.

psychological component is extremely highly prioritised and can take various forms (e.g. Kosovo offers a diverse range of approaches, including group therapy and mother–child therapeutic sessions).

- **Role of the mothers.** While female returnees in France are systematically subject to investigation and prosecution, in the Western Balkans women are generally placed in rehabilitation and reintegration programmes outside the custodial system. Mothers remain with their children, granting continuity to the children as their main reference point. However, women are not necessarily or solely seen as victims, and in light of the security threat they might pose and taking into consideration the negative influence they potentially have on children, surveillance and monitoring is ensured by the professionals involved, including security actors. Significant focus is placed on providing parental coaching, vocational training and economic support to the mothers to ensure they are best positioned to guide the rehabilitation and resocialisation process of their children.
- **Juvenile judge.** In France, the juvenile judge is a major player coordinating the measures to be developed and implemented to support the rehabilitation and resocialisation of child returnees. The Western Balkans lack such a figure, which, alongside coordination, can play a very positive role in the provision of a legal framework with added measures and interventions, and which can be mandatory for the beneficiaries, when relevant/necessary.
- **Civil society engagement.** In France, multi-agency work is coordinated and implemented primarily by governmental actors, but the Western Balkans have integrated different non-governmental organisations (NGOs) and international organisations (IOs) in the provision of services for child returnees. In Bosnia and Herzegovina, for example, the International Organization for Migration (IOM) contributed to the establishment of a Reintegration and Financial Support Fund for Returnees and their Families, which supports returnees to find employment, and thus secure financial independence for their families. In Kosovo, both NGOs and state actors are involved in the mental health assessment of child returnees. In North Macedonia, NGOs were initially not allowed to work with child returnees because of the security aspects inherent in this field of action. However, the approach has changed over the years, and NGOs are now included in the rehabilitation and resocialisation process. The involvement of civil society actors, NGOs and IOs brings multiple advantages, including serving as a strategy to overcome resource constraints and a way to enhance the level of trust between communities and institutions.
- **Strategic communication.** While local community members (i.e. teachers and school principals) are sometimes informed about the forthcoming arrival of a child returnee, different experiences were discussed in terms of proactive vs reactive communication. In North Macedonia, for example, schools were not informed about the life stories of the children in the first cases of returnees. Diverse strategies are also applied as regards the reinsertion of the child in the community. With reference to schooling, some child returnees might be challenged by the experience of collective life and structured routine. Consequently, child returnees are not always enrolled into local school(s) after their return. In Pristina, for example, child returnees attend separate classes in the period following their return to avoid further stigmatisation.

New trends and key considerations for the near future

Countries involved in the management of child returnees are expecting new arrivals soon, and for some countries like Montenegro, the first repatriation is expected shortly. The groups and individuals to be repatriated in the near future might pose some additional challenges in an already complex situation. There are concerns that the new groups of returnees might include children who have spent longer periods in camps, where they might have been further exposed to traumatic experiences as well as to radicalisation and recruitment attempts. In addition, some countries, like Bosnia and Herzegovina, are expecting several adolescents in the next group of returnees. The heterogeneity in the age of the children can pose some challenges for the support and services needed: teenagers, for example, might be particularly demanding in light of the identity formation process that is typically part of those years.

Supporting child returnees is a complex task which requires the contribution of different stakeholders. In addition, it represents a long-term commitment: while many countries have only recently engaged in the repatriation of children, efforts need to be sustained over time, as rehabilitation and resocialisation require long-term support. Symptoms related to the traumas experienced tend to disappear between 6 and 24 months after return. However,

this does not mean that support might not be necessary for a longer period. The evaluation of the impact of the measures in place can help assess if the process is moving smoothly, but it is necessary to recognise that setbacks are possible and mechanisms to address them should be put in place.

Recommendations

- Multi-agency cooperation is key and mechanisms to promote cooperation among different stakeholders are required at national as well as at local level.
 - The actors working at local level for the rehabilitation and resocialisation of child returnees play a central role in developing a tailor-made reintegration plan as well as in monitoring progress and setbacks.
 - Under the framework of a multi-agency approach, NGOs and CSOs can significantly contribute to the process, as they provide strong and direct connections with communities at local level.
 - Multi-agency cooperation might pose some challenges, as different actors might have different priorities or professional cultures and might not be aware of their respective roles and responsibilities. Offering opportunities such as common training workshops can help build trust and foster professional relationships.
- Professionals working with child returnees might experience anxiety, pressure and stress related to the expectations of their role: staff should be provided with continuous support as well as a space in which to share challenges.
- One of the key elements for practitioners working with child returnees is the trust-building process, which should involve not only the child, but also the mother and the other relevant family members, including the foster family, if applicable. An open and collaborative approach can set the groundwork for a positive relationship.
- Mothers represent a reference point for child returnees. When possible, and if it does not negatively affect the process of resocialisation, the child–mother relationship should be maintained and nurtured within existing limits (e.g. through prison visits in the case of imprisoned mothers).

Follow-up

Interest was expressed in gender-based approaches: future meetings and research could assess how **gender-related considerations** can be further included in existing rehabilitation and resocialisation mechanisms for child returnees.

The age of child returnees (alongside many other factors, such as exposure to trauma) might affect the measures required to facilitate their reintegration into society. **Children** who left their country of origin as minors who have become **of age** by the time they are repatriated represent a special case, and might be subject to different provisions both legally and socio-psychologically: a meeting involving multidisciplinary practitioners dealing with this particular target group could be organised to exchange ideas and good practices on how to best address this situation.

Further reading

- RAN. (2020). [Study visit: Returned Women and Children – Studying an Ongoing Experience on the Ground](#), Pristina, 10-11 December 2019
- RAN FC&S. (2021). [Dealing with returning children and their mothers from Daesh: taking stock and going forward](#), Online, 9-20 May 2021
- RAN REHAB. (2021) [Returning FTFs and their families: Practitioners’ insights on improving the return process](#), Online, 16 September 2021
- RAN. (2022). [Management of returning FTFs and their family members with a focus on returning women and children](#), Online, Cross-cutting thematic event, 14-15 December 2021
- RAN. (2021). [Study Visit to Helsinki: The management of child returnees](#), Helsinki, 1 December 2021
- RAN PRISONS. (2022). [The role of multi-agency cooperation in dealing with female returnees in prison and protecting the rights of children with imprisoned parents](#), Online, 5-6 April 2022