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## Repatriation and the best interests of the child

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# Chapter 5

Supporting the reintegration of returned asylum-seeker children into their countries of origin: A follow-up study in Kosovo

This chapter is based on:  
Zevulun, D., Zijlstra, A. E., Post, W.J., Knorth, E.J & Kalverboer, M.E.  
Supporting the reintegration of returned asylum-seeker children into their countries of origin: A follow-up study in Kosovo. (submitted)



## Introduction

Many Western countries have a restrictive migration policy in which the return of rejected asylum seekers or irregular migrants is emphasized “...both as a deterrent to those who wish to come without documentation, and to affirm the control of receiving states over their borders” (Black & Gent, 2006, p. 16). While the situation and wellbeing of returned migrants is not formally monitored, several studies have explored the experiences of returnees, including the question of when repatriation could be considered ‘sustainable’ or ‘successful’ (Black et al., 2004; Black & Gent, 2006). In these studies, the focus is on longer term and contextual factors, including social and economic dimensions. In a study of the reintegration and embeddedness of adult returnees, Van Houte (2014, p. 56) distinguished three interrelated dimensions: 1) *economic embeddedness*, encompassing “...access to resources, opportunities and basic services to establish a self-sustained livelihood”; 2) *social network embeddedness*, referring to opportunities “...to become part of local social networks and to establish meaningful social contacts [...] for acquiring information, sharing personal and intimate relationships with peers, and discussing shared beliefs and values”; and 3) *psychosocial embeddedness*, referring to “...the ability to express identity, providing an individual with a place in society and establishing connections with that society”.

Previous studies have mainly focused on the situation of adult returnees, while the experiences of child returnees have remained unexplored. With respect to returnee children, additional safeguards may be necessary for children’s development after return, such as having access to schooling or opportunities for development related to parenting (e.g., adequate physical care, a supportive child-rearing structure and adequate examples by caregivers and in the wider society) (see Kalverboer & Zijlstra, 2006). A previous study of the situation of child returnees in Kosovo and Albania indicated that repatriated children in families encounter various challenges that are related to their child-rearing environment and their social-emotional wellbeing (Zevulun et al., 2017 – see chapter 4). In particular, children who did not have a stable residence permit in their host country, who were older adolescents, and who belonged to a minority ethnic group experienced difficulties after return to Kosovo and Albania.

The Monitoring Returned Minors (MRM) project in Kosovo and Albania aimed to gain insight into children’s development after a return decision and to

determine which children may be particularly vulnerable after repatriation. This knowledge can inform strategies to support other families and children who must return to their countries of origin. Currently, support with reintegration often focuses on material assistance, support with finding employment or starting a business after return (Majidi, 2013; Ruben, Van Houte, & Davids, 2009). The Kosovar government's reintegration programmes are also focused on providing material support, aiming to alleviate the basic needs of returnees during the first year after return, such as through food packages, wood for heating, housing or establishing businesses (Kosovar Ministry of Internal Affairs, 2013). As this type of return assistance is generally focused on adult returnees, a small-scale (approximately EUR 300 per child) and child-focused assistance scheme was set up during the MRM project to alleviate concerns about the child-rearing environment and to promote the children's wellbeing. This study intends to evaluate this child-focused assistance and present points of consideration related to how asylum-seeker children in families could best be supported to safeguard the interests and development opportunities of the children after return to their countries of origin.

Previous studies on support to displaced children in warzones may shed light on the issues that could be involved in the support given to children after displacement. As children in warzones have often experienced traumatic events that impact on their mental health, several psychosocial interventions have been developed in recent years (for an overview, see Jordans, Pigott, & Tol, 2016). However, not all displaced and uprooted children will benefit from psychosocial interventions alone, as poor mental health is not necessarily the greatest stress factor in these children's lives – especially when experiencing unstable social conditions after a traumatic event (Boothby, 1992; Paardekooper, 2002). In contrast, the greatest stress might come from the difficulties with meeting basic needs, such as food and shelter, or "...being teased at school due to their poverty, poor dress, or different language" (Boothby, Strang, & Wessells, 2006, 12). Hence, for this group of children, broader material and social assistance efforts are needed (Boothby, 1992).

The assistance provided during the MRM project aimed to alleviate both the concerns related to basic needs and the social reintegration of the children after return. It consisted of: 1) *material assistance* (such as food, clothes or computer), 2) *education and development of skills* (foreign language courses or schooling support), 3) *facilitating hobbies* (membership of sports and arts clubs), and 4) *medical equipment*, or a combination of material assistance with one of the

other types. This study intends to gain insight into the outcomes of the assistance that was provided to returned asylum-seeker children in Kosovo and Albania during the MRM project. What were the experiences of the professionals, parents and children with the assistance that was provided? How does the wellbeing and reintegration of children evolve after repatriation? And did the assistance contribute to beneficial circumstances for the child?

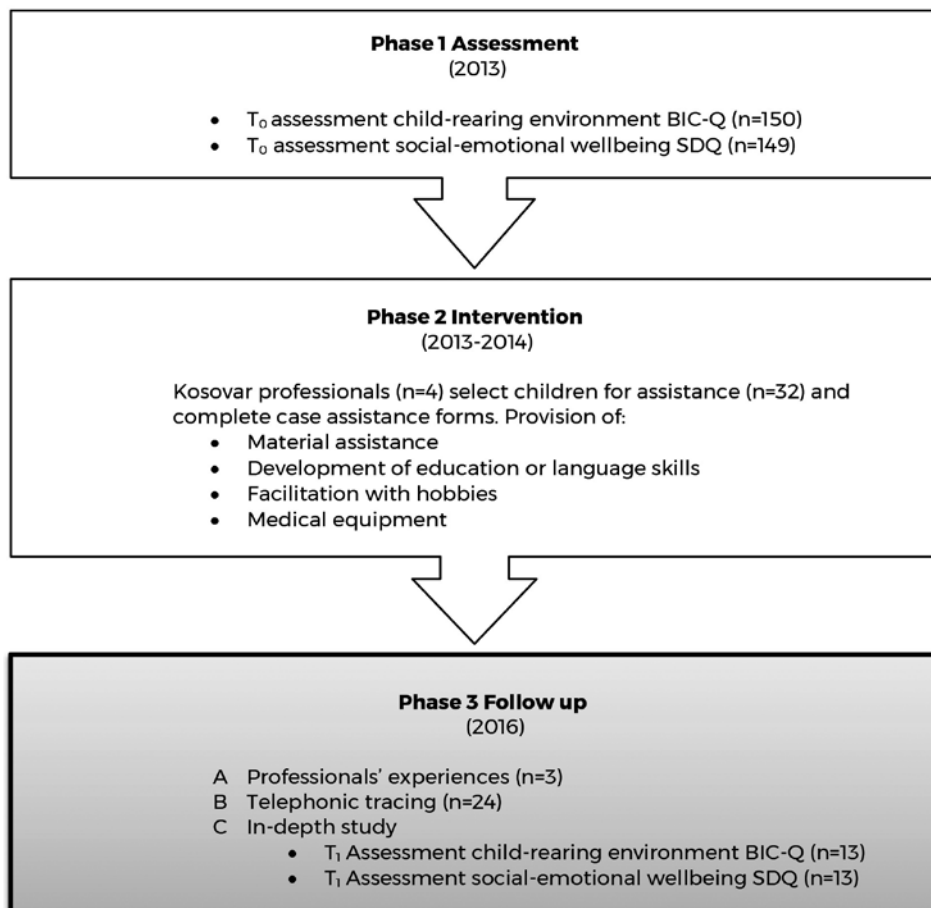
## Method

This research is part of a larger study of the wellbeing and living situation of asylum-seeker children after their return to Kosovo and Albania. It consisted of a qualitative design, with data collected during three successive phases (see Figure 1).

During the MRM project (Phase 1), the childrearing environment and social-emotional wellbeing of 150 returned children (max. two children per family) were monitored in Kosovo and Albania. Four Kosovar professionals interviewed the returned migrant children and their parents about the child-rearing environment and wellbeing. Following each interview, the professionals completed a questionnaire to assess the quality of the child-rearing environment and the children completed a self-report questionnaire concerning their social-emotional wellbeing (for further details of the procedure that was followed during the MRM project, see Zevulun et al., 2017, in chapter 4).

Towards the conclusion of the MRM project, the professionals selected 32 children (see below) to be provided with assistance (Phase 2). For each family, a *case assistance form* was completed, consisting of: a general case description; the positives and the concerns regarding the child's situation; the reason for selecting the case for assistance; and the type of assistance to be offered, including the expected outcomes.

The current study particularly focuses on the follow up after three years (Phase 3). The *completed questionnaires* from Phase 1 and the *case assistance forms* from Phase 2 were used as reference points to study the aims of the interventions and any changes to the child's environment and wellbeing over the three years.



**Figure 1.** The phases of the data collection: 'assessment' and 'intervention' during the MRM project (in white), and 'follow-up' three years later (in grey).

### Selection research sample

The children lived with their families in various EU host countries, primarily in Sweden, Germany, France and Belgium. About half of the families were returned by force to Kosovo, while the other families decided to return 'voluntarily', for example because they saw no other opportunity to stay after rejection of their asylum application. The reasons for selecting the children for assistance were related to various concerns about the child-rearing environment, such as poor living conditions of the family; children who had no friends, no social network, or no opportunity to undertake activities of their liking; growing up in a tense atmosphere within the family; having language difficulties, school problems or dropping out; child labour; or being in poor health and having no adequate

access to treatment. The children who were selected for assistance during Phase 2 more frequently lived in a low quality child-rearing environment and had more emotional and peer problems than the children who were not selected (see Table 1).

For Phase 3, we aimed to trace all of the children in Kosovo and Albania who had received assistance. We attempted to do this using their old contact details. However, the parents of eight children could not be found. The parents of 24 children in Kosovo were located and one of the parents in each family was interviewed by phone. Due to financial and time constraints, it was practically impossible to visit all of the families that had been found. Therefore, 14 children in 10 families were selected for further in-depth interviews with both the parents and the children. We aimed to reach a maximum variation of cases for these in-depth interviews by including children who received different types of assistance.

We also wanted to have an equal representation of children according to age and gender. Another variable used to make our selection was to include children who were and who were not going to school. As a final inclusion criterion, we determined whether we had a representative sample of children from all regions in Kosovo.

One case was dropped because of the health issues faced by the child, and another case could not be reached following the initial telephone call. Therefore, we included one additional child based on the type of intervention and living region. The specific sample characteristics are presented in Table 2 and demonstrate that the stratification required was obtained.

In addition to children and parents, the four professionals who provided assistance in the MRM project were also approached for an interview about their experiences supporting returnee children. These professionals worked for non-governmental organizations in Kosovo in the field of mental health care or provided socio-economic reintegration support for returnees. One of the four professionals was not available for an interview.



**Table 1.** Median scores on the BIC-Q and on the SDQ scales of the children who did not and who did receive assistance during the MRM project.

	<b>Children in MRM project who did not receive assistance*</b>	<b>Children in MRM project who received assistance</b>
	<b>Median (min, max)</b>	<b>Median (min, max)</b>
<b>BIC-Q scores</b>		
Total children	118	32
Quality child-rearing environment <sup>a</sup>	31.5 (1, 42)	15 (2, 34)
<b>SDQ scores</b>		
Total children	118	31
Overall problems <sup>b</sup>	10 (0, 28)	15 (5, 28)
Emotional problems <sup>c</sup>	3 (0, 10)	6 (2, 9)
Behaviour problems <sup>d</sup>	2 (0, 6)	2 (0, 8)
Hyperactivity and attentional problems <sup>e</sup>	3 (0, 7)	3 (0, 7)
Difficulties getting along with peers <sup>f</sup>	2 (0, 9)	4 (0, 9)

\* The children in the MRM project who did not receive assistance are formally not part of the research sample in this study. However, their scores on the BIC-Q and SDQ are shown to demonstrate the selection of children who did receive assistance during the MRM project.

<sup>a</sup> Sum score of all the 14 BIC-Q childrearing conditions. Scoring categories are unsatisfactory (0), moderate (1), satisfactory (2), or good (3). The higher the total quality score, the better the quality of the childrearing environment after return (min. = 0, max. 42). The greatest differences between children in MRM project who did not and who did receive assistance were found with regard to the conditions 'stability in life circumstances', 'continuity in upbringing conditions', 'adequate physical care', and 'social network'.

<sup>b</sup> The total problems score is the sum score of all four problem subscales (min. = 0, max. = 40). Thresholds for the total problems score as indicated on the SDQ scoring form: Close to average (0-14), slightly raised (15-17), high (18-19) and very high (20-40).

<sup>c</sup> Thresholds for the emotional problems score: Close to average (0-4), slightly raised (5), high (6), very high (7-10).

<sup>d</sup> Thresholds for the behaviour problems score: Close to average (0-3), slightly raised (4), high (5), very high (6-10).

<sup>e</sup> Thresholds for the hyperactivity and attentional problems score: Close to average (0-5), slightly raised (6), high (7), very high (8-10).

<sup>f</sup> Thresholds for the peer problems score: Close to average (0-2), slightly raised (3), high (4), very high (5-10).

**Table 2.** Variation in the sample of children who were traced by phone (n=24) and children selected for the in-depth study (n=13).

Characteristics at time of follow-up study	Telephonic tracing	In-depth study*
	N=24 Mean (SD)	N=13 Mean (SD)
<i>Child characteristics</i>		
Age	16.9 (1.7)	16.5 (1.6)
Child's stay in EU host country (in years)	5.9 (4.6)	4.7 (3.9)
Length since return (in years)	5.2 (.9)	5.3 (.8)
	<b>n (%)</b>	<b>n (%)</b>
Gender		
Boy	15 (63)	7 (54)
Girl	9 (38)	6 (46)
Assistance type		
Material assistance	14 (58)	7 (54)
Education and development of skills	4 (17)	1 (8)
Both educational and material assistance	1 (4)	1 (8)
Facilitating hobbies	3 (13)	2 (15)
Both hobbies and material assistance	1 (4)	1 (8)
Medical equipment	1 (4)	1 (8)
Education		
Child goes to school	13 (54)	8 (62)
Child does not go to school	7 (29)	4 (31)
Child finished high school and attends college	1 (4)	-
Child finished high school and does not attend college	2 (8)	1 (8)
Unknown	1 (4)	-
<i>Family characteristics</i>		
Total number of families	17	9
Ethnicity		
Albanian	12 (71)	6 (67)
Roma	5 (29)	3 (33)
Family composition		
Child raised by both parents	11 (65)	7 (78)
Child raised by single mother	5 (29)	2 (22)
Child raised by single mother and grand-mother	1 (6)	-
Living area after return		
Rural	9 (53)	5 (56)
Urban	8 (47)	4 (44)

\* The children included in the in-depth study are a subset of the telephonically traced children. This table shows the inclusion process in this study.

## Instruments

### **Best Interests of the Child-Questionnaire (BIC-Q)**

The quality of the child-rearing environment was assessed with the *Best Interests of the Child-Questionnaire* (BIC-Q; Zijlstra et al., 2012, 2013). The BIC-Q consists of 14 conditions in the child-rearing environment, concerning the familial and the societal context: 1) adequate physical care; 2) safe direct physical environment; 3) affective atmosphere; 4) supportive, flexible child-rearing structure; 5) adequate examples by parents; 6) interest; 7) continuity in upbringing conditions, future perspective; 8) safe wider physical environment; 9) respect; 10) social network; 11) education; 12) contact with peers; 13) adequate examples in society; 14) stability in life circumstances, future perspective.

A professional scores each condition after an interview with both the parents and child, scoring the respective conditions as 'unsatisfactory' (0), 'moderate' (1), 'satisfactory' (2) or 'good' (3). A study of the construct validity of the scale in the Kosovar context showed a strong scale when using the sum score for all 14 conditions ( $H = .73$ ;  $Rho = .97$ ) (Zevulun et al., submitted - see chapter 3). A minimum score of 0 reflects a low-quality child-rearing environment, and a maximum score of 42 a high-quality child-rearing environment.

### **Strengths and Difficulties Questionnaire (SDQ)**

The self-report version (11-17 years old) of the *Strengths and Difficulties Questionnaire* (SDQ; Goodman, 1997) was used to evaluate the social-emotional wellbeing of the returnee children. Consisting of 25 items, the questionnaire screens the child's wellbeing related to five different subscales: emotional problems, conduct problems, hyperactivity and attention difficulties, problems getting along with peers, and kind and helpful behaviour. Through the overall problems score, the questionnaire provides a sum score of the four subscales that focus on problems. The SDQ provides cut-off points that indicate whether a score is considered as 'close to average', 'slightly raised', 'high' or 'very high', based on the prevalence of mental health problems in a UK community sample (Goodman, Ford, Simmons, Gatward, & Meltzer, 2000). For children of 18 years and older, it is advised to use the continuous scores rather than these categories.

The SDQ is available and validated in various languages, from which the children could choose the one they preferred. As there is no *self-report* version of the SDQ in Albanian available as yet, the questionnaire was forward and back translated by independent translators into Albanian and checked by professionals with a background in psychiatry and medical sciences (Beaton,

Bombardier, Guillemin, & Ferraz, 2000). Previous studies demonstrated good psychometric characteristics of the SDQ (Goodman, 2001), and the capacity to distinguish children with psychiatric problems in high- and low-risk samples in both Western and non-Western settings (Mullick & Goodman, 2001). The psychometric properties of the *self-report* version in the Albanian language were not investigated, nor was a formal assessment conducted into the cut-off norms in the Kosovar context. As these might vary across populations, we only assessed the continuous scores (Vostanis, 2006) and only used the highest cut-off score in our analysis as indicating a problematic score.

## Procedure

### Phase 3A

The three professionals who assessed the children's situation (Phase 1) and provided the assistance (Phase 2), were interviewed via Skype about their overall experiences during the assistance project, as well as the lessons learned and their recommendations regarding future interventions for returnee children. The interviews lasted approximately 45 minutes and were audio-recorded.

### Phase 3B

One of the professionals was a co-researcher in the current study and acted both as a translator and a cultural mediator. In autumn 2016, he traced the families based on the old contact details from Phase 1. During the phone interview, the parents were informed about the research and were asked about the results of the assistance, their evaluation of and experiences with the assistance, and the family's current living conditions. Additionally, the parents were asked whether they and their children would like to participate in further in-depth interviews during home visits. After each phone call, the co-researcher completed *answer forms*, which were then discussed with the first author via Skype.

### Phase 3C

In October 2016, 13 children and their parents were visited for in-depth interviews. These visits lasted between two to three hours and were audio-recorded. Each interview started with a conversation with both the parents and the children who received the assistance (max. two children per family). If possible, the parents and children were then interviewed separately to provide enough space for the children to tell their own stories. The interviews were semi-structured around the topics of 'embeddedness, daily life and child-rearing environment in Kosovo',

'return process', 'support and assistance' and 'reflection on the period after return'. The interviews were conducted by the first author in English and translated into Albanian by the Kosovar co-researcher. At the end of each interview, the child completed the SDQ. After the home visit, the researchers discussed the case and completed the BIC-Q. The researchers provided an explanation for each score they gave for the BIC-Q conditions.

### Ethical considerations

The data collected during Phase 1 were part of a project approved by the European Commission, which was executed in line with the regulations applicable at that time. The Ethics Committee for Pedagogical and Educational Sciences of the University of Groningen determined whether the criteria for scientifically responsible behaviour were met in this follow-up study and approved the procedure. All of the parents and children were informed about the research verbally and were made aware that their answers would be confidential, that their participation in the research was voluntary and that they could stop the interview at any time. Both the parents and the children signed informed consent forms. Following each interview, the families received EUR 20 for their participation in the research.

### Data analysis

The *case assistance forms*, *telephone answer forms* and *verbatim transcripts of the interviews* with the parents, children and professionals were qualitatively analysed using Atlas Ti version 7. The case assistance forms (Phase 2) were analysed on 'reason to select the case for assistance', 'type of assistance' and 'expected outcomes of the assistance', and summarized in these segments.

The transcripts of interviews with professionals (Phase 3A) were coded inductively and focused on the professionals' experiences in providing the support and their recommendations for future assistance projects. The telephone answer forms (Phase 3B) were analysed on 'outcome of the assistance', 'what the parent found lacking' and 'what the parent valued most' during the assistance project, and 'current concerns' regarding the situation of the family or the child specifically.

In order to analyse how the child-rearing environment and social-emotional wellbeing had changed since the assistance was provided, by using descriptive statistics we compared the scores on the BIC-Qs and SDQs of Phase 3C ( $T_1$ ) with the questionnaires completed in Phase 1 ( $T_0$ ). Subsequently, we conducted

a comparative case analysis (see Boeije, 2002) to assess how changes came about for children faring well and children not faring well three years after the assistance was provided. For this purpose, transcripts of interviews with parents and children were analysed through a combination of inductive and deductive analysis techniques. A codebook was developed based on deductive or 'theory-driven' codes (DeCuir-Gunby, Marshall, & McCulloch, 2011). The deductive codes were based on the three dimensions of embeddedness – 'economic', 'social' and 'psychosocial' (Van Houte, 2014) – as well as dimensions from the Best Interests of the Child Model (Kalverboer & Zijlstra, 2006), such as codes related to 'child-rearing', 'education' and 'adequate physical care'. In addition, other codes were related to 'the return process' and 'support with reintegration'. The codebook was further updated with inductive or 'data-driven' codes (DeCuir-Gunby, Marshall, & McCulloch, 2011).

To enhance the inter-subjectivity, two researchers coded two interview transcripts based on the codebook and compared the codes they assigned to specific segments in the transcripts. In the case of differences, consensus was reached through discussion. After coding all of the transcripts, axial coding took place.

## Results

Phase 3A - What were the professionals' experiences regarding the support offered?

The professionals mentioned that three families had called them after being given assistance to thank them and to tell them how their children were doing due to assistance facilitating education or hobbies. On the basis of these calls, the professionals had the impression that these types of interventions were particularly successful, especially regarding friendships and opening future possibilities.

One shortcoming mentioned by the professionals was that the interventions often lasted for only a short period of time, with no possibilities for follow-up visits and continuing support. In addition, the assistance had to be child-centred, however, as one professional pointed out, "...sometimes it's not enough supporting the child when the family is in need" (Professional 2, Organization 1, verbatim). In some cases, it was difficult to abstract the child's situation from the general situation of the family.

Nevertheless, with reintegration assistance generally being focused on adults and on basic issues such as housing, food and employment – the professionals stated that it is necessary to assess the situation of all family members, including that of the children:

For example we had the case of a handicapped child, and so the father was telling us... what could be the support for the family. But when we talked with the child, it was something absolutely different, and something we didn't know before [...] for example, like eh, some friendship issues, like the behaviour of children here and the behaviour of children in [country X], in terms of school, and many many other aspects that we could never know before meeting him.  
(Pro. 1, Org. 1, verbatim)

In addition, the amount of money available in the assistance project was too low to enable real reintegration of the child. Thus, the professionals could focus on "...filling only one gap of their needs" (Pro. 2, Org. 1, verbatim). Furthermore, appropriate courses or activities that fitted the child's needs were sometimes not available in specific regions, which led the professionals to resort to other means of assisting the children (such as providing a laptop).

### **Professionals' recommendations regarding future assistance projects**

One of the professionals advised that future assistance should focus more on longer term assistance and investing in the future prospects and education of the children. According to this professional, children were committed to education in the host countries and often had good grades and developed talents, while after their return "...almost all of them have lost that possibility: they got lower on grades here in Kosovo and they have lost [the chance to develop their] talents" (Pro.1, Org. 2, verbatim).

The professionals noted that the families were often not well informed about the situation after repatriation, making them disappointed and feeling 'betrayed' after repatriation:

They were promised: "the new house will be built, you will get employed there, your children will go to school straight", so... Their expectations were very high [...] They were in a way convinced to voluntarily return. (Pro. 2, Org. 1, verbatim)

One of the professionals added that the families had become used to a 'luxury life in a well-organized state' in the host countries, which made it more difficult for them to accept that "... getting back in Kosovo, they get back in a mess. Here you could freeze, you could starve hungry, and no one will know about that" (Pro.1, Org. 2, verbatim).

Therefore, the provision of realistic information about the situation after return to Kosovo and good preparation of the family is necessary – not only of the adults but also of the children. According to the professionals, some children feared returning, either due to counsellors in the host country, who considered Kosovo to be dangerous, or due to their parents or other family members, who talked about repatriation to Kosovo as if it entailed committing suicide.

Phase 3B – What were the parents' experiences of the support received?

Table 3 shows the expected outcomes as described by the professionals in the *case assistance forms* before providing the assistance (Phase 2), and the actual outcomes mentioned by the parents during the *telephone interviews* three years later (Phase 3B). The corresponding expected and actual outcomes are in bold.

During the telephone interviews, six parents stated that they valued people visiting them and paying attention to or taking care of their needs. Other elements that parents appreciated were the opportunity for their child to maintain knowledge of the host country language, or for the child to obtain a graduation certificate or finish secondary education, or that the development of their talents could be continued after return. Three parents mentioned that without the assistance from the project, they would not have been able to offer these things to their children. Additionally, four parents most appreciated the happiness or the 'smile' that the assistance had brought back to their child's face. One parent stated that their children occupied themselves playing and learning on the laptop, which distracted them from the feeling of sadness and disappointment.



**Table 3.** Overview of types of assistance that were given to the children who were traced (n=24), the aims of the intervention that were set by the professionals before providing the assistance, and the actual outcomes according to the parents (corresponding expectations and actual outcomes in bold).

Type of assistance	Aims of the intervention (phase 2)	Actual outcomes according to parents (phase 3B)
<i>Material assistance</i>		
<b>Computer or TV</b>		
- Laptop or tablet	<ul style="list-style-type: none"> <li>• <b>Use computer for education purposes and developing skills</b></li> <li>• <b>Improve social network and establish friendships</b></li> <li>• <b>Practice language of the host country on the computer</b></li> <li>• Make child more motivated for life in Kosovo, increase wellbeing and respect by peers</li> <li>• Improve Albanian language level</li> <li>• Stay in touch with, and seeing the external world</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Learning to use the computer and internet, learning computer programmes and education-related activities</b></li> <li>• <b>Child kept contact with friends in host country</b></li> <li>• <b>Maintaining foreign language level, which is now of use in the child's job</b></li> <li>• Having fun and spending free time, such as playing games, making phone calls, and watching German movies.</li> <li>• Most beneficiary was visiting us and asking us how do we do. Laptop became a symbol to the children that there is someone around who cares about them.</li> </ul>
- TV		<ul style="list-style-type: none"> <li>• No contribution, or only for very short period of time (the device broke down within a couple of days respectively one month)</li> </ul>

Type of assistance	Aims of the intervention (phase 2)	Actual outcomes according to parents (phase 3B)
<b>Basic needs</b>		
Food, clothes, hygienic items	<ul style="list-style-type: none"> <li>• <b>Keeping child warm during winter months</b></li> <li>• <b>Cover basic needs for some months (i.e. enough food for children not going to bed hungry and not having to work, until parent manages to arrange social benefits, or until parent is released from the hospital)</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Winter months were spent less stressed about food and clothes</b></li> <li>• <b>Concerns about food were alleviated for some months</b></li> </ul>
- Sleeping beds	<ul style="list-style-type: none"> <li>• <b>Improving living conditions, as children do not have to sleep on the carpet anymore</b></li> <li>• Improve child's reputation and child's feeling in front of peers through proper clothes</li> </ul>	<ul style="list-style-type: none"> <li>• <b>It was a bit of help at that time, children are still using the beds</b></li> </ul>
<i>Education and development of skills</i>		
<b>Language courses</b>		
- English course	<ul style="list-style-type: none"> <li>• <b>Opening possibilities for future employment or studying abroad</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Graduation certificate that might bring the child further</b></li> </ul>
- French course	<ul style="list-style-type: none"> <li>• <b>Maintaining and advancing foreign language level</b></li> <li>• Meet peers and make new friends</li> <li>• Increasing child's self-esteem and performance at school</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Improving foreign language level</b></li> </ul>
<b>Schooling</b>		

**Table 3 (continued).** Overview of types of assistance that were given to the children who were traced (n=24), the aims of the intervention that were set by the professionals before providing the assistance, and the actual outcomes according to the parents (corresponding expectations and actual outcomes in bold).

Type of assistance	Aims of the intervention (phase 2)	Actual outcomes according to parents (phase 3B)
- School registration and transportation	<ul style="list-style-type: none"> <li>• <b>Graduation and opening possibilities for improving future perspective</b></li> <li>• Meet peers and make new friends</li> <li>• Getting out of tense atmosphere for some time of the day</li> <li>• Improving child's self-esteem and wellbeing</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Child has graduated and found a working place, which would have been impossible otherwise</b></li> </ul>
<i>Hobbies</i>		
<b>Membership sport or art club</b>		
- Registration football team, clothes and transportation	<ul style="list-style-type: none"> <li>• <b>Fostering talents, re-establishing child's dreams and passion</b></li> <li>• Releasing the child of worries about the living conditions</li> <li>• Meet peers and make new friends</li> <li>• Making the child more active in life and getting out of the house</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Further development of child's talents and skills for some period of time</b></li> <li>• Stress reduction, having fun and joy</li> <li>• The paintings of the child had been chosen as the best ones at the drawing school</li> </ul>
- Registration drawing course and materials		

Type of assistance	Aims of the intervention (phase 2)	Actual outcomes according to parents (phase 3B)
<i>Medical equipment</i>		
<b>Prevention of deterioration paralysis</b>		
- Fitness bicycle	<ul style="list-style-type: none"> <li>• <b>Make the child fitter</b> and more active in daily life</li> <li>• Prevent the child from becoming totally dependent and ending up walking on crutches or in a wheelchair</li> </ul>	<ul style="list-style-type: none"> <li>• <b>There was some small improvement on child's mobility of leg and arm</b> but lately it deteriorated due to epileptic attacks</li> <li>• It gave the child short-term hope that there are ways to work on the medical condition in Kosovo</li> </ul>

### **What parents found lacking in the assistance**

Six parents explained that they mostly needed assistance with basic needs and living conditions and this was lacking from the assistance project. One of the parents stated that not all children in the family were given assistance during the MRM project because they did not fall within the inclusion criteria at that time, which made these children feel 'left out'. Another parent mentioned a lack of assistance with the schooling of the children and keeping their motivation high.

### **The current concerns of parents**

Three years later, nearly all parents were still concerned about providing for basic needs and living in poor conditions. Most families did not have stable employment or were unemployed; in only four families had a parent or a child found a job in the meantime. Some families mentioned that they still lived in insecure or inadequate housing. In addition to the poor living conditions, one family's main concern was the safety of the father and son in the family, who were involved in a blood feud and at risk of being injured or killed in retaliation. Some parents were concerned about the deterioration in their child's school performance, or about their children having dropped out of school.

Phase 3C – How were the children faring three years after receiving assistance?

The variation in scores on the SDQ scales had changed three years later. Regarding the scores on 'emotional problems' and 'overall problems', a clear division into two groups could be made: one group of children showing problematic scores on 'overall problems' and/or 'emotional problems' three years later, and one group of children showing no problematic scores on these scales three years later (see Table 4). Also, the quality of the child-rearing environment was lower for the children showing problematic outcomes (median  $T_1 = 8$ ; min = 1, max = 22) compared with the children showing less problematic outcomes (median  $T_1 = 26$ ; min = 6, max = 32). For nearly all of the children, the 'peer problems' scores either remained the same or increased (for the total group: median  $T_0 = 3$ ; median  $T_1 = 4$ ).

There was no difference regarding the feeling of disappointment with the situation after repatriation: all of the families expressed negative opinions regarding their circumstances after return to Kosovo. Some expressed the wish to migrate again if the possibility arose, others felt they had been lied to because

of unfulfilled promises that were made before their return, and advised other asylum seekers in the host countries to not return.

The children in these two groups faced different challenges in their living situation three years after receiving assistance. There seems to be no indication, however, of any differences regarding the types of assistance and appreciation of the support that the children within these two groups received (see Table 4). The main themes and factors in these children's living environments and their variation are described below.

**Table 4.** Median scores on the SDQ and BIC-Q for the children showing outcomes in the very high threshold on 'overall problems' and/or 'emotional problems' and children showing no problematic outcomes on these scales, and a description of themes in the children's living situations three years after the assistance as well as appreciation of the assistance by the children compared for these two groups.

	<b>Children with problematic outcomes at T<sub>1</sub> (n=6)</b>		<b>Children without problematic outcomes at T<sub>1</sub> (n=7)</b>	
SDQ	Median T <sub>0</sub> (min, max)	Median T <sub>1</sub> (min, max)*	Median T <sub>0</sub> (min, max)	Median T <sub>1</sub> (min, max)*
Overall problems	15 (9, 28)	20.5 (10, 23)	12 (5, 17)	8 (6, 12)
Emotional problems	6 (3, 8)	7.5 (5, 9)	5 (2, 7)	2 (1, 5)
<b>Themes in the children's living situation 3 years after the assistance*</b>				
<i>Living conditions</i>				
	<ul style="list-style-type: none"> <li>Poor living conditions, living of low amount of social benefits (4) or no benefits or income at all (2)</li> <li>Insecure housing arrangements (5)</li> </ul>		<ul style="list-style-type: none"> <li>Poor living conditions, but some stability through stable employment (2), owning a house (3), or continuous support by relatives (2).</li> </ul>	
<i>Social inclusion</i>				
	<ul style="list-style-type: none"> <li>Isolated lives and staying inside the house mainly (5)</li> <li>No contacts with peers outside of family (5) and experienced bullying or feeling disrespected (5)</li> <li>No supportive social networks or connections (4)</li> </ul>		<ul style="list-style-type: none"> <li>Some children experienced bullying or feeling disrespected (3), but nearly all children do have friends and feel included in the neighborhood (6)</li> </ul>	

<b>Children with problematic outcomes at T<sub>1</sub> (n=6)</b>	<b>Children without problematic outcomes at T<sub>1</sub> (n=7)</b>
<i>Connection with Kosovo before and after repatriation</i>	
<ul style="list-style-type: none"> <li>No connection or memories of Kosovo before the repatriation and returning to an unknown living area (5)</li> <li>Severe difficulties in Albanian language at moment of repatriation, feeling as if being illiterate (4).</li> </ul>	<ul style="list-style-type: none"> <li>Still had memories of Kosovo before the repatriation (7) and returned to the same living place and school with the same peers (5).</li> <li>Some Albanian language difficulties at moment of repatriation (4)</li> </ul>
<i>Education</i>	
<ul style="list-style-type: none"> <li>Dropped out of school (5)</li> </ul>	<ul style="list-style-type: none"> <li>Going to school (6) or graduated secondary education (1)</li> </ul>
<i>Other risk factors in child rearing environment</i>	
<ul style="list-style-type: none"> <li>Low wellbeing parents (4)</li> <li>Medical problems of child and no access to appropriate treatment (3)</li> <li>Growing up in single-mother household (3)</li> <li>Insecurity because of blood feud (1)</li> </ul>	

\*The ranges show that there is some overlap between scores in the problematic and non-problematic outcomes groups at T<sub>1</sub>. This happened because three children had a very high score on either 'emotional problems' or on 'overall problems'.

\*\* The numbers in brackets refer to the number of children.



**Table 4 (continued).** Median scores on the SDQ and BIC-Q for the children showing outcomes in the very high threshold on 'overall problems' and/or 'emotional problems' and children showing no problematic outcomes on these scales, and a description of themes in the children's living situations three years after the assistance as well as appreciation of the assistance by the children compared for these two groups.

	<b>Children with problematic outcomes at T<sub>1</sub> (n=6)</b>	<b>Children without problematic outcomes at T<sub>1</sub> (n=7)</b>
<b>Types of assistance and appreciation by the children</b>		
<i>Material assistance</i>		
<b>Computer</b>	n=4	n=2
	<ul style="list-style-type: none"> <li>• Happy with the gift.</li> <li>• Lowering the nervousness and excitement through playing on the computer.</li> <li>• Using it for self-study purposes.</li> <li>• For two children the device broke within a week or a month, hence it was of no help.</li> </ul>	<ul style="list-style-type: none"> <li>• Happy with the gift.</li> <li>• Using the laptop for study and homework purposes.</li> </ul>
<b>Basic needs</b>	n=3	n=2
	<ul style="list-style-type: none"> <li>• It was of short-term help at that time.</li> </ul>	<ul style="list-style-type: none"> <li>• It was of short-term help at that time; missing food was the most difficult part.</li> </ul>
<i>Education and development of skills</i>		
<b>Language courses</b>	n=1	n=1
	<ul style="list-style-type: none"> <li>• Happy to be able to maintain English level. Course lasted for one month only, which was short.</li> </ul>	<ul style="list-style-type: none"> <li>• Meeting other repatriated children: they understood each other's worries and difficulties. Making lasting friendships.</li> <li>• Happy to maintain French language level and to have a certificate that might open up future employment possibilities. Course lasted for 3 months.</li> </ul>

<i>Facilitating hobbies</i>	<b>Children with problematic outcomes at <math>T_1</math> (n=6)</b>	<b>Children without problematic outcomes at <math>T_1</math> (n=7)</b>
<b>Registration sports or arts club</b>	n=1	n=2
	<ul style="list-style-type: none"> <li>• Making friends, and establishing a supportive network consisting of students and teachers at the drawing course.</li> <li>• Having fun, reducing stress and relaxing through drawing.</li> <li>• Course lasted for two years, and was forcedly disrupted due to the family's movement to a new living place.</li> </ul>	<ul style="list-style-type: none"> <li>• Having fun, and making friends at the football club. Course lasted for one year.</li> </ul>
<i>Medical equipment</i>		
<b>Fitness bicycle</b>	n=1	
	<ul style="list-style-type: none"> <li>• Child can take some care of the condition by herself but it is not the most appropriate treatment for that condition.</li> </ul>	

### **Themes and factors in the living environment of children showing problematic emotional wellbeing**

In addition to social and economic difficulties, the families in this group left Kosovo for humanitarian reasons, such as the war, escaping a blood feud or looking for medical treatment for the child. Nearly all of the children in this group were either born abroad or lived outside Kosovo for more than five years before being repatriated. Three children in this group experienced medical problems, the treatment of which remained difficult due to the financial circumstances of the family.

#### *Poor financial situation and insecure housing*

The children in these families mostly relied on social benefits (between EUR 70 to 175 a month per family). One family had no social benefits or income and relied on food left at their door by neighbours. In another family, the mother and son lived on potatoes, which they found and collected from fields that had already been harvested, as well as from selling plastic collected from garbage. In addition to being unemployed, none of these families owned their own home. Renting a house was associated with instability and insecurity and led to more stress. For two families, their rental contract was expiring very soon and they had not yet found a new place to live.

#### *No supportive network or connections*

Three families in this group lacked a supportive social network, making them feel isolated and uncared for, or lacking the protection of a larger family. In addition to lacking social networks, some families said they had no support from wider society or the state. One boy stated that wider society and the state perceived them as 'foreigners' or immigrants, and thereby as if they were wealthy, needing no support or care.

The families often experienced bureaucratic problems, and in some cases corrupt practices were mentioned. In addition, some families felt that they could not progress or find a job in Kosovo, because of a lack of appropriate connections. As one father explained: "...if you are not connected, you cannot find anything, and it is a very difficult life in Kosovo" (father of 16-year-old girl).

#### *Isolated lives and problems with peers*

Of the four children who were not going to school, three had dropped out after the assistance had been provided. One girl was still registered in school

at the moment of the interview; however, her results had deteriorated and she was skipping more and more lessons each day. The reasons for stopping their education included not being able to pay for school materials or transport, aggressive behaviour of peers and Albanian language difficulties. These children spent their days inside the house and lived isolated lives without much contact with peers, or had no friends at all. They would spend their time housekeeping, playing computer games, drawing or learning and studying by themselves on the computer. The girls generally did not go out alone.

One of the girls reported that she felt that “...every plan, every wish and every dream is being stopped now, knowing that I’m not going to school” (15-year-old girl, verbatim). Another girl summed up her life, saying “...all things that I do in these two years: eating, sleeping, sitting to computer”. She talked about the impact of such an isolated life and compared it to her life in the host country, where she was born and had spent the most part of her life:

You know when I was to [country X], I have the life. Then when my father say we have to go to [country Y], I abandoned my friends. Then we go to [country Y] I have the new friend. And then too I have abandoned my friend. And then to [country Z], then...all the time the same thing [...] [One moment] you have a friend; you have school, friend, all, eh... And then after one year, two: you have nothing. That’s not good, you know, you are alone. And that not feel so good, you know? (16-year-old girl, verbatim).

Most children in this group felt disrespected in their neighbourhoods. Three children felt stigmatized for reasons of ethnicity, gender or disability, and three children had been subjected to bullying and involved in fights. One boy was so severely bullied, with fights everyday at school, that he ceased going to school at all.

#### *Child’s connection with Kosovo before and after the return*

As nearly all the children in this group had lived abroad for relatively long periods of time, they did not have strong connections or memories of Kosovo before their return. They either did not feel at home because the family did not own their own home, or did not feel that they belonged in Kosovo:

I know my father and my mother are Albanians. But it was me born there. So nothing is here, nothing is 'me' here, nothing feels ['me'] here [...] It's a place where even you don't like to sit, to stay. (16-year-old boy, verbatim)

After their return, these children experienced language difficulties, they were unable to write or read anything, and thus felt 'illiterate' and experienced problems at school. One of the children still communicated only in English outside the home.

### *Parents' wellbeing*

The everyday struggle to fulfil basic needs impacts on the wellbeing of parents. One mother talked about having suicidal thoughts and waking up each morning wondering whether her child would have anything to eat that day. For another family, the repatriation was so stressful on the family that the father had a nervous breakdown after repatriation and became violent towards both the children and the mother. Shortly after repatriation, the parents were divorced and the children lost contact with their father.

The family who attempted to escape a long-standing blood feud with their neighbours was forced to return to the family's property when rental support from the government suddenly stopped. The father explained that he had spent most of his life "...escaping as far as possible from here because the enemies are waiting at the door", and he now feels as if he has ended up in the worst possible situation. Everyday he fears he will be killed and he stated that he felt as if he was "...living in the trees, like a no-way-out situation". The father also referenced struggling with feelings of guilt for not being able to take good care of his children, and for forcing them to lead insecure and unsafe lives:

I'm disturbing them; I'm sitting in front of them. I get mad on them, I yell to them. Once I have troubles in my head - unable to afford what they are asking for, what they need - then I get violent [...] I just get out, walk around the garden, I smoke a cigarette, that like using... so the only reply to my daughter, to the request of my children is "you are seeing yourself", "you are experiencing it", "you know I don't, I cannot"... This is a heart that might explode (father 15-year-old girl, verbatim).

### **Themes and factors in the living environment of children showing no problems with emotional wellbeing**

The families in this group mostly left Kosovo due to poverty and social conditions. One family left because of conflict with another family, but knew before they were repatriated that the threat was gone, as that family had moved abroad. The children in this group had lived abroad for relatively shorter periods of time (between two to three years).

#### *Some stability in living conditions*

For two brothers (16 and 18 years old), their emotional wellbeing as well as the quality of the child-rearing environment had particularly improved since the previous interviews. At the time of the previous visit, the father's income had not been sufficient and the sons had to collect scrap metal at waste sites, which had led to the injury of one of the children. Three years later, the children were not collecting scrap metal as often. Both sons were going to school and one worked one day a week, increasing the family's income. However, as the family was still renting a home and the owner had announced that he might need it in the near future, the family still felt insecure regarding the future.

Other families in this group experienced more security regarding their housing situation, but not regarding employment. One family lived in a home provided by other family members. Having sold all their belongings before migrating and having returned with only a pair of blankets, the father stated that they could not have survived the repatriation without their family by their sides, on whom they relied for everything. Two families were able to build a house after repatriation using their savings. However, the parents only had irregular day jobs and both families were still struggling to provide for the basic needs of their children. One girl told of experiencing periods in which they did not have enough food. Her mother explained:

Compared to other families which maybe even they are not owning the house, we are... we have this house, even the small one. And now the main problem is how to maintain, or how to keep and how to take care of the children (mother 15-year-old girl, verbatim).

The parents in the other family also mentioned being concerned about everyday needs and their future prospects, "...like always feeling unsafe for tomorrow" (parents 15 and 16-year-old boys, verbatim).

### *Friends and inclusion in Kosovo*

Nearly all of the children in this group had friends in the neighbourhood and at school. Although some of them were bullied when they first returned and were shocked by the violent behaviour of peers in Kosovo in general, they now felt accepted in their neighbourhoods. Most of these children were repatriated to the same living area they had lived in before migration, so they still knew people and often returned to the same school or class.

### *Connection with Kosovo before repatriation*

Although the children had some difficulties in reading and writing in Albanian, they still spoke the language within the family and had memories of life in Kosovo before migration. Nevertheless, they had felt sad when they found out that they had to return, and all expressed the wish to return to the host country one day.

## Discussion

This study explored the experiences of professionals, parents and returned asylum-seeker children with the support provided by the MRM project in Kosovo, investigating the outcomes of the assistance and how the children were faring three years after receiving support.

Both the parents and the children generally appreciated and valued the assistance that was provided; for example, they were happy that someone had looked after them, that they could continue to pursue certain activities or education that they had undertaken in the host country, and that it allowed the children to have some enjoyment in their lives, meet peers and make new friends. Nevertheless, they emphasized the lack of assistance with the family's poor living circumstances. All of the families still experienced poverty-related problems three years later.

With the unemployment level around 45% of the working-age population (European Asylum Support Office [EASO], 2013, p. 38), migrants from Kosovo make up a large proportion of the asylum caseload in EU countries at the moment of writing. Despite the very low chances of asylum being granted on the grounds of social and economic marginalization, asylum seekers leave Kosovo due to the high unemployment rate, the lack of social services and health care, societal and education-related problems or blood feud practices (EASO, 2013,

2015). During the recent migrant influx in 2014 and 2015, up to 100,000 Western Balkan migrants – particularly from Albania and Kosovo – moved to EU countries in a short period of time (e.g., Germany saw an increase in Kosovar asylum applicants of 384% in 2015 compared to the previous year; see Möllers et al., 2017, p. 2). A study of the push factors for those Kosovar migrants who arrived in Germany found that ‘collective pessimism’ and “...dissatisfaction with the current political situation, poor governance of the state, and a lack of prospects in life” were important reasons for many to leave Kosovo (Möllers et al., 2017, p. 10).

While some of the struggles of returnee children may thus be similar to those experienced by their local peers, the findings do show that returnee children often experience additional social problems that are specific to being ‘a returnee’, such as acculturation and reintegration difficulties, language problems or barriers to enrolling or staying in education. Furthermore, after having experienced a different standard of living and education system in the host countries, despondence about the abrupt change in living circumstances and future prospects might make it more difficult to accept and become accustomed to the poor circumstances and lack of prospects after return. Additionally, as also noted in studies focusing on returnees in other countries (Ruben, Van Houte, & Davids, 2009), returnees may find themselves in a more precarious situation than the local population, as they often sell all their property and belongings to pay for their migration.

The findings indicate that reintegration difficulties and social-emotional problems did not diminish over time for all the children. Many children still experienced peer-related problems three years after receiving assistance. The group of children who faced problematic emotional outcomes, experienced an accumulation of risk factors in their lives, such as illness, having no connection with Kosovo before the return, safety issues and the poor wellbeing of the parents. The children in this group lived isolated lives after their return: most of them dropped out of school, rarely left the house and had little contact with peers or wider society. Frequently, these families’ social networks are poor, in contrast to Kosovo in general, where “...the extended family and the social network function as a ‘safety net’ to take care of each other and ensure survival” (Zevulun et al., 2015, p. 506).

There was no difference in the assistance given to children who had problematic outcomes and those who did not. Therefore, there was no indication that a better situation of the children could be attributed to the assistance they received during the MRM project. The professionals experienced various



shortcomings during the project – related to the low budget, short duration or narrow focus of the assistance options – leading them to resort to interventions that were focused on ‘filling only one gap in their needs’, while the children often experienced difficulties in various dimensions in their lives.

#### Strengths and limitations

A previous study by Carr (2014) called for the assessment of asylum-seeker children’s needs prior to repatriation to enable sustainable reintegration. To know how children could best be supported before and after their repatriation, we first need insight into the difficulties that they face after return to their countries of origin. This study offers such insight into their lives and the reintegration experience of a vulnerable group of children and also provides several suggestions for assessing their needs and for support.

One limitation of this study is that the children were screened for social-emotional problems with a self-report questionnaire – no thorough clinical investigation of their wellbeing occurred. The small sample size and the fact that children were only visited three years after assistance was provided, made it impossible to measure whether the assistance was directly related to good outcomes for the children. To determine effective measures, future studies should consider a more longitudinal design to assess the contribution of specific kinds of assistance to children’s wellbeing after return.

As the in-depth study focused on a specific group of children who faced difficulties in their living situation, the findings are not representative of all returnee children. The specific sample also gave rise to ethical concerns, which we addressed by asking for informed consent at various moments and by being “...sensitive to youths’ subtle, non-verbal expressions of discomfort or need for clarification during the assent process” (Schelbe et al., 2014, p. 513). In addition, we adopted a respectful and empathic attitude to provide space for the child and parents to tell their stories (Van Os et al., forthcoming) and conducted the interviews with a local co-researcher, who functioned both as a cultural mediator and a translator. The co-researcher’s profession as a psychiatrist also enabled us to establish trust and provide culturally specific interpretations of the children’s answers (Van Os et al., forthcoming).

#### Implications for research and practice

Being an understudied and ‘invisible’ group in academic research, more insight is needed into the living conditions and wellbeing of returned asylum-

seeker children. The few studies thus far which have focused on the situation of returned asylum-seeker children who lived in EU host countries, report that former unaccompanied minors (Bowerman, 2017; Gladwell & Elwyn, 2012) as well as children in families (Hasanović, Sinanović, & Pavlović, 2005; Knaus et al., 2012; Zevulun et al., 2017) face various challenges related to reintegration and wellbeing after return. To ensure the return is successful, they need additional care and support with reintegration.

The findings in this study provide several suggestions about how asylum-seeker children and families could be supported to safeguard children's wellbeing after repatriation. First of all, the findings show that the assistance was too narrowly focused to address the multiple problems that the children and families were facing. As corroborated by other studies into the wellbeing of adult returnees (Toscani et al., 2007; Von Lersner, Elbert, & Neuner, 2008), poverty-related difficulties are a significant determinant of how returnees fare. In this study, such difficulties did not diminish over time.

Various studies have investigated how growing up in economic hardship can affect a child's development at multiple levels. On the one hand, they may be affected through the lives of parents; for example, survival-related concerns may put pressure on the relationship between them, and may influence "...problems in parenting, such as harsh, uninvolved and inconsistent childrearing practices" (Conger, Conger, & Martin, 2010, p. 693). On the other hand, physical stressors, such as growing up in unsafe neighbourhoods and the poor quality of housing, or social exclusion by peers, can also have an impact on the child's wellbeing (Evans, 2004; Ridge, 2011). Thus, although there are child-specific risk factors that can influence the child's development negatively, the child's situation cannot be viewed in isolation from the caregivers' or the family's socioeconomic situation.

While tackling all of the poverty-related challenges is likely to be beyond the scope and capacity of reintegration assistance and should be targeted by countrywide policies, enabling positive experiences that compensate for some of the risk factors may strengthen a child's development opportunities after return. As Rutter (1999) points out, simply providing 'positive experiences' is not sufficient; instead, "...it seems that for there to be protection, the neutralizing experience must closely parallel the relationships where there is discord and conflict" (Rutter, 1999, p. 133). Therefore, just as in other cases of families who experience multiple problems (see Knot-Dickscheit, Thoburn, & Knorth, 2015), "...the nature and level of the problems should serve as a springboard for identifying care objectives and planning the support needed" (Tausendfreund & Knot-Dickscheit, 2015, p.

16). Currently, however, the identification of care objectives for returnee children is lacking, while most of the risk factors for the children's wellbeing in our study might have been identified before the repatriation *if* appropriate assessment of the child's interests had taken place (*i.e.*, poor medical situation, no connection with Kosovo, insecurity due to blood feuds, poor wellbeing of the parents, single-mother households, no social network).

The Convention on the Rights of the Child (CRC) stipulates that in decisions that impact children, their best interests should be a primary consideration (Article 3 CRC, 1989). When determining a child's best interests, the consequences of a decision on the child's development – both in the short and long terms – should be taken into account (Committee on the Rights of the Child, 2013, par. 84). Thus, the screening of a child's vulnerability to developing problems after repatriation should be conducted *before* the actual return, in the host country before a return decision is made.

The Committee on the Rights of the Child (2013, par. 48) prescribes that in the determination of a child's interest, the elements in every individual case should be evaluated and balanced 'in the light of the specific circumstances of each child'. These elements consist of the child's views, identity and vulnerability, as well as the social-cultural context in which a child finds him or herself (*i.e.*, family environment and relationships; care protection and safety; and the right to health and education; Committee on the Rights of the Child, 2013, par. 52-79).

If, after assessing and balancing all these elements, it is decided that a child can return safely to the country of origin, support might be tailored to the specific circumstances to increase a child's resilience and development opportunities after return. By employing a *systemic approach* – taking into account the needs of all family members and targeting basic needs such as housing, food and employment, as well as the specific needs related to the social and psychosocial realities after return (Carr, 2014; Lietaert, Derluyn, & Broekaert, 2013; Majidi, 2013; Ruben, Van Houte & Davids, 2009) – concrete actions in a *return plan* could focus on neutralizing the specific risk factors in the child's development and the family's situation. Thus, all issues that may impact on the child's development should be assessed, made explicit and targeted in advance in a well-reasoned return plan.

In this article, we approached reintegration from the individual child returnee's perspective. It should be borne in mind, however, that sustainable reintegration also requires a wider perspective in relation to the home society (Black et al., 2014). As repatriation also involves return to post-conflict contexts,

the uncoordinated repatriation of large numbers of returnees can destabilize already fragile situations, and increase competition and tensions with the local population. In these circumstances, only providing assistance to returnees may exacerbate such tensions. The sustainable reintegration of families cannot take place without good cooperation between host countries and countries of origin – including agencies, social workers and NGOs in both countries – and by addressing challenges in the country of origin at a broader policy level.

