National modelling for arranging long-term support measures for children returning from conflict zones and their family members

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Socca
The Centre of Excellence on Social Welfare in the Helsinki Metropolitan Area

National modelling for arranging long-term support measures for children returning from conflict zones and their family members

Project: Preparation for the Southern Finland Knowledge and Support Centre (OT Centre) (South Karelia, Kymenlaakso, Päijät-Häme, Uusimaa and HUS)

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ABSTRACT

The publication presents a three-stage process for long-term support for children and their family members returning from conflict zones, with a scope of five years. The purpose of this support is to ensure a safe and functional everyday life for the child and family and to help them integrate into Finnish society.

Support for the child is provided through multi-professional collaboration. The parties involved may include health care, school, early childhood education and care, child welfare services, preventive police work, Anchor teams, forensic psychology and psychiatry units, social work with adults, disabled services, NGOs and religious communities. The long-term support is based on a systemic approach through multidisciplinary collaboration. A successful process requires multi-agency collaboration, support from supervisors and experts, training, work counselling and a nationwide network of consultants.

This publication includes a section on traumas and trauma-informed approach to support professionals working with children and families returning from conflict zones. There are also recommendations for further work, particularly for further development to deploy the modelling in practice at the local level, for work counselling, for collaboration with NGOs and for nationwide training.

The modelling is based on research and professional views and was created by experts representing various disciplines.

Contents

TO THE READER

The purpose of this report is to give a description of how to provide long-term multi-professional support for children returning to Finland from a conflict zone and how to ensure that they can return to a functioning, ordinary everyday life. The report describes how the various actors can engage in multi-professional collaboration, which is vital for the success of such efforts. Specifically, the aim here is to clarify how local authorities, being responsible for the service system, could best take action and how we build on the work done for an earlier report compiled by the Ministry of the Interior (11/2017), by focusing the attention here on the individual support for children. For every child, the practitioners responsible must resolve on a case-by-case basis what to do in the unique situation of that child. Therefore, this report is only a general description of what professionals in various fields might do.

The goal is to provide children returning from conflict zones with rehabilitation and education and to prevent their radicalization. The study forms part of the preparation of Knowledge and Support Centres (OT Centres) focusing on particularly demanding services. The Ministry of Social Affairs and Health commissioned Socca – The Centre of Excellence on Social Welfare in the Helsinki Metropolitan Area and the City of Helsinki to carry out the study, but professionals in several fields also contributed to it. In the spirit of the OT Centre, work conducted in one area is shared for the benefit of everyone.

We would like to thank all the experts who have made a valuable contribution to this work, and special thanks are due to the editors of the report!

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1 INTRODUCTION

Children returning from conflict zones need immediate care and support. After responding to their immediate needs upon their return, a longer-term support process follows in which the needs of their parents and other family members are also considered. This modelling report presents a framework for the long-term support phase, for the purpose of rehabilitation, education and preventing radicalization.

Collaboration between various authorities in supporting children returning from conflict zones and their families is stressed in Ministry of the Interior report 11/2017, Proposal for Arranging Cross-sectoral Cooperation on Managing Returnees from Conflict Zones, including a proposal for combining NGOs' services with the action of the authorities (the Returnees report). The report presents a framework which aims to reduce the risk of violence associated with returnees from conflict zones, based on using criminal law measures and other means. The essential factor for successful collaboration is identified as the will, derived from a shared goal, for local, regional and national authorities to engage in collaboration with each other and with NGOs. Smooth information exchange between actors and of the identification of special issues in respect of women, men and children is important, as is the need for the authorities and other actors to agree on local practices.

Plans and agreements must be put in place for each region. This modelling supports local officials and other actors in the design and delivery of a multi-professional long-term collaboration at the municipal level throughout Finland. Organizing long-term support is based on multi-professional collaboration.

In this modelling, the providing of long-term support is envisioned for a five-year period following the return from a conflict zone. This period includes multiple phases and changing situations after the initial weeks and months. The information gathered and decisions made at that early stage also affect the support provided later, which is why the modelling includes a brief guideline for the urgent action taken at the start of the process. Overall, the long-term support process is outlined in three phases: 'constructing the elements; stabilization and integration; and a stable everyday life. The enabling factors for this process are discussed in chapter 3.

Providing sufficiently comprehensive support for professionals working with client families returning from conflict zones is vital for ensuring a safe everyday life for these children and families in Finland. Chapter 2 of the modelling aims to increase the expertise of practitioners in dealing with the children and families returning from conflict zones. We also need support for practitioners in the form of training on the topic of returnees organized jointly by various administrative branches, support from supervisors and experts, work counselling using a systemic approach and a nationwide consultation structure. These are discussed in Chapter 5 along with one of the recommendations emerging from the modelling, viz. support provided to local authorities by OT Centres.

There are further factors to be noted in the long-term support process, such as the continuity of services even if a family relocates from one municipality to another. In such a case, it must be ensured that service relationships are transferred without interruption and that local authorities in the destination municipality are sufficiently informed of the overall situation. Furthermore, it is important to address the allocation of responsibility for communication in the various phases of the process and to be prepared for media attention. Communications are discussed in Chapter 4.

The circumstances of children and families returning to Finland from various conflict zones may differ widely; the support needed for a civilian family fleeing war is very different from the support needed for a family that may have been involved in committing acts of violence in multiple generations. The long-term support process and the descriptions of professionals' roles can be adapted to the differing circumstances and nature of children and families returning from various conflict zones. For instance, if a child arriving in Finland from a conflict zone is an underage asylum seeker, then the Finnish Immigration Service will refer them to a reception center. The family group home placements of minors are decided by the relevant Centre for Economic Development, Transport and the Environment (ELY Centre) once a residence permit has been granted. In such a situation, the child is assigned a social worker in the municipal immigration services, not necessarily a child welfare social worker as proposed in this modelling.

The modelling forms part of the pilot for the Southern Finland Knowledge and Support Centre (OT Centre). The compiling, writing up and commenting of the modelling has been a joint effort between SOCCA – The Centre of Excellence on Social Welfare in the Helsinki Metropolitan Area, representatives of the City of Helsinki and experts from various sectors. The modelling work

was launched with a phenomenon-based workshop in December 2019 where experts from various fields were invited to participate. A smaller modelling team in charge of the actual writing met four times between January and May 2020.

Modelling report contents and reading guide

Chapter 2 contains the following:

- Key concepts
- Perspectives on children returning from conflict zones
- Traumatization and trauma-informed approach

➢ Essential background information for working with returnees from conflict zones

➢ Take your time in reading this chapter

Chapter 3 contains the following:

- Organizing long-term support
- Systemic approach in multi-professional work
- Prevention of radicalization into violent extremism and de-radicalization
- Points to consider in evaluating the wellbeing of a child and parenting
- Long-term support process
- Roles of the various actors in arranging long-term support

➢ Describes the principles underlying the long-term support process, the process itself and the roles of the various actors

➢ Start by familiarizing yourself with the principles applying to all actors, with the support process and with all the roles involved

➢ Review individual role descriptions to support your own work later

➢ Checklists to support your work can be found in sections 3.1.2, 3.4 and 3.5

Chapter 4 is about communications concerning returnees from conflict zones

Chapter 5 presents the recommendations for further action emerging from the modelling process

2 KEY CONCEPTS AND CONTEXT

2.1 Key concepts

Family means a group of people interconnected by blood relations, marriage, or other close relationships whether by family ties or cohabitation (or any combination of the above).

Child means an individual under 18 years of age.

Returnee means an individual who has left Finland or has been taken from Finland to another country and who is either returning to Finland or has expressed a desire to return to Finland. Children of such individuals born outside Finland are also referred to as returnees.[1]

Conflict zone means a geographical area where an armed conflict within a country or between countries is ongoing and may be considered to pose a danger to the life or health of civilian individuals traveling to the area.[2]

Child returning from a conflict zone means, for the purposes of this modelling, an underage returnee arriving in Finland from a conflict zone. Children may be in different situations depending on which of their parents and close family members are actively involved in their lives, and depending on whether their parents are alive, whether they are returning to Finland with them and whether both child's parents are the child's guardians or only one of them.

Violent Islamist[3] **extremism** means an extreme ideology that condones and encourages violence towards people of other faiths. Islamist groups encouraging violence include the Sunni-oriented ISIS (Islamic State of Syria and Levant).[4] In violent extremism, individuals undergo a **radicalization process**

[1] These definitions are based on the RAN Ex post paper Nice 2017, whose guideline for working with radicalized families was adopted as part of the long-term support process in the modelling.
[2] National Institute for Health and Welfare, undated.
[3] There are about 1.6 million Muslims in the world. The largest major branch is Sunni Islam, whose fundamentalist and ultra-conservative faction is referred to as Salafism. Salafism, in turn, has a violence-oriented branch known as Jihadism. The other major branch of Islam is Shia Islam. Islamism means politicized Islam. (Kaleva, 2018.)
[4] RAN Centre of Excellence 2019.

that leads them to use violence or threats of violence, to encourage others to do so or to justify such acts with ideology.

De-radicalization and **reintegration** are concepts connected with a successful re-entry into Finnish society. De-radicalization describes an individual's shift from a radical mindset towards 'mainstream' thinking, abandoning the radical ideology in the process.[5] Reintegration describes the process of returning and becoming a member of a society; it is used e.g. in literature on refugees and child soldiers. The process involves helping returnees achieve such legal, social, financial, and political circumstances that allow them to live as a member of society. Supporting re-socialization is important in both processes.

Trauma-informed work means the ability of professionals to work with children, parents and families who have undergone traumatic experiences in a comprehensive way; to reinforce the perception of security, as well as the resources and agency of these individuals. A trauma-informed approach concerns not only the case worker of the child or family in question but all members of the work community. A trauma-informed approach influences how things are discussed and how resources, participation and the capacity for coping and recovery may be strengthened while paying particular attention to the perceived safety of everyone involved. A trauma-informed approach requires the professionals to commit primarily to fostering a sufficient sense of safety and to building trust. The actual processing of traumatic events cannot begin until sufficiently safe circumstances supporting the agency and survivor identity of the traumatized individual have been established through the approach. However, discussion support must always be available on an as-needed basis, as determined by the individual situation of each client.

Psychosocial support means an assembly of social and spiritual services designed to prevent and alleviate the mental and social impacts of traumatic events. Psychosocial support may be divided into mental support, spiritual support provided by religious communities, and social work and services.[6] For children and families returning from conflict zones, psychosocial support is a key component of the services provided for them after arriving in Finland and can be delivered not only by social welfare and health care professionals but also by other actors such as educational authorities or NGOs.

[5] European Commission, undated.
[6] Hynninen & Lankinen 2006, Ministry of Social Affairs and Health 2009, Ministry of Social Affairs and Health 2019.

2.2 Perspectives on children returning from conflict zones

2.2.1 Children and armed conflicts

There are more than 240 million children in the world living in circumstances of armed conflict and suffering from the resulting violence, famine, exile, and exploitation by armed groups. Conflicts expose children to hazards and violations of children's rights, including but not limited to sexual abuse, abductions and recruitment as child soldiers or messengers.[7] [8] Estimates on the number of children subjected to conflicts and other exceptional circumstances vary from one in ten to[9] one in four[10]; in any case, a significant percentage of the world's children. During the 1990s, the number of children living in conflict zones increased by as much as 75%.[11]

Conflicts affect children in a comprehensive way, including eroding their social well-being. Conflicts may end up having an impact on children throughout their subsequent lives, with knock-on effects on following generations, both directly and indirectly. Changes in political, social, financial, and environmental factors have indirect and long-term impacts on children. Examples of indirect impacts are exposure to illnesses and injuries because of poorer living conditions and lack of hygiene caused by conflicts, and the limited availability of medical care because of the infrastructure having been destroyed.[12] Direct impacts include violence experienced or witnessed by children or the loss of one or more family members, and traumatization caused by these experiences. Section 2.3 describes the effect of traumatic experiences on children.

2.2.2 Utilizing research findings on child soldiers

When dealing with children returning from a conflict zone, the possibility must be kept in mind that they may have been members of an armed group. It is estimated that up to 300,000 children are directly involved in conflicts

[7] UN News February 12, 2020.
[8] Child Soldiers International 2018, 5.
[9] Kadir, Shenoda & Goldhagen 2019, 1.
[10] Unicef 2016.
[11] Save the Children International 2018.
[12] Kadir, Shenoda & Goldhagen 2019, 2.

around the world,[13] and some estimates claim that children under the age of 15 may be found participating in nearly 80% of all conflicts.[14] Child soldiers are not a new phenomenon per se, but as conflicts and wars have become more local, more prolonged and less intensive, the participation of children in combat operations has increased.[15] The term 'child soldier' is generally understood to mean any member of an armed group who is under the age of 18, regardless of whether they are messengers, cooks or actual combatants.[16] Because of the broad definition, research on child soldiers and their reintegration offers useful information for dealing with any children returning from a conflict zone.

Research on child soldiers has particularly focused on the psychological reactions of former child soldiers. Longitudinal studies have found a high incidence of post-traumatic stress disorder (PTSD) symptoms (for more, see subsection 2.3.2), anxiety, depression and hostility, albeit the intensity of these was found to decrease over the four-year monitoring period. Quantitative studies on psychosocial adaptation and mental health have identified risk factors such as abduction, early recruitment age, long service period, exposure to violence and stigma; and protective factors such as acceptance by family and community, social support and opportunities for education and work.[17] Children's psychosocial reactions are affected by biological factors, experiences of traumatic events, imagination, cognitive and emotional developmental level, experiences of committing or experiencing violence, and deaths of family members.[18]

How brutal the violence has been that the child has witnessed or committed in the conflict also has a bearing on subsequent psychosocial and mental health problems. Torture, witnessing the death of a family member, becoming disabled, killing and being raped are among the most serious experiences of violence associated with more serious problems and higher levels of PTSD rather than 'merely' witnessing violence.[19] Post-conflict experiences are also hugely significant for the mental health of former child soldiers: domestic violence, neglect of care, the scope of the perceived stigma and illbeing in the

[13] Machel, Klot & Sowa 2001, 2; UN Association of Finland, undated.
[14] According to E. Kaplan 2005, Pašagić 2019, 116.
[15] Fonseka, 2001, 69-70; Singh & Singh 2010, 55.
[16] UNICEF 1997; Verhey 2001.
[17] Betancourt et al. 2013.
[18] Cook & Wall 2011, 70.
[19] Betancourt et al. 2013.

community augment symptoms of anxiety and depression. Supporting families and communities and boosting their resources are important for supporting children, because acceptance by the community and support from social networks are important facilitators of reintegration. It is also important to consider the individual circumstances of children on a case-by-case basis.[20]

2.2.3 Children's rights

Children's rights guide the work of all professionals working with children. They were enshrined in the Convention on the Rights of the Child, which was adopted at the UN General Assembly in 1989 and to which Finland acceded in 1991. The following are particularly important rights to note in working with children returning from conflict zones:[21]

- States Parties shall take all appropriate measures to promote physical and psychological recovery and social reintegration of a child victim of any form of neglect, exploitation, or abuse; torture or any other form of cruel, inhuman, or degrading treatment or punishment; or armed conflicts. Such recovery and reintegration shall take place in an environment which fosters the health, self-respect, and dignity of the child.
- States Parties shall respect and ensure the rights set forth in the present Convention to each child within their jurisdiction without discrimination of any kind, irrespective of the child's or his or her parent's or legal guardian's race, color, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status
- States Parties shall take all appropriate measures to ensure that the child is protected against all forms of discrimination or punishment based on the status, activities, expressed opinions, or beliefs of the child's parents, legal guardians, or family members.
- In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration.
- States Parties shall assure to the child who can form his or her own views the right to express those views freely in all matters affecting the child, the views

[20] Pašagić 2019, 120; Kizilhan 2019, 10; Morley & Kohrt 2013; Nilsson 2005.
[21] For the full text of the Convention on the Rights of the Child in Finnish, follow this link.

of the child being given due weight in accordance with the age and maturity of the child.

- States Parties shall respect the right of the child to freedom of thought, conscience, and religion. Freedom to manifest one's religion or beliefs may be subject only to such limitations as are prescribed by law and are necessary to protect public safety, order, health or morals, or the fundamental rights and freedoms of others.
- A child temporarily or permanently deprived of his or her family environment, or in whose own best interests cannot be allowed to remain in that environment, shall be entitled to special protection and assistance provided by the State (e.g., foster care). When considering solutions, due regard shall be paid to the desirability of continuity in a child's upbringing and to the child's ethnic, religious, cultural, and linguistic background.

2.2.4 Prevention of violent radicalization[22]

Violent extremism means violent actions and threats of violence, including incitement and encouragement of violence, motivated politically, religiously or by some other radical alternative ideology. **Ideology** means a thought structure shared by a group of people based on views of population groups, of the world, of religion, of the relationship between individuals and governments, of human dignity, of what is and is not sacred or similar factors, and on beliefs governing the actions of individuals. Violent extremism is not a concept recognized in criminal law, but hate crimes (motivated by hatred or racism) can be extremist acts when motivated by an entire ideology.

Violent extremism results from a process referred to as violent radicalization, through which an individual ends up perpetrating, threatening to use or inciting violence or justifying it based on an ideology. Factors contributing to radicalization are general societal, social, and individual factors. Situational factors influence why some individuals become radicalized and others do not. In extreme cases, radicalization and extremism can lead to terrorism.

Experts who have studied individuals travelling from Finland to conflict zones in Syria and Iraq have noted that the process of radicalization incudes

[22] The text of this chapter is based on national definitions of violent radicalization. These are documented in the Ministry of the Interior publication *National action plan for the prevention of violent radicalisation and extremism 2019–2023* (2020).

doubts, changes of direction and the questioning of one's own opinions; in other words, it is not a uniform process or one leading to a particular final goal.[23]

Prevention of radicalization and extremism is a blanket term for a range of measures to curb developments that may lead to the violent radicalization of individuals and groups of people. Collaboration among local authorities and NGOs is an important part of preventing individuals and groups from becoming radicalized and joining violent extremist movements. National efforts to prevent violent radicalization and extremism are based on the Ministry of the Interior's *National action plan for the prevention of violent radicalisation and extremism 2019–2023*.

International actors operating in Europe include the Radicalisation Awareness Network (RAN) of the EU, which has produced plenty of reports on violent extremism and de-radicalization. Across Europe, the de-radicalization processes of different countries differ from each other because of political and legislative differences, but there are certain guiding principles that have been jointly agreed:[24]

- Support for re-entry into society and facilitation of timely rehabilitation does prevent negative impacts.
- **Individual plan.** Every returnee is different, and suitable approaches, interventions and working methods must be determined on a case-by-case basis. The individual client plan for each returnee must be based on that client's risk profile so that re-radicalization can be prevented as effectively as possible.
- A **multidisciplinary approach and local participation** in both risk assessment and rehabilitation are vital for the success of evaluation and long-term support. All relevant organizations should contribute to the wide-ranging efforts to support the everyday lives of returnees. It is important to agree on collaboration among authorities at the local level at the very beginning of the work.
- **Smooth information exchange** between the police and other authorities, health care, schools, and social NGOs, nationally and locally, is of crucial importance.

[23] Juntunen, Creutz & Saarinen 2016.
[24] These guiding principles were agreed in an EU Council Communication concerning returning Foreign Terrorist Fighters (FTF). See e.g.: EU Counter-Terrorism Coordinator, 'Foreign terrorist fighter returnees: Policy options', Brussels, 29 November 2016, 14799/16.

2.2.5 Special issues in respect of children

Special issues in respect of children, mothers and fathers were studied during the modelling process by inviting a group of experts from various sectors to a phenomenon-based workshop. Representatives of research organizations, local authorities, NGOs and health care services attended the workshop; many of them had personal experience of working with persons who were radicalized or had previously returned from conflict zones. The professionals attending the workshop raised a wealth of ideas and points in respect of children and how to support them. In discussions, it was agreed that the situation of children is serious and that there are many areas to consider in providing support for them. Long-term malnutrition, growing up in camp conditions with no school available, inadequate language skills, ideological upbringing, underage marriage and motherhood and traumatizing experiences were mentioned. Trauma-informed competence of professionals and the clarity of collaboration based on a shared goal were brought up in the discussions. Stabilizing everyday life, providing safety, and progressing calmly were seen as important points. The expertise already existing in Finland, for instance in the form of various NGO projects, was also highlighted. The security threats associated with the return of these children were also brought up in discussion.

Even small children may have undergone conflict training in ISIS-held territory and may have committed, witnessed, and experienced violence. Boys have been found to be at high risk of being put into combat training between the ages of 9 and 15, ending up as child soldiers, while girls have been married off as child brides as early as at 9 years of age. Child upbringing is known to involve making them inflict corporal punishment, distribute the organization's propaganda, and become suicide bombers. They may have been living in inadequate living conditions, they may have lost family members, and their social, moral, emotional and cognitive development may have been impaired by the war.[25] Because these children have not experienced a normal childhood and have faced multiple difficulties in the conflict zone, they have been in a particularly vulnerable position.[26] Because of this, efforts to provide long-term support and to prevent radicalization must be conducted persistently and systematically.

[25] Ministry of the Interior 2017, 22; RAN Ex Post Paper, Warsaw 2018, 2–3.
[26] RAN Ex Post Paper Warsaw 2018, 2-3.

2.2.6 Special issues in respect of parents

The phenomenon-based workshop in the modelling process yielded expert information and important insights, also in respect of the parents of children returning from conflict zones.

In providing further support, the differing opinions, and experiences of a child's parents about travelling to a conflict zone, about returning from there and about Finnish society must be considered along with the individual variations in the needs for support. Every family must be considered on a case-by-case basis, and parents must be given information on official processes and on available social support. Information may for example alleviate parents' fears about their child being taken into care.

In the return process, attention must be paid to support, care, everyday life, reintegration into society and the importance of religious networks. Practitioners must, for example, be able to identify traumatization and gender-based violence and their impacts. It is important to stabilize the everyday life and to ensure its predictability and functionality. Integration into society must be supported through fostering participation and building trust. The parents may require support from their religious communities and reference groups. Professionals need to note that it may be important to find a new or different community to prevent them from entering radicalized groups. Issues of legal protection, identity shifts, and issues related to ideology must also be considered in respect of the parents. The support process requires collaboration between officials and NGOs, and it is important to be aware of the possibility of threats and stigmatization directed at the parents, families and those supporting them by other citizens.

The professionals also expressed the need to evaluate the parenting skills of the mothers. One of the duties of child welfare services is to evaluate the wellbeing of children and the parenting in various situations. The situation of children and their parents returning from conflict zones presents new challenges for child welfare social workers, and they may need additional tools particularly for evaluating the impacts of being brought up in a violent extreme Islamist ideology. In addition to considering the ideology and its importance and impact, the evaluation must also consider the children's and parents' other experiences in the conflict zone and the ability of the parents to cooperate. The role and relevance of both parents and their relatives must be considered, even if they are not physically present during the support

process. If one of the parents is absent from the family's everyday life, uncertainty may become a burden on the family, and they may experience conflicting emotions.

2.3 Traumatization and a trauma-informed approach

The purpose of this chapter is to improve the skills of professionals for dealing with children and families returning from conflict zones. The chapter contains general information on trauma and on a trauma-informed approach along with advanced information on various perspectives that may be used with children and families returning from conflict zones.

2.3.1 General information

The development of a child is shaped by the world around them and their interactive relationships. Family and friends, and society at large, are relevant to the development of a child.[27] These must be considered in evaluating what a child has been through in their life and how to support their development going forward. No single organization, authority or approach is sufficient for providing an effective response to support the development of a child or to rehabilitate a traumatized child. Extensive multi-professional collaboration is needed for effectively responding to a child's individual needs, to the needs of the family, community, and society at large as well as to the needs of social services, schools and early childhood education and care.

The WHO defines (2013) mental health as a state of well-being in which an individual can realize his or her skills, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to her or his community. Such an individual mostly feels well, experiences life as being meaningful and can form and maintain meaningful relationships. Mental health also is the ability to make commitments, to make efforts and to attain goals meaningful for oneself and to take joy in them.[28]

Mental health is a balancing act between protective factors and risk factors. A child with numerous **adverse childhood experiences (ACE)** needs more

[27] Bronfenbrenner 1989; World Health Organization 2014; Betancourt & Khan 2008.
[28] Galderisi, Heinz, Kastrup, Beezhold & Sartorius 2015.

protective factors than others. Adverse childhood experiences include mental abuse or neglect, intoxicant abuse or severe mental health problems of a parent, domestic violence, and being shunned by the community, living in a violent environment, or experiencing prolonged poverty.[29] Children must be offered access to a wide range of factors promoting health and mental health and corrective experiences.

Adverse childhood experiences affect an individual's biological responses and will thus have an adverse impact on their later life. Excessive stress responses affect childhood brain development, the immune system, metabolic regulation, and blood circulation, among other things. Such impacts may be severe and persistent, especially if a child has many of these adverse experiences without a protective adult contact.

Positive stress is a normal and essential part of a healthy development. Such stress is brief, and stress responses remain at normal levels. Examples of this kind of stress are a medical appointment or the first day of school. **Tolerable stress** activates the body's alert system more energetically, leading to stronger and longer-lasting reactions. Examples of such situations include losing a loved one, experiencing a natural disaster or being injured in an accident. Even such major events can be survived without becoming traumatized, particularly if the child experiencing them has understanding adults around to help in adjusting to the situation.

A **toxic stress reaction** may arise if a child is forced to face frightening, repeated and/or prolonged adverse experiences. Examples of these include physical or mental abuse, sexual exploitation, intoxicant use or severe mental health problem of a family member, domestic violence, or war. Long-term activation of the stress system may have far-reaching impacts. It may hinder the child's normal development and have wide-ranging impacts on both mental and somatic health. Safe, reciprocal relationships with caring adults as early on in life as possible can prevent or repair the damage caused by toxic stress. Mental traumas can be treated, obstacles to development can be removed, and healthy development can be supported in safe everyday life that has plenty of potential for supporting growth.

Protective and corrective experiences

[29] McCrory, Gerin & Viding 2017; De Bellis & Zisk 2014.

The human mind develops and essentially only exists in interaction with other people and with the environment. There are many things that contribute to mental wellbeing: good, healthy relationships, lifestyle, exercise, and sleep are building blocks of mental health. Mental health can be influenced in various environments with various actions. Mental health can be **promoted** by reinforcing protective factors. Efforts can be made to **prevent** mental health disturbances and other problems. **Treatment and rehabilitation** can be provided for a wounded mind.

Safe interactive relationships are crucial for the developing mind of a child. Children must be ensured the potential for developing, learning, and challenging themselves, succeeding and at times also failing. Children must be able to practice their own means of regulating themselves, their emotions, and their actions with the support of a safe adult, repeatedly and in all circumstances in their everyday lives.

- Children must be helped to learn how to cope with life's challenges and sometimes powerful emotions.
- Children must be allowed to test their boundaries safely and to adapt to them.
- Children must be allowed to experience that they are able to influence things and that their views and opinions matter.
- We must ensure that there are things, people and communities in children's lives that make life meaningful.
- We must ensure that, despite any illnesses and challenges encountered, children are able to feel that their lives are meaningful and can experience success at least in some areas of life.
- We must ensure that children receive enough information about things concerning them and that they are supported in developing an understanding of their current life situation: why are things the way they are, how did we get here and how do we move forward?

2.3.2 Trauma

Children and families who have lived in conflict zones have often experienced numerous traumatizing events and prolonged toxic stress. War conditions are a risk factor for the development of post-traumatic stress disorder (PTSD) and other mental health problems. Symptoms may be brief or

chronic, or their onset may be delayed until later in life. Such symptoms may have a huge impact on a child's development and self-regulation skills. They may have a long-term effect in all areas of life.[30]

Understanding traumatization and identifying the symptoms of trauma are a key skill set for mental health professionals. It is also important for other professionals encountering children and adults returning from conflict zones to understand the basics of traumatization and of how traumas may manifest themselves. The impacts of trauma may last for a long time and have a wide-ranging effect on a child's mind, health and actions.[31]

Most people will encounter a traumatic event at some point in their lives. A traumatic event is defined as an unexpected and potentially life-threatening event that is beyond the control of the individual and exceeds the individual's coping tools. Examples of such events are a serious injury, an accident, being violently attacked or experiencing a terrifying natural disaster. A near miss –situation may also be traumatic. Witnessing a distressing event or learning of a serious event or death befalling a person close to an individual may also cause traumatic stress.

People react to similar experiences in different ways. An event that traumatizes one person may have no such effect on another. Some survive highly traumatic events with mild symptoms, while others may develop severe but gradually diminishing symptoms. Symptoms may also emerge with a delay, and in some cases, symptoms may get worse over time. If chronic, such symptoms are described as a post-traumatic stress disorder (PTSD). It is entirely possible to suffer from major trauma-induced symptoms yet be fully functional in everyday life. Some people, while experiencing only few actual trauma symptoms, may face considerable challenges in emotional regulation and in interactions. Moreover, trauma symptoms may manifest differently in people of different ages. Such symptoms are often more difficult to identify in children than in adults.[32] There is a separate set of diagnostic criteria for children aged 6 and under (DSM-5).[33] Children who have survived difficult experiences generally are not themselves aware of their trauma symptoms. Someone else must identify the symptoms so that they can be correctly interpreted. Sufficient information and training on this topic must be provided for parents, teachers, daycare workers, child welfare workers, health care

[30] Kadir, Shenoda, Goldhagen J, Pitterman et al. 2018; Karam et al. 2019.
[31] RAN Centre of Excellence 2018a.
[32] Post-traumatic stress disorder. Current Care Guideline.
[33] Further information on traumas of young children. Current Care Guideline.

professionals and everyone else dealing with children returning from a conflict zone so that symptoms can be correctly identified, and the children referred to closer examinations when necessary.

PTSD symptoms include:

- constant reminders of an event or reliving of the past (memories, vivid flashbacks, nightmares, or anxiety in circumstances that remind of the event experienced)
- avoiding getting into circumstances or situations reminding of the event
- inability to remember important things about the event
- continuous symptoms of mental sensitization and hypersensitivity
- negative cognitive and mood changes and social behavior changes

These symptoms appear within six months of an exceptionally threatening and traumatic event that would be likely to cause severe anxiety in anyone.

Trauma symptoms

Mental and physical reactions to a traumatic event are what are described as 'normal reactions to an abnormal situation' (fight, flight, or freeze). After a traumatic event, such mental and physical responses may re-emerge as the memory of the trauma is activated. The event will have sensitized the alert system in the mind, and survival mechanisms will kick in even when there is no real threat present. These responses may be very frightening and confusing.

- Reliving
    - Repeated anxiety-inducing memories of the event, which may be feelings, thoughts, or observations. Distressing dreams related to the trauma, which may lead to a fear of sleeping.
    - Constantly talking about the event or playing a repetitive game with no resolution.
- Avoidance
    - Consciously or unconsciously avoiding any thoughts, feelings, or discussions about the trauma.
    - Avoiding actions, places and people reminding of the trauma.
    - Withdrawing from interaction and from other people (for instance, the child is unwilling to play or to draw).

- Hypersensitivity
    - Heightened state of alertness
        - Difficulties in falling asleep and sleeping
        - Irritability and angry outbursts
        - Difficulties in concentrating; being guarded and easily startled

It is typical for the human mind that any action that helps tolerate an intolerable feeling tends to be repeated. For instance, if a child can relieve feelings of extreme anxiety for a moment by throwing a tantrum or by self-harm behavior, this will easily become a habit difficult to break. Children too need information to understand what is happening in their minds and their own responses (age-appropriate psychoeducation). Children also need to be taught ways of tolerating and regulating stressful conditions and feelings. When overwhelmed by strong emotion, the higher decision-making areas in our brains are temporarily overridden. We need to calm down before we can reflect and make choices. The aim here is to find ways in which children can, at least for a while, be in a calm and safe state, with the support of an adult. Repeating these safe moments and learning means of regulation will gradually increase the child's ability to self-regulate their feelings. This will, in turn, reduce the risk of lapsing into an uncontrolled state, or at least it will be easier to recover from it to a state where the child is consciously in control again. Then it will be possible for the child to make choices about their own actions and easier to accept help from others.

It is important for every child to discover the individual means of self-control that work for them and create a sense of safety. Establishing such means and ensuring that they can be employed even in case of a strong emotional response requires plenty of repetition and dry runs. It is useful to practice these means when the child is in a calm state of mind and receptive to learning new things. When the child is in an agitated state, a calm adult must provide assistance in employing these means to calm down.

2.3.3 Trauma awareness at work

It is important for practitioners, workplace communities and organizations to understand traumatization and of the various ways in which it presents itself. It is vital to be aware of the potential impact of trauma on children and on their family members and on professionals. Working with traumatized peo-

ple may affect the professionals themselves too. Work stress and work management must be addressed by ensuring that there are enough personnel and sufficient training. Practitioners must be provided with support, and opportunities arranged for consultation and work counselling. Collaboration across organizational boundaries is necessary. The ideal would be to have one coordinating worker with long-term commitment, supported by a multiprofessional working group (as described for the long-term support for returnees from conflict zones in section 3.1). However, it must also be ensured that any child or family does not have to deal with constantly changing case workers and other professionals. Personnel changes may obscure the big picture and erode the quality of the treatment or rehabilitation or support.

Trauma awareness must be mainstreamed through the workplace community at all levels of the organization or care chain, from administration to each individual professional.[34] Trauma awareness influences how matters are discussed and what language is used for instance in describing challenging situations. What is essential is to focus not only on problems but also on resources and on the ability to survive and to recover. The goal is to create not only for the children and the families but also for the professionals the feeling that they are welcome, important and able to influence things. The perceived safety and physical safety of all parties involved must be considered with particular care.

Professionals learn to identify trauma reactions and to respond appropriately. They can see the fear, helplessness and survival reactions prompted by traumatization underlying the child's challenging behavior. They also then understand the significance of trauma-induced stress to a child's development and seek to prevent further traumatization. What is important is to investigate the child's background for their trauma history to find out about both their adverse childhood experiences and their protective factors. The roles of family and friends at various points in the child's life and at the present time must also be considered. It is further important to strengthen the protective and resilience-inducing factors while helping the child to strengthen their self-control skills and to cope with strong emotions and difficult feelings. This will help the child attain age-appropriate development and a feasible life.

An important feature of traumatization is that it causes a sense of helplessness, of being unable to influence events. Restoring and reinforcing a sense

[34] Marsac et al. 2016; Wall, Higgins & Hunter 2016; The National Child Traumatic Stress Network, undated.

of agency is essential for the subject to genuinely commit to the support and care provided. The subject may easily feel that they are 'at the mercy' of a variety of actors, and this may reinforce their notion that everything is being controlled by other people. Knowledge, predictability, and transparency help increase a sense of agency and safety. Children and families must be given information on trauma and its impacts in an understandable form repeatedly. Resources and hope must be highlighted at the same time. Children must be allowed to decide and to make choices whenever possible. This means creating genuine opportunities to be heard, reinforcing the child's experience that their views matter, even in situations where the actions taken are contrary to the child's own wishes and opinions. Ultimately, mutual trust and the ability to make choices increases the subject's willingness to commit to the support provided and to any care processes undertaken. It may take a lot of time to establish such trust, but it is worth making a conscious effort.

2.4 Other information

2.4.1 Trauma symptoms and age periods

Traumatic stress affects children in different ways depending on in which developmental period they experience the traumatic event. Trauma symptoms may be more difficult to identify in children than in adults, and they may manifest themselves differently at different ages. Intense stress can stop a child's development or even cause regression. The child may fail to attain important developmental goals because of a traumatic event.

Traumatized children often have **sleep disorders.** The transition from being awake to sleeping requires a sufficient sense of safety. Repeatedly waking up at night and having nightmares make sleep so frightening and repulsive that the child will have even more trouble falling asleep. Lack of sleep, in turn, erodes the ability to observe and concentrate, memory functions and the learning of new things. Long-term sleep deprivation also causes decline in health, functional capacity, and mental wellbeing. Thus, sleep is worth an investment in trying to find ways to make it work.

Eating may involve challenges. A traumatized child may have a loss of appetite. New foods may feel too unfamiliar. The child may feel that changes are happening too rapidly and they themselves are unable to influence them. Refusing food may be one of the few things that a child feels they can control.

Sometimes refusing to eat may indicate that the child is generally unwilling to accept anything new at that moment and unwilling to embrace change.

Traumatized children often present with various **somatic symptoms:** headaches, stomach pain, bedwetting, and various kinds of bodily discomfort. These may be related to physical or emotional responses caused by the traumatic experience. It may be easier for the child to identify bodily reactions than to describe emotions. It may also feel more acceptable to seek care and intimacy because of a physical ache than because of fear, sorrow, or anxiety. Sometimes traumatic experiences leave marks on the body, such as injuries or disabilities that continue to cause pain. The sensation of pain may also persist even if there is no detectable physical trauma on the body anymore.

Self-control problems may show themselves in children as temper tantrums or excessive crying. Fear can paralyze a person completely. Children may have symptoms of separation anxiety and may react violently to the smallest changes. Challenges in concentrating and in controlling one's own actions are also common.

Infants require lively interaction, care, and a safe intimate relationship. Being safely held in arms is a good place to get to know yourself and the world around you. The basis for regulating various physiological functions develops during infancy. An infant deprived of positive experiences is often apathetic. The brain is highly malleable in infancy, so it is important to facilitate corrective experiences.

Toddlers are laying the foundation for their emotional self-regulation skills. They are also learning to distinguish between their mind and the minds of others and to decipher the intentions and moods of others. Playing and creative activities helps explore the boundary between reality and imagination. Children need play and stories to be able to activate their imagination. If children encounter stressful events at this age, they may have difficulty later in differentiating between their own feelings and those of others and may also have a lack of empathy. They may also experience challenges in mentally processing things. A traumatized child may appear to be small for their age and may find it difficult to separate from a familiar adult.

For **schoolchildren,** the principal development points are establishing relations with their peers and improving their problem-solving skills. Traumatization often manifests itself as short attention spans, seeing things in terms of black and white with no nuances, and various phobias. Children at this age are generally social, and a feeling of belonging is important to them. It is useful to foster friendships and hobbies and support taking part in class or club

activities. Schoolchildren are often rich in ideas, and this may be made use of on broadening their thinking and to improve their problem-solving skills. Peer support can be helpful in this respect.

Adolescents are future-oriented. World view, moral contemplation and identity issues are important at this age. An adolescent is undergoing both physical and mental development and is very susceptible to influences. An adolescent who has had traumatizing experiences may have a narrow and joyless world view combined with distrust and even hatred of others. Adolescents may come to understand their own experiences in new ways, and this may prompt quite a wide range of feelings and thoughts. It would be a good thing for an adolescent to have trustworthy people around them to talk to. The strength (and challenge) at this age is that adolescents feel invulnerable and have a huge hunger for new experiences. They often find safety and a sense of meaning in a peer group.

2.4.2 Supporting self-regulation skills and social skills

Emotional and behavioral regulation and social skills improve in interaction, with input from others. Children and adolescents always need the help of a safe adult to establish these skills, in all environments of everyday life.

Children easily get caught up in a powerful emotional state that will govern their behavior, because the higher functions of their brains are still developing (and will continue to do so well beyond the age of 20). The important thing is to help the child calm down in terms of both emotional and physiological response. The presence, sound or touch of a safe, calm person can help in this. Sometimes a child will have to be prevented from hurting themselves or others. In such a situation, the adult must remain calm to successfully calm down the child.

The aim is for the child to learn how to regulate the duration, strength, and expression of emotional states. It is also important to validate the emotion, i.e., to have the child see that it is all right to feel that way and to make them feel that they are genuinely understood. No feeling is wrong but allowing a feeling to govern one's actions can be wrong. Adults can help children to identify and verbalize emotional experiences that they feel in their body. Verbalizing emotions activates the higher functions of the brain, allowing the child broader access to their mind while providing a feeling of control and reflection in a difficult moment.

The development of behavioral self-regulation requires a trusting and respectful relationship with the child. The child's guardians should be involved in practicing the behavior and social skills if possible. Psychoeducation is an important part of this too. The practicing/rehabilitation must be persistent and goal oriented. The plan must be based on an individual assessment where the strengths of the child (and of the guardian) are also considered. The everyday environment should be adapted so that it is supportive of the child's development. Positive behaviors must be reinforced, and restrictions imposed in constructive ways. Generally, the first response to behavioral issues is to strengthen parenting skills. Children may be taught interaction skills, emotional self-regulation, and problem-solving skills. It may be productive to work with not just the child and the parents but also with the school and other actors (social, hobby and religious communities). Children taken into care need particularly solid collaboration between practitioners along with ensured continuity.[35]

2.4.3 Fostering a sense of security

A sense of security is a cornerstone of recovery from traumatic experiences. Information, transparency, and respect foster a sense of security. Predictability and repetition help adapting to everyday routines. Ground rules, expectations and practices that are discussed together create a safe framework. Adults set boundaries that are also safe to test. Age-appropriate psychoeducation concerning emotions and responses to trauma increase a child's understanding and thereby their sense of security, helping the child understand their feelings and reactions and their life situation. Children must also be protected against their own behavior as necessary.

Adults should work through their own reactions, fears, and insecurities. Children are sensitive at interpreting the gestures and facial expressions of adults. The importance of non-verbal communication is heightened if there is no common language. Children judge by the reactions of adults whether a particular situation or thing is safe or not. Also, it is extremely frightening for a child if someone is afraid of them. Practitioners who engage with traumatized children and families in their work must be offered sufficient support by their workplace community along with training and work counselling.

[35] Conduct Disorders (children and adolescents). Current Care Guideline.

For many children and adolescents returning from conflict zones, their own parent or family or community can provide a haven in the midst of everything that is going on. A completely different set of issues arises if a child is separated from people close to them with whom they feel safe. Even the most mundane things can seem alien and forbidding in a new environment (customs, everyday actions, rituals, food, environment, appearance of other people, clothes, language, sound world, smells...). The child may also have adopted beliefs according to which some of the things habitually done in the new environment are forbidden and punishable. This may result in overwhelming strong confusion and internal conflict, undermining the child's sense of security.

You can ask questions and have conversations about differing customs and habits. It is important to hear the child's own thoughts and wishes. It is also important to actively ask questions about things in which the child has previously found pleasure and security. Even children returning from a conflict zone may have important positive memories, which should be recalled and shared with others. Children must also be allowed to grieve for things or people that they have lost. Change always prompts sadness and uncertainty. These may manifest themselves as anger, irritability, or withdrawal. Children may also feel shame and guilt for several things. It is important to verbalize to the child the many feelings that great change may involve.

Traumatization, mental health issues, prolonged/repeated challenging situations and adversities, hostility/racism/discrimination, lack of education, lack of language skills and literacy skills and lack of skills in finding and evaluating information can render children and adolescents who have lived in a conflict zone particularly vulnerable to various influences and to making choices disadvantageous for themselves. This is yet another reason why it is important to support learning, competence, a sense of belonging and a sense of security and to reinforce agency and participation in the rehabilitation process. All this requires long-term commitment and a multi-professional approach: permanence, continuity, and monitoring.

2.4.4 Communication

Means of communication are essential both for creating a sense of security and for establishing interaction. We need language to understand and analyze our own thoughts and actions. Thinking and learning are to a great extent language-based function. As humans, we have a fundamental need to feel that we are understood. It is therefore vital to support the linguistic and communicative development of children in all everyday environments. In the

absence of a common language, an interpreter may be used to facilitate communication. If employing an interpreter, it must be remembered that languages may have widely varying dialects, and it must be ensured that the child and the interpreter understand one another. It is equally important for both the practitioner and the child to be able to trust the interpreter and their translations. Creative means may also be employed to bridge the communication gap: images, gestures, pointing, non-verbal communications and translation software. You may consult a speech therapist regarding means of communication and ways of supporting a child's linguistic development. It is useful to draw up an individual plan for reinforcing the child's native language while teaching them a new language. Some children returning from conflict zones may be accustomed to using a mixture of languages. It is our job as adults to ensure that we can find for the child a way to communicate and to be understood.

2.4.5 Multilingualism and how to consider it[36]

Multilingual children need and use more than one language in their everyday lives. Typically, such children will not have an equal command of all the languages they know, because language acquisition is a continuum depending on several factors. Usually, one of the languages is dominant, but this may change as the language environment changes. The languages used by a child may have been acquired simultaneously since early childhood or successively, with the language acquired first being the furthest developed. Multilingualism, whether simultaneous or successive, is a term used to refer to languages learned in childhood like a native language, in a natural linguistic environment, as opposed to learning a foreign language at school. Simultaneous and successive multilingualism differ in linguistic development especially in the early stages, because children with successive multilingualism will have already acquired a native language and cognitive maturity due to age, providing a framework on which to build the next language. It has often been proposed that everyday communication skills in a new language can be acquired in a couple of years but that it may take up to seven years to learn to think in a new language. As with a native language, comprehension is learned more quickly than active communication.

Even though children can acquire more than one language, linguistic development should not be taken for granted; multiple factors affect the development process and the skill level attained. The most important factor is the

[36] Smolander, Plym, Arkkila, Kunnari & Laasonen 2018.

opportunity to hear and use a language, in terms of both quality and quantity. The age at which exposure to a language begins does have relevance, but the sensitivity period for language acquisition is quite long, extending as far as teenage in the case of some areas of language.

For multilingual children, the circumstances from which they come and the experiences they have had must be considered. For instance, in the case of language issues with children from immigrant backgrounds, we need to consider psychosocial factors, age, possible interruption of education and the instability of the child's linguistic situation between leaving the country of origin and arriving in the country of destination. Continuous monitoring of language development and offering systematic support to all multilingual clients is important; favorable language acquisition is the most significant factor that helps immigrants do well in school and find employment and prevents social exclusion.

2.4.6 Parenthood and pregnancy

It is essential to consider how to support a pregnant (future) parent. Many girls and women coming from conflict zones have experiences of sexual violence, rape and/or forced marriage. These experiences may strongly influence their attitude to pregnancy and their relationship with a newborn child. They may have a difficult relationship full of conflicting emotions with the child's father. Giving birth may also vividly bring up traumatic memories.[37]

Parents who have lived in conflict zones may be suffering from their own experiences of trauma and deprivation. They may also have various feelings of guilt, shame, and mistrust. Traumatization may manifest itself as difficulties in interaction and concentration. There may also be anxiety, depression, and trauma symptoms. The parents' ability to tolerate even trivial stresses and challenges may be seriously compromised. All this makes it more difficult for them to look after their own needs and the needs of others. Parents may not trust their ability to cope or the willingness of others to help. This may prevent them from reaching out for or accepting outside help, and more generally it may complicate their relationships with anyone outside their immediate family. Specifically, they may have mistrust and fear towards professionals and officials.

A serious trauma experienced by a parent, a spouse or another family member may have an impact on the entire family and thereby on the growth and

[37] Christie, Hamilton-Gianchritsis, Alves-Costa, Tomlinson & Halligan 2019.

development of a child in the family. Parenting skills, support from the environment and corrective experiences have a bearing on this. Children are also affected by how the parents tell them about or remain silent about the traumas they have experienced. Parents can explain their difficult experiences to their children in an age-appropriate way, reflectively, seeking to understand what happened while also highlighting positive experiences in life. Silence and bitterness can increase the risk of the trauma being passed on to the next generation.

If a parent is joyless, in physical pain, worried and helpless for long periods of time, their child's development will be affected. Children observe, follow, and copy their parents' behavior and actions, and in such a situation they may be excessively cheerful and diligent, kind and helpful, but they can also become aggressive and demanding or develop physical and mental symptoms of their own (tensions, pains, bedwetting, making a mess, refusing to eat, refusing to speak). Often the narrative of a child's difficult experiences is sidelined by the narrative of the traumatized parent. It is nevertheless important to hear the child's story too.

We should note, however, that there is no direct link between traumatic experiences and parenthood. A lot depends on how the parent has interpreted and processed their harrowing experiences. As a parent, it is worth reinforcing one's ability to reflect on one's own perspective and experience and those of others. It is important for a parent to learn how to regulate their emotions to be able to help their child regulate theirs. Parents should invest in stable relationships and foster interaction within the family. There are many means available for reducing conflict-induced stress and its traumatizing impacts in a family. A safe, affectionate relationship has a positive impact on a child's overall development and their ability to understand themselves and others. These skills can also be reinforced later in life through good relationships and care.

It is important to keep sight of parenting resources. It is possible for a person to be a good and protective parent to their children even in difficult circumstances. Even people capable of doing harm to others can provide security for their own children. Parents may also play a central and vital role in the identity of a grown-up child and contribute meaning to their life. A parent is always meaningful for their child, in some way. Children are often loyal to their parents.

Family is often of key importance in helping children cope and protecting them.[38] Refugee children who remain with their families or are quickly reunited with their families have been found to have fewer mental health problems and a better capacity for adaptation than children who must cope on their own. The mood in a family, the upbringing provided, and the amount of care and attention given are relevant for building resilience.

The role of a parent and a family may be very different in Finland from what it is in a conflict zone. Cultural conceptions of 'family' and who belongs to a family may differ greatly from those in the surrounding community. It is a challenge to find a suitable way for oneself and one's family to live between cultures.

2.4.7 Morals and identity

In addition to actual trauma symptoms and mental health issues, children may also suffer from what is known as moral injury. Their entire belief system, including their conception of people, the world and life in general may have been upset by the events they have experienced. This may involve a sense of having been betrayed or cheated and distorted ideas about nothing being true. Amidst such confusion, children are highly vulnerable and susceptible to all kinds of influences.

Professionals should be able to discuss any topics, even difficult ones, with a child in an age-appropriate way, helping the child to understand and accept differing opinions, lifestyles, and beliefs. Professionals should also be aware of how they, as adults, can help a child shape their identity in a new culture. What is important here is to age-appropriately reinforce the child's capacity for critical thinking and to teach them how to recognize propaganda, extremist thinking and hate speech in all their forms. Adults also play an important role in how to prevent the child from being stigmatized or discriminated against and from becoming isolated or socially excluded. Low-threshold services for such purposes should be available at schools, youth centers, leisure activities, religious or other communities.

Talking openly and reflecting on things together may be productive for both the child and the professional. It is an excellent learning opportunity to talk about difficult topics, thereby increasing one's understanding and skill for constructively disagreeing yet remaining connected and in dialogue.

[38] Lustig, Kia-Keating, Knight, Geltman, Ellis, Kinzie, Keane & Saxe 2004.

Through experiences like this, children may learn to be more tolerant of differences and the opinions of others. Here, the adult may serve as an example for calm and respectful conflict resolution, for critical thinking, for analysis and for communication. Positive experiences reinforce a child's self-esteem and self-awareness while fostering a sense of belonging. Dialogue can also reinforce emotional intelligence social skills and understanding of political, religious, and societal matters.[39]

[39] van der Heide & Geenen 2017.

3 ORGANIZING LONG-TERM SUPPORT FOR CHILDREN AND FAMILIES RETURNING FROM CONFLICT ZONES

3.1 Organizing long-term support

This modelling focuses on describing the long-term support process for children and families for whom reintegration and rehabilitation are the primary forms of help provided. Threat assessments made by the security authorities are separate from the long-term support process for families, as are the criminal investigations carried out by the police. If, for instance, a child's mother is sentenced to imprisonment, this modelling is in some ways applicable to the organizing of long-term support for the child, but issues such as means of communication and support for the mother during her imprisonment are beyond the scope of this modelling.

Client processes for children and parents returning from conflict zones are complicated and require special competence and expertise and are carried out by a multi-professional network consisting of the client family, multiple authorities, and other, unofficial networks. What is essential is to establish a relationship of trust with the family and for all actors to have a shared understanding of the situation and of the goals. Achieving this shared understanding requires effective multi-professional collaboration[40] where each member of the network bears responsibility for their part in providing support at a sufficiently high level of quality and operating in transparent collaboration with all the other actors. A plan devised in multi-professional collaboration is also vital for a successful support process.

For support to be provided effectively, collaboration must be based on regional plans prepared in advance. It is important for all actors to know who is responsible for a child's affairs and who is coordinating collaboration with

[40] Yliruka, Vartio, Pasanen & Petrelius 2018, 66.

other actors. Effective practices for information exchange facilitate quick, sensitive actions.

The goals of long-term support are to ensure a safe growth environment for the child as well as safeguarding the rights of the child. A child's need for support may vary and may in fact not even emerge until years after returning to Finland, and this is the reason why support should be organized over a long period of time. In addition to working directly with the child, parents and relatives must also be offered the opportunity to receive support from officials and NGOs.

The aim is to deliver the long-term multi-professional help so that the child can stay with their parent or other caregiver. If the support measures provided to a child and a family are not sufficient to ensure a safe growth environment for the child, then the child will have to be placed in care outside the home to ensure a safe growth environment and to safeguard the interests of the child.

3.1.1 Long-term support process and underlying factors

The points to consider in organizing long-term support and the goals at its various stages have been constructed based upon the various areas of the child's perceived wellbeing. Studies have shown that the most significant factors for a child's emotional wellbeing are meaningful relationships and emotional issues.[41] Security, a positive self-image and agency are the most important areas of wellbeing, built up in relationships (Figure 1).

[41] Fattore, Mason & Watson 2009.

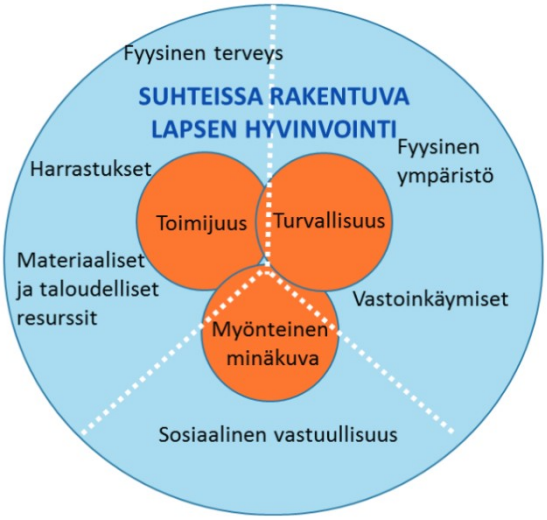


Figure 1. Wellbeing of a child built up in relationships (Fattore, Mason & Watson 2009). For a translation of Figure 1, see Appendix 4.

Positive and negative events either reinforce or weaken a child's security, positive self-image, and agency. For instance, a positive sense of agency is formed by feedback received from others. Agency can be boosted in everyday situations and relationships (in the family, at school, in the local community). Security, on the other hand, offers protection against abuse, negligence, violence, bullying and discrimination in the child's peer group and community. It is important for children to have a home where they feel safe and to be able to live in a community that is friendly and inclusive to children. A 'positive self-image' means that the child feels that they are 'ok', or a good person. A sense of self-esteem correlates with experiences of positive recognition (whether official or unofficial).[42] The goals and forms of support in various areas reinforce each other and multiple parties may contribute to attaining the same goal.

Long-term support for children and families returning from conflict zones is organized as a process, the most acute needs being addressed first and therapeutic measures being introduced only when the circumstances are stable enough. The various practitioners involved, such as child welfare social workers, adult social workers, child care clinic physicians and early childhood education and care teachers, operate in various roles throughout the process.

[42] Fattore, Mason & Watson 2009, 61–65.

Phase 1 of the process typically spans the period **from 2 weeks to 3 months** after arriving in Finland, following the initial acute response or Phase 0. Phase 2 covers the period **from 3 months to 1 year** after arriving in Finland. **Phase 3 begins after the first year.** (Figure 2). The purpose of the process is to ensure a normal and safe everyday life for the child and the family as part of Finnish society, working based upon the targets associated with various areas of the child's wellbeing. The factors identified in the modelling as facilitating the attainment of those targets include establishing a relationship of trust with the family; coordinated multi-professional collaboration; competence of professionals; and clearly devised guidelines and plans. A systemic approach (see section 3.2) offers tools for building a client relationship based on trust and transparency and supports well-coordinated multi-professional collaboration.

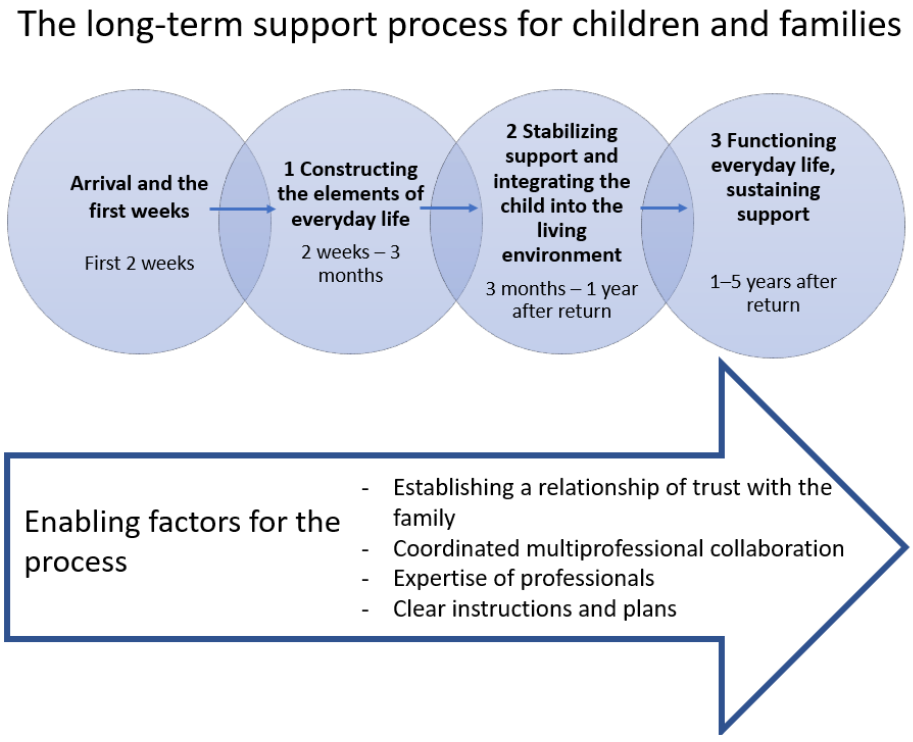


Figure 2. Long-term support process for children and families, with enabling factors

Even before the long-term support process begins, a child welfare needs assessment will have been performed on the child, and a **child welfare social worker** will have been appointed for the child and the family. Now, there is no single separate authority in Finland to coordinate all the long-term support measures for children returning from conflict zones and their families.

The EU RAN network has recommended that such a nationwide coordinating body be appointed.[43] Based upon the current legislation, a **child welfare social worker** is designated as the case worker or process coordinator in the modelling. Child welfare support for children returning from conflict zones and their families is provided by the municipality in which the child and family principally reside, regardless of whether it is the child's domicile. However, if the child welfare client relationship is terminated, or when the child turns 18, a new coordinator must be found in a different service (e.g., family social work or adult social work), and the necessary transfer of information must be ensured. It is important that these children receive the support that they need even if the need for support does not emerge until years after their return.

Information exchange between authorities must be ensured also in cases where a family relocates from one municipality to another. If the child is a client of child welfare services or subject to a child welfare needs assessment, then the destination municipality must always be notified of the move, and the necessary documents must be transferred to that local authority. If the child is not a client of child welfare services but is a client of social services, then under the Social Welfare Act other authorities may be notified of the need for support with the client's consent. If the criteria listed in section 17 of the Act on the Status and Rights of Social Welfare Clients are satisfied, then information may also be disclosed without such consent.[44]

There are also other issues of information exchange involved in the providing of long-term support in multi-professional collaboration besides those arising from relocating from one municipality to another. In multi-professional collaboration, devising a shared situational assessment and plan is essential, and more effective assistance can be provided when understanding the big picture than if considering the case with the information and from the perspective of a single actor. Information exchange is governed by factors such as professional confidentiality, professional ethics in various occupational groups and legislation governing the handling of information on a child and governing the actions of professionals. A list of the most important legislation vis-à-vis the organizing of long-term support is appended (*Appendix 2*).

A **systemic approach** and **multi-professional collaboration** support effective information exchange between the various authorities. The social worker responsible for the child's affairs in child welfare services (hereinafter the

[43] RAN Centre of Excellence 2017a.
[44] Act on the Status and Rights of Social Welfare Clients (812/2000).

'child welfare social worker', meaning the child's case worker in child welfare services, whether in non-institutional support services or substitute care) bears great responsibility for the overall process, and it is important that other professionals support the child welfare social worker in their role in multi-professional collaboration. Also, complying with the operating principles developed for **preventing radicalization** and with the obligation to file a child welfare notification as provided for in the Child Welfare Act helps ensure that the child or family will be redirected to services as necessary if concern for the child's welfare arises in their environment.

3.1.2 Points to consider in organizing support

Organizing support for children arriving from traumatic circumstances is a joint effort that must be undertaken in flexible collaboration between professionals in the education, health care and social welfare sectors, with specific attention paid for instance to trauma awareness, cultural sensitivity, and stabilization. **Trauma-informed work** means actions by professionals for processing traumatic experiences undergone by children, parents, and families on a comprehensive basis to reinforce the perceived safety, resources and agency of the family (for more on trauma-informed work, see section 2.3). It is also important to note that the processing of traumatic events cannot begin until sufficiently safe circumstances supporting the agency and survivor identity of the traumatized individual have been established through the approach.[45] A **culturally sensitive approach** means that professionals engage in respectful and appreciative interaction and communications, allowing the client the space and the right to express their own culture in an appreciated way. **Stabilization** and a **stabilizing approach** refer above all to creating a sense of security and predictability, to fostering structure and resources while employing methods that facilitate the readiness to handle emotions and changes in alertness. Practical and diverse forms of support can help individuals who have undergone traumatic events, laying the groundwork for therapeutic intervention.[46]

A culturally sensitive approach necessarily includes considering the aspect of religion for children returning from conflict zones. Professionals must have **religious literacy**, meaning an understanding of various religious traditions

[45] After White 2005, Alatalo & Kantoluoto 2018, 189.
[46] Alatalo & Kantoluoto 2018, 189.

and skills for fostering dialogue between members of various such communities.[47] Religious upbringing and the role of religion in everyday life may be more significant for children returning from conflict zones than professionals in our quite secularized Finnish society may realize. When organizing the circumstances of everyday life for children, it must be considered on the one hand that continuity may enhance the child's sense of security[48] but on the other hand that the child may have been brought up to embrace violent extremism based on religion. Children and adolescents must be offered the opportunity to discuss religion and to be given answers to questions regarding religion that they may be wondering about. Religious issues must be considered in the organizing of long-term support, for instance in the selection of substitute care facilities and in ensuring the availability of religious expertise particularly in cases where radicalization is a concern. Religious literacy also concerns specific individual things such as arranging for a woman physician for appointments in health care whenever possible.

When forming of the team of professionals to support the child and family, the age of the child must also be considered. Children of different ages will have had different experiences in the conflict zone, and their age-appropriate developmental level will determine what kind of help they need. Responding to the needs of children of various ages in age-appropriate ways must be considered in all work being done with children returning from conflict zones.

The following principles must, at the very minimum, be considered when organizing long-term support.[49]

- Work with a multi-professional team. Do not get stuck thinking about difficult issues on your own.
- Returnees must themselves accept the goals for change for the collaboration and changes to be successful. Therefore, you must aim to achieve mutual trust. Peer support can help in the process.
- Involve the child and the parents actively in the decision-making concerning them and, in the design, and delivery of actions. Having actual potential to influence their own lives will increase their trust in the authorities and in other actors and will empower the child, the parents, and the community to which they belong.

[47] Konttori 2018, 1.
[48] RAN Centre of Excellence 2016, 13.
[49] Based on RAN Centre of Excellence 2017a, as applicable.

- Identify the ideological background of each returnee and keep it in mind throughout the process: your work must be informed by their identity and ideology as you actively seek to foster new social relationships and to employ positive role models.
- Acquire sufficient information on the returnee and on the current circumstances, based on factual evidence. Returnees themselves are the best source of information. Creating a safe environment makes it easier to talk about difficult things.
- Engage in conversation with sensitivity but ask direct questions boldly.
- Be clear, honest, and logical in what you do. Inform your clients openly about how the process is progressing and tell them when you have an obligation to take information forward. Tell them whom you are going to inform about your conversation and what might happen as a result.
- Take a child-oriented approach when planning your work. It is in the interests of the child to highlight the individual needs of the child.
- Be gender-sensitive and consider the influence of religion in the everyday life of the child and the parents.
- Use a trauma-informed approach.
- Engage the family, friends and other social network of the returning child and parent throughout the process.

3.2 Systemic approach in multi-professional work

Working with clients arriving or returning from conflict zones requires close and systematic collaboration between various actors to take the wishes and needs of families into account as well as possible. Effective collaboration is possible in an operating culture where the mutually complementary contributions of professionals of various fields form a package that is of perceived benefit to the client. A systemic approach offers tools for fostering a trusting and transparent client relationship. It also offers practical means for collaboration built in tandem by professionals and clients, progressing in small steps. A systemic approach is recommended as the foundation for multi-professional collaboration in organizing long-term support for returnees.

The Finnish systemic approach was developed based on the 'Reclaiming Social Work' model created in the UK (known as the 'Hackney Model'), combining systemic family therapy orientation, methods, and tools for child welfare social work.[50] This orientation may be applied in other environments as well. Systemic social work is guided by principles of respect, joint actions, and a resource-oriented approach.[51]

A systemic approach includes an understanding that things interact in complex ways. In this approach, the world is seen as a network of communication and interaction relationships, with reality emerging as a constantly shifting social and cultural construct. Client work with a systemic approach addresses the internal and external relationships of family systems. The social worker or other professional working with a child or adolescent or family is considered a part of the family system. Cause and effect relationships are viewed as being cyclical: every factor can affect everything else.[52] The plurality of backgrounds of returnees and the multiple disciplines required for helping them create a network of components that must all work together seamlessly. It is not always self-evident that this will succeed.

Children and their families arriving in Finland benefit from various actors forming a service network according to the family's needs. This is particularly important at times of transition, for instance when relocating from one municipality to another or when an adolescent turn 18. To ensure uninterrupted support, information on the services already provided and sufficient support for their continuation must be conveyed to the new coordinators and actors involved. Because the various actors have different basic duties, creating a shared concrete plan of action may in practice be a considerable challenge. A systemic approach offers tools for collaboration amongst professionals and with client families on two levels. Firstly, in work with clients their family system and their wishes in the process can be considered through family therapy orientation and methods. Secondly, professionals can work together in devising a plan to ensure the participation of all parties involved, particularly the clients, in a structured systemic meeting where the voices of all participants are heard.

It is also possible to invite clients and partners to the weekly meetings of the (child welfare) teams where the clients' matters are discussed. The purpose

[50] Aaltio & Isokuortti 2019, 3; Fagerström 2016, 19.
[51] Fagerström 2016, 20.
[52] Aaltio & Isokuortti 2019, 11, 19; Brown 1997.

of such weekly meetings is to discuss the matters of a client (child, adolescent, or adult) in a resource-oriented and strength-oriented way to avoid overlapping work by the various actors and to proceed through jointly agreed concrete steps. Above all, the purpose here is to reinforce the client's agency and to focus on things important for them. Progressing at a rate with which the client feels comfortable must be a conscious and considered policy.[53]

Clarifying the roles and responsibilities of the various actors is very important in well-coordinated systemic networking. When everyone is on the same page, incorrect assumptions and expectations concerning the work of other actors in the network can be minimized. In systemic network working, all actors (children, families, partners) are informed of the principles and practices guiding the work. It is important particularly for the children, adolescents and families involved to understand the purpose of the work being done and the roles of the actors in the network.[54] This shared understanding can be augmented for instance by using structured assessment to demonstrate to everyone involved what is being assessed, what the goals are and what is being agreed for attaining those goals.[55]

It must be understood in the dialog-based approach that the wishes and aspirations of clients or of their natural networks may also be detrimental particularly to the balanced growth and development of children and adolescents. Practitioners must have the sensitivity to identify such situations and to act respectfully even in cases where the risks are obvious and an intervention in the life of the family of the child is necessary and difficult matters must be brought up even if the clients are not willing. In such challenging circumstances, it is particularly important that collaboration among professionals is effective and designed with a long-term perspective. It must be possible to bring up difficult, contradictory and emotionally challenging topics in the work process without destroying the collaborative relationship with the client. However, this is only possible if the client experiences the process as being transparent and respectful and a trust relationship has been established with the client from the get-go.

Asking the client's permission is a key element in the systemic approach,[56] as this supports the client's agency and ensures that the process progresses at a

[53] Agget et al 2015.
[54] Civil 2019, 2, 9, 11.
[55] For instance, local authorities in the Helsinki Metropolitan Area use the BBIC framework for assessment to increase shared understanding of the assessment performed.
[56] Agget et al. (2011).

pace acceptable for the client when the topic discussed is a difficult one. If involuntary measures are deemed to be necessary to safeguard a balanced growth environment for the child, it is more vital than ever to have a working relationship with the clients. It is easier to preserve that relationship if the client can influence at least some parts or content of the process while we seek to increase their understanding of why the decisions in questions have been made.

The strength of employing a systemic approach is in shifting the viewpoint from problems to the network of human relationships and the material environment in which the child and family live. The professionals' aim to see a bigger picture may also help the client to comprehend the components and dimensions involved in their situation. A broader perspective may also help the client to understand the concerns of the professionals and to realize that ultimately their goal is always to support the wellbeing of clients.

3.3 Prevention of radicalization into violent extremism and de-radicalization in multi-professional collaboration

The scope and intensity of actions for de-radicalization or prevention of radicalization in respect of children and their families returning from conflict zones depend on the individual circumstances of each family. Radicalization and de-radicalization processes are unique to each individual and must be considered on a case-by-case basis, according to the individual's needs, challenges, and risks.

In Finland, the prevention of violent radicalization and extremism is addressed through collaboration among national and local authorities and through collaboration among NGOs, communities, and researchers. This collaboration may take the form of permanently established multi-professional operations or other kinds of collaboration. Preventive work includes measures available to the security authorities (visible policing, intelligence gathering and, in some cases, criminal investigation) and other means of enhancing integration, participation and life management. The latter means are

employed for instance by authorities responsible for welfare services and education and by NGOs. In social services, the key players in preventive work are adult social work, immigration services and services for families with children. In health care, the important areas are school and student health care services, and in acute cases, emergency medical care, psychosocial support, and mental health services.[57]

Also, interventions and other support measures in respect of individuals subject to risk of radicalization or to threats from violent extremist groups, and in respect of people close to them, form an essential part of preventive efforts. These draw on existing basic public services such as social welfare and health care services and on multi-professional teams such as Anchor teams. Individuals affected by violent radicalization need customized services such as Exit activities.[58]

The police carry out important preventive actions against violent radicalization at the local level. Almost every police department has a multi-professional Anchor team that performs interventions, supports clients in detaching themselves from violent activities and further refers clients to services provided by NGOs and other authorities. Anyone concerned about the potential violent radicalization of an individual may contact the preventive services or Anchor teams of the police.[59] While Anchor teams are managed by the police, they include representatives of the social welfare, youth work, education, and health care authorities, participating in cooperation on an equal basis. The purpose of Anchor teams is to examine and support an individual's life situation with a comprehensive approach, preventing violent radicalization and extremism through promotion of welfare, early intervention and preventing social exclusion.[60]

The work done by Anchor teams may be described as the minimum level of action for preventing violent radicalization. There may also be a local collaboration group or network in which authorities and other actors working to prevent violent radicalization and extremism in the area can liaise with Anchor teams. In 2012, such collaboration groups were set up in Helsinki, Tampere, Turku and Oulu.[61]

[57] Ministry of the Interior 2020.
[58] Ministry of the Interior 2020, 24–26.
[59] Ministry of the Interior 2020, 28.
[60] Moilanen, Airaksinen & Kangasniemi 2019.
[61] Perukangas & Mankkinen 2019, 17.

Children and their parents returning from conflict zones are classified as persons of concern, and as such are of interest in the work to prevent violent radicalization. At the local level, this work is principally performed by Anchor teams based at police departments. An Anchor team participates in the process as one of several members of a multi-professional network. Including expertise on religion in the de-radicalization process is also crucial to its success.[62]

Because there is much overlap between the work of Anchor teams and the performing of needs assessments and the providing of support in child welfare services, these parties must engage in extremely close collaboration. A clear division of duties must be agreed upon in advance at the local level, with consideration as to which group out of all the professionals working with a family would be the most suitable and effective in contributing to the prevention of violent extremism. Members of an Anchor team have expertise for instance in performing risk assessments, while child welfare social workers have expertise in evaluating the overall situation of a child and of a family. The various actors should engage with the family in such a way that overlapping efforts are avoided. It is also good for the family if the number of professionals engaging with them on a regular basis is limited, to make it easier to establish relationships of trust.

3.4 Points to consider in evaluating the wellbeing of a child and parenting

When a child and a family return to Finland from a conflict zone, child welfare professionals participate in their initial evaluation. The initial evaluation is used as input in assessing the need for child protection and possible urgent child welfare measures. This information gathered in the first meetings will also be used later when organizing and planning long-term support, and therefore the information must be systematically collected. The matters investigated and the support needs identified at the initial stage will be further specified as the process goes on.

The situation of a child is to be evaluated by examining both risk factors and protective factors from the perspective of the child's developmental needs

[62] Pašagić 2019, 129.

and of the parents' functional capacity. Factors connected to the following issues must be investigated: physical health of the child, everyday life of the child, mental and social wellbeing of the child, parenting skills, providing mental and social wellbeing to the child, parents' life situation and parents' wellbeing and health.

In evaluating parenting and the wellbeing of the child, the potential violent radicalization of the parent must be considered, including how it might impact the child and the child's everyday life. It must also be considered whether the child has been introduced to and brought up in a violent extreme Islamist ideology. **What is essential is how all this manifests itself in the child's everyday life.** The legislative basis, guidelines, and practices for evaluating parenting and the wellbeing of the child are the same as for all other children. Practitioners should be aware of factors involved in violent radicalization and extreme Islamist upbringing to be able to evaluate the situation of a child and family returning from a conflict zone.

Risk assessment in respect of violent extremism and radicalization is to be undertaken jointly with regional Anchor teams. Child welfare social workers may benefit from familiarity with the risk assessment tools and their various component areas for the purpose of performing child welfare needs assessments. For instance, evaluation tools used by Anchor teams are described in the Anchor team manual. However, it is important to note that using these risk assessment tools requires specialist training.

The following is a checklist of things you need to find out at a minimum at the beginning of the process in multi-professional collaboration:

- the child's support needs concerning physical health
- impacts of potential malnutrition e.g., on brain development
- parent's capacity to care for the child
- interaction
- relationships with relatives
- traumatization
- perception of other people and of trust
- degree of radicalization of the parent and of the child
- how the parent evaluates the child's needs

- parent's capacity to protect the child
- parent's values and attitudes
- underage marriages
- experiences of sexual abuse
- other physical abuse (e.g., genital mutilation)
- participation in and witnessing combat operations
- parent's ability to cooperate with the authorities
- relationships between siblings
- ability to play
- deprivation

3.5 Long-term support process

3.5.1 Phase 0: Arrival and the first weeks

Before arrival in Finland, the principal authorities involved are the police, the Ministry for Foreign Affairs and child welfare services. At the time of returning to Finland, health care assumes a more prominent role, and subsequently various social welfare, health care and education services get involved.

In preparation for helping children and families returning from conflict zones, at least the following matters must be agreed upon at the local level:

- Clearly defined process of multi-professional collaboration and assignment of roles and responsibilities, including:
    - Collaboration practices between child welfare, adult social services, local police, and Anchor team practitioners in respect of children and adults returning from conflict zones
    - Collaboration between social services and health care, any exceptional arrangements required e.g., for immigration inspections, investigation of suspected physical abuse, referrals to specialist medical care, and so on
    - Roles of early childhood education and care and of school

    - Actors must have the contact details of all professionals participating in the work

- Procedures for establishing citizenship and possibly for taking DNA tests
- Contacting NGOs and religious bodies; planning in which matters and in what way their expertise and services can be involved in the support process
- Agreeing on communication roles and practices at the local level

  Points to note at the time of arrival in Finland and in the immediately following weeks:

  The need for emergency child welfare services[63] must be assessed upon arrival of the family in Finland, including an evaluation of the somatic and mental health of the child(ren). Principally, the child welfare needs assessment is to be performed by the competent social worker in the municipality of domicile. It is vitally important for the social and crisis emergency services in the municipalities of domicile and municipality of entry into the country[64] to plan for family-specific collaboration at the acute phase, in respect for instance of transport, accommodation and urgently required services. It is also important to prepare for the possibility of parents' needs for special support and for practical actions such as providing accommodation if a child is to be accommodated separately from the parent(s).

  The urgency of evaluating the child's health is to be estimated immediately after arrival (current infections, acute injuries caused by violence or torture, nutrition). Persons with serious symptoms are to be immediately referred to hospital for examination, while those with no symptoms are to be taken to their municipality of residence, where an immigration health examination will be performed in the following days.

  If a child requires immediate hospitalization on arrival, the hospital providing the care and child welfare services in the municipality of domicile will engage in close collaboration. It is essential for the hospital to know whether there

[63] It is possible to place an entire family in care on an emergency placement to allow an evaluation of parenting while not separating children from what may be the only adult familiar to them. It may be a good idea to accommodate the family at a unit where there are no other clients; this will allow consideration of any security threats and enable the family to calm down during the first days in which they will have multiple dealings with the authorities.

[64] For instance, social and crisis emergency services in Vantaa are responsible for arrivals at Helsinki-Vantaa Airport, and social and crisis emergency services in Helsinki are responsible for arrivals at the Port of Helsinki. However, arrivals can also occur at other borders and in other municipalities.

are any restrictions on communication or contact for the child or the family and what information may be disclosed to family members or relatives.

The actual health examination will be performed by basic health care services in the municipality of residence in the days following arrival. Consider at least the following points in the health examination:

- potential malnutrition
- vaccination program begun or augmented at a child care clinic (THL ohje nopeutettu-rokotusohjelma-ja-poikkeamat)
- expedited booking of a dental appointment
- consider the guideline: Ministry of Social Affairs and Health: Prevention of infectious diseases among refugees and asylum seekers
- Make a note of any injuries caused by abuse
- Inform the child's case worker of the findings, results, and plans, and inform the police of any injuries caused by abuse if necessary
- In respect of mental health symptoms and injuries caused by abuse, see also subsection 3.6.4. Forensic psychology/psychiatry units.

The description of the long-term support process in the present modelling begins after the first few weeks following arrival. During those first few weeks, the accommodation arrangements of the child and family are established, the child has been placed outside the home if that was deemed necessary, and a transition is made to the next phase where the child and family can begin picking up the pieces of 'a new normal' to settle into their new everyday life.

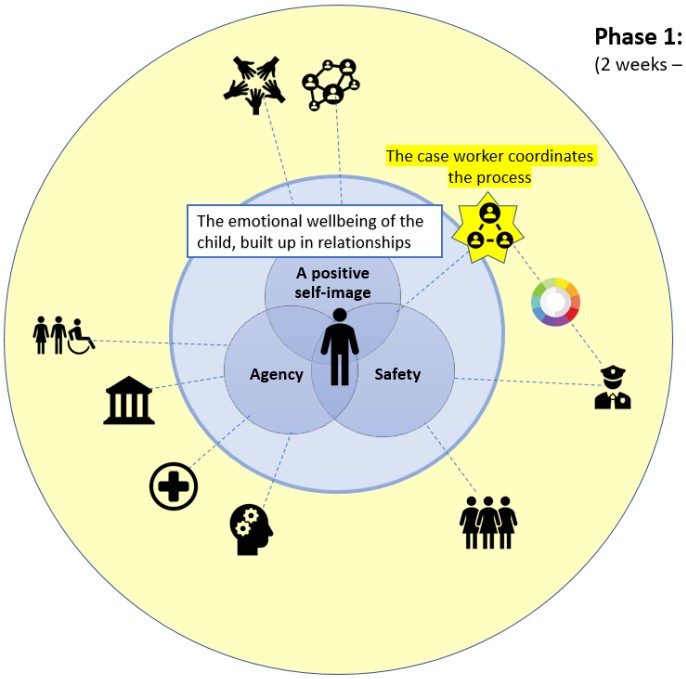
3.5.2 Phase 1: Constructing the elements of everyday life: 3 months following the first few weeks

Phase 1 of the long-term support process is about working to identify the relevant areas and needs for achieving a functioning everyday life for the child and family, and about responding to primary needs. Figure 3 illustrates the goals of Phase 1 using the various areas of a child's wellbeing.

The age of the child and whether the child is living with their biological family or in substitute care must be considered at all phases of long-term support. The modelling was created with a view to covering long-term support in both

the situations where the child is living at home with their parent(s) and the situations where a child is on an emergency placement and/or taken into care. Placing a child in care outside the home is always a crisis for the child, and the unique circumstances of each child must be considered on a case-by-case basis, when using the modelling as a framework. For some, the time-scale proposed in the modelling works well, but it may also take a considera-bly longer time than in the modelling to transition to Phase 2.

The phase division in the modelling should in fact be regarded as a template for individual client cases and processes, not as a literal or invariable plan.



Phase 1: Constructing the elements of everyday life
(2 weeks – 3 months after the return)

Goals in supporting the different components of the wellbeing of the child

- Arranging a safe accommodation
- Getting to know the environment and the society
- Ensuring that everyday life functions well
- Mitigating reactions in the environment

- Acute health issues are resolved
- Both mental and somatic health have been evaluated and a plan for further action composed
- Strenghtening predictability
- Financial benefits are sorted out
- Possibility of the support system to provide social support has been explored

- Psychosocial support for the child
- Psychosocial support for the parent (deradicalization work)

Figure 3. Phase 1 of the long-term support process

Explanation of symbols in Figures 3 (p. 46) and 4 (p. 49): ■ Child welfare social worker; ■ Parent, child welfare institution personnel or foster family; ■ Forensic psy-chiatry and psychology; ■ Health care; ■ Police and Anchor team; ■ Adult social work and Social Insurance Institution; ■ NGOs; ■ Religious communities; ■ School and early childhood education and care; ■ Services for the disabled

The goal for Phase 1 is to sort out practical matters and to facilitate a routine everyday life and a return to Finnish society. This Phase covers a period from

about 2 weeks after arrival to 3 months after arrival, following the acute response of the first few weeks (Phase 0).

Actors and goals in Phase 1

In the first few months, it is important to foster a sense of predictability in life for the child and the parent. In a systemic approach, the client is closely involved in providing information for creating a plan, which contributes to this goal.

The child welfare social worker oversees matters in respect of the child and coordinates all the parties required in providing services for the family. Child welfare services create a client plan for the child, detailing the goals of the work and the support measures required. The child welfare social worker coordinates collaboration between the various parties required in providing support as required in the Child Welfare Act and in child welfare guidelines, making use of a variety of methods and the systemic approach. The child welfare social worker also engages in close collaboration with the preventive activities of the police, or the work done by Anchor teams in preventing violent extremism and radicalization. In the case of children placed into care, the child welfare social worker engages in close collaboration with the personnel at the placement facility.

The circumstances in the child's long-term place of residence are investigated, particularly the family's domestic situation. The child may also be placed in substitute care. The process of becoming acquainted with the environment and with society at large may be supported by a child welfare family worker or the personnel of a child welfare institution, depending on the situation. Any security risks for the child or family from the environment must be considered, and reactions in the environment must also be noted and aimed to minimize.[65]

To support the agency of the child, health care measures in Phase 1 continue the addressing of acute health concerns begun in Phase 0, and a comprehensive evaluation of the child's state of health is made and a plan for further action drawn up. The active parties here are basic health care, forensic psychiatry or psychology and other specialties in specialist medical care as necessary.

[65] Finnish Security Intelligence Service, 2020.

The Social Insurance Institution and adult social work are included in the collaboration, with the latter supporting the parent(s) to the extent required and working closely with child welfare services. The adult social worker is a key partner in assessing the life situation of the adult(s) involved and in organizing services for them.

The child welfare social worker also maps out the network of people close to the child, such as important relatives, and whether they can support the child and family going forward. These relatives may have been closely involved in the child's life while in the conflict zone, for instance via phone and online connections, and any relationships that are positive and supportive of continuity should be cultivated during the long-term support process according to the interests of the child. The social worker also investigates the circumstances of the child's father and his potential for being a part of the child's life going forward according to the interests of the child.

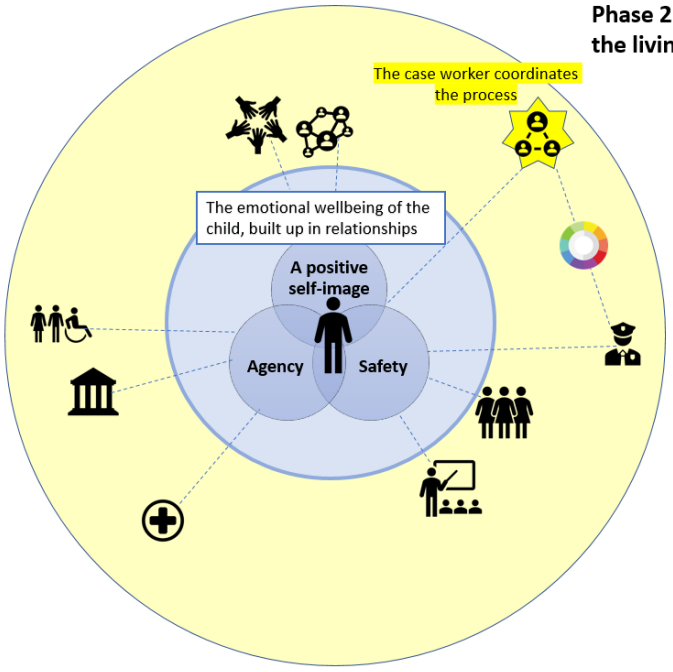
It is important for the child's positive self-image that both the child and the parent are provided with psychosocial support. Social welfare workers interacting with the family have partial responsibility for this, but NGOs and possibly religious communities are also important. De-radicalization, aiming to disengage individuals from violent extremism, requires a building of trust, which can be affected for instance by providing psychosocial support at Phase 1 of the long-term support process. It is important to organize a support person and/or peer group for the parent, because helping the parent also helps the child develop a positive self-image.

In preparation for the next phase in the long-term support process, the child welfare social worker contacts actors in daycare and at school, and preparations are made to enter the child in school or in early childhood education and care.

3.5.3 Phase 2: Stabilizing support and integrating the child into the living environment: 3 months to 1 year after arrival

Phase 2 of the process of long-term support involves taking a step forward: integration into the living environment begins with the child entering school or daycare and the parent is supported in finding employment or training. This phase extends to the end of the first year after arriving in Finland, begin-

ning after Phase 1, i.e., about 3 months after arrival (Figure 4). What is essential here is to foster the building of a new everyday life and identity for the child and family.



Phase 2: Stabilizing support and integrating the child into the living environment (3 months – 1 year after the return)

Goals in supporting the different components of the wellbeing of the child

- Stabilizing measures at school
- Taking the environment reactions in into account

- Children attend school or early childhood education and care
- Parents receive help in finding education and employment
- Health care support, possibly rehabilitation
- Psychosocial support
- Disability services and assistive devices
- Financial benefits and opportunities for hobbies
- Support by relatives is a part of everyday life

- Trauma-informed peer group for adolescents
- Support for getting involved in hobbies
- Occupational or NGO-organized groups for the parent, aiming to support the parent in forging a new identity, which also supports the child

Figure 4. Phase 2 of the long-term support process

Actors and goals in Phase 2

Professionals at school and in early childhood education and care play an important part in the stabilizing work undertaken in Phase 2. In addition to working with the child, measures are taken to ensure a safe everyday life for the child in his or her growth environment, addressing reactions in the environment if necessary. Substitute care and family care practitioners contribute to this goal in the case of a child or adolescent taken into care.

In health care services, the child and other family members are supported by the childcare clinic, school health care and specialist medical care as necessary.

Adult social work and services for the disabled are involved on an as-needed basis. Support provided by relatives and through other social relationships may acquire a more prominent role in this phase as the family settles down to a normal everyday life.

The systemic approach in child welfare services allows self-identity work to be undertaken with parents as well. Occupational peer groups or NGO peer

groups may also be important for the parent. Adolescents also benefit from peer groups.[66] Children must be provided with social support from their peers in other respects too, such as in enjoyable hobbies.

Support provided by NGOs and religious communities may acquire an important role in this phase. Both children and parents can be provided with peer group support aiming at de-radicalization, and NGOs can participate in organizing this. In de-radicalization, working with radicalized groups can, if successful, be even more effective than working with individuals, because the preservation of group identity may be supportive for individuals in the group and make it easier to embrace change than in cases where an individual must detach themselves from their existing reference group. On the other hand, there are multiple potential complications involved in de-radicalization work with groups, because different people may require different levels of intensity in addressing their situation, and in the worst cases misaligned de-radicalization efforts may even prompt the opposite of the intended effect.[67] These points must be considered when planning services.

3.5.4 Phase 3: Functioning everyday life, sustaining support: 1 to 5 years after arrival

After one year has elapsed from arrival, the various actors continue to work with the child and family on an as-needed basis. The child welfare social worker may continue as the family's case worker, assessing the support needs of the child and family and ensuring that the family get the support they need. Actors in school and early childhood education and care continue to play an important role in sustaining everyday life.

Smooth and systematic multi-professional collaboration and persistence in providing help remain important. It is important in working with a traumatized individual that the support network does not give up in cases where a person refuses to commit to meetings or to accept the help offered, for instance. It is important that not only the child welfare social worker but also other parties stay active.

[66] Morley & Kohrt, who studied the reintegration of child soldiers, noted that peer support and social relations play a major role in post-conflict psychosocial wellbeing, even more so than the traumatic situations experienced during the conflict (2013, 715, 729).
[67] Pašagić 2019, 129, 136.

3.6 Roles of various actors in arranging long-term support

Reading instructions

- **First review the entire chapter:** Familiarize yourself with the principles and phases of the long-term support process and then with the roles of the various actors. This will help you understand the big picture: there are shared principles and clear roles to assist you in your own work and multi-professional collaboration in general.
- **Please note** that all sections are intended for all professionals. A practitioner in substitute care, for instance, will benefit from reading the role descriptions of other actors too.
- **To support your own duties later** you may return to individual items such as role descriptions.

3.6.1 Child welfare social worker in non-institutional support services and substitute care

A child welfare social worker is the case worker for a child who is a client of child welfare services. High-quality child welfare services are based on a multi-professional approach, on the joint efforts of the child, the parents and other persons important to the child, and on a genuine engagement between all parties concerned in an operating environment that is safe and confidence-inspiring for the clients.[68] Multi-professional long-term support inevitably involves interventions. Children and parents must consider the family's current situation together with authorities and other external actors to assess the reasons leading up to the current situation and to explore ways of resolving it. A sensitive approach by the authorities is vital for facilitating collaboration between all parties concerned. The first meetings with the children, parents, and other parties of importance to the family are particularly important for establishing trust. Motivating a child and parents to work together with authorities is highly dependent on whether the official involved

[68] Laitinen & Kemppainen 2010, 138–140.

is genuinely engaged in the encounter and mindful of the views and opinions of the child and parent.

In assessing the interests of the child, it must be considered how each of the alternative measures will ensure:

- balanced development and wellbeing and continuing close relationships
- the possibility to gain understanding and affection along with supervision and care appropriate to their age and development
- education equal to their abilities and wishes
- a safe growth environment, physical and mental safety
- gaining independence and growing into a responsible individual
- opportunities to participate in and influence matters concerning them
- consideration of linguistic, cultural, and religious background

According to section 34(2) of the Child Welfare Act (417/2007), assistance in open care must be provided wherever possible in collaboration with the child and the parents, and with the guardians or other persons responsible for the child's care and upbringing. Non-institutional support measures may involve for example intensive family work or family rehabilitation.

Phase 1

The child welfare social worker brings together the parties needed for the process and coordinates the services provided for the family. The parties needed may be brought together for instance through requests for official assistance.

The child welfare social worker devises the client plan for the child and evaluates its implementation at least once a year and whenever the situation changes. The work itself involves continuous assessment of the child's situation and responding to changes, aiming for the jointly agreed goal.

The child welfare social worker is closely involved in the family's everyday life, particularly at the beginning of the process, assessing the family's needs for support and organizing the support required.

Phase 2

The child welfare social worker remains in a key role, being responsible for coordinating the overall process. Distance may now be taken from the family's everyday life, and meetings with the social worker may be further apart now that services such as child welfare family services or the personnel of a child welfare institution are more closely involved in everyday life.

Phase 3

The child welfare social worker continues to be the child's case worker and coordinator of long-term support for as long as the child is a client of child welfare services. Considering the background of children returning from conflict zones, there must be a high threshold for terminating their child welfare client relationship. If it is decided to terminate the client relationship, the child welfare social worker must find a case worker in another service and ensure that the required information exchange takes place.

Radicalization prevention and de-radicalization as part of child welfare services

Addressing radicalization is an important part of working with families in the case of returnees from conflict zones, because the very fact that they travelled to a conflict zone in the first place raises suspicions of the parents, and possibly the children too, having been radicalized to violent extremism. Therefore, these families are likely to require preventive rather than reactive support services.

The modelling proposes that **the child welfare social worker should leverage Anchor team efforts as part of the long-term support process** for the purposes of radicalization prevention and de-radicalization. The RAN network has compiled advice for radicalization prevention and de-radicalization in a family environment in a guidance paper that is a useful guideline for this collaboration. The program includes practical instructions for frontline practitioners and recommendations on how services should be provided. The program offers a well-structured basis for local actions and can be used for planning division of duties at the local level. The steps of this program can overlap one another and can be repeated during the long-term support process according to the individual needs of the family.

Working with families and safeguarding children from radicalization in multi-professional collaboration: Child welfare and Anchor teams.

The program was outlined in the guidance paper 'Working with families and safeguarding children from radicalization. Step-by-step guidance paper for practitioners and policy-makers', published by the RAN Centre of Excellence in 2017. Its purpose is to support and offer guidance to policymakers and practitioners responsible for the prevention of radicalization and violent extremism in family settings, especially those involving young children.

The ten-step family program is built on the following principles (Figure 5):

- Families are at the core of any individual's resilience; the influence of the family environment, upbringing and the amount of love, care and attention received all influence resilience of an individual.
- Family members should be seen as partners in signaling, preventing, and protecting individuals at risk of radicalization, and contributing to the safety and security of society.
- The objective of family work should be to engage, build trust and form relationships over a longer period. It is important to take a systemic approach to the family, to look at families as a whole and the dynamics between family members.
- To deliver effective family support, a cooperative attitude from at least part of the family is crucial. Use an acceptance-based approach, at the least to start engagement. The core of the acceptance-based approach is that a family worker does not denounce or reject the perspective and attitude of a family and/or individual at risk but uses this as a starting point for engagement.
- An emphasis on security may create a negative spiral of distrust. From the safeguarding perspective, there must be an emphasis on understanding problems, but also on the needs families must overcome these problems. The objective should be to help the family develop long-term resilience to radicalization, not just to defuse the situation at hand. In addition, there is an emphasis on transparency towards the family instead of secrecy and working with the family instead of working on the case without their involvement.
- It should be underlined that the involvement of police is necessary and important. The work of organizations and professionals focusing on the wellbeing of the family on the one hand and on the prevention of violent extremism on the other is equally important. What is essential is that there must be collaboration and coordination between them.

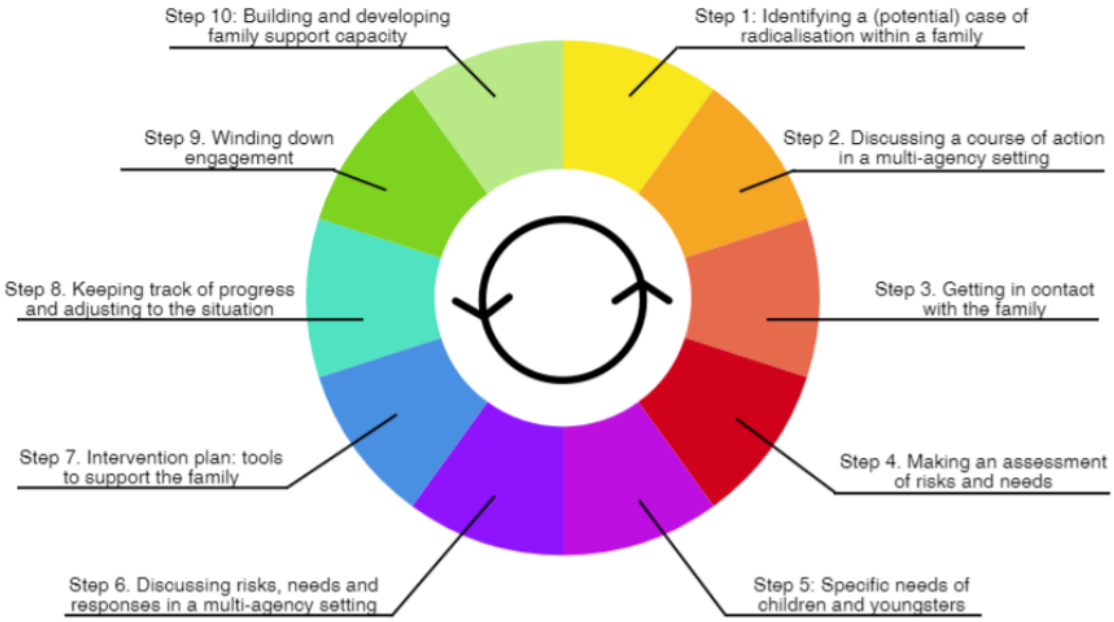


Figure 5. Working with families and safeguarding children from radicalization in multi-professional collaboration, 10-step program. Source: RAN Centre of Excellence 2017b.

Step 1 is identifying a potential case of radicalization within a family. Teachers, friends, people from hobby groups etc. may express concerns. In Finland, when concern arises about potential radicalization, contact should be made with the police or directly with the regional Anchor team. If there is a clear case for concern in respect of, say, the mother of a family, a child welfare social worker may liaise with the Anchor team. Concern about her child(ren) may arise later, even years in the future, and in that case the collaboration process will be launched at the initiative of either the child welfare social worker or the Anchor team.

Step 2 is discussing a course of action in a multi-agency setting to review options and to decide which party will contact the family (Step 3). In the Finnish context, the child welfare social worker submits the matter for consideration to the multi-professional Anchor team. It is useful to have the first meeting with the family at the family's home for an open discussion of the situation and the roles of the various actors involved and how the process will unfold. If the family is unwilling to cooperate, it is useful to stress the purpose of offering help and support and to outline what may happen if the family refuses to cooperate.

Step 4 is assessing risks and needs for support. The expertise of the Anchor team in risk assessment and the needs assessment performed by the child

welfare social worker in respect of the family, particularly the child, are mutually complementary. The manual for Anchor teams presents a number of assessment models, such as the BBIC model for child welfare needs assessment and the TRAP-18, VERA-2 and ERIS models for assessing violent radicalization and extremism. At this point, issues of information exchange and the information systems required should be addressed. In respect of information exchange, the Anchor manual notes: "Information exchange involves diligent information processing in compliance with the regulations and guidelines in each administrative branch. Professionals use devices, software and encryption solutions approved by their respective organizations for information processing and protection. Information must be handled in such a way that it is not disclosed to any third parties."

Step 5 is identifying and considering the specific needs of children and adolescents. A balance must be found between criminal prosecution and rehabilitation, and a wide range of expertise must also be utilized.

Step 6 and Step 7 concern discussing risks, needs and responses in a multi-agency setting and devising an intervention plan. The purpose of this customized plan is to address the family's unique situation. **It should be ensured that the Anchor team plan and the child welfare client plan are consistent with each other to be mutually supporting.** The purpose of an intervention is to address the pragmatic everyday needs of a family (including accommodation and employment) and emotional and mental needs (e.g. coaching in parent-child communication skills, providing peer support for at-risk family members, involving community actors, ensuring needed psychological support). What is essential to understand is that for an individual to detach themselves from extremism involves being able to change the way they think and coming up with new, non-extreme and non-violent responses to life's questions. Families need information and support to understand that the ideology must not be tackled straight off. It must first be given acceptance, and for this purpose it may be useful to involve an expert in the ideology, such as a leader of the religious community, who can discuss ideological issues with the individual at risk of radicalization.

Step 8 is about keeping track of progress and adjusting to the situation, adjusting the support measures as necessary. The child welfare social worker coordinates the process in close collaboration with the Anchor team.

Step 9 is winding down engagement. Engagement will usually end when goals have been attained and one party (the service provider or family members) is confident that the goals have been attained. **The attainment of goals**

must be assessed on a multi-professional basis when terminating support. It is important to let the individual at risk of radicalization and their family know that they can get in touch and restart the process even after the present process has been terminated. Also, the child welfare client relationship may continue after the radicalization-related support is discontinued.

Step 10 is about building and developing family support capacity. It stresses that to be able to take the actions required in Steps 1 to 9, it is important to have family support capacity in place and to keep developing and strengthening this capacity so that families themselves will be able to help those at risk of radicalization. Continuous development through experiment and experience, continuity, professional support, use of experiential experts and effective communication concerning available services are examples of this. These are things that happen in the background and in parallel with all the other Steps.

3.6.2 Family care and institutional care in child welfare services

In case of a placement in substitute care, choosing the facility must be assessed from the point of view of the interests of the child. The substitute care facility must be consistent with the child's security and age-appropriate developmental needs. The need for a substitute care placement is assessed on a case-by-case basis, employing a multi-professional assessment process.

For children to be placed in a foster family, it is recommended that they be placed in foster homes with families of the same ethnic origin providing a sense of stability accompanied with auxiliary supports, particularly about mental health and education.[69]

When planning substitute care, it is vital to ensure that the practitioners or foster parents involved are coached in the support needs of returnees from conflict zones. They must understand the child's potential symptoms, the reactions of the environment and the process of radicalization. In selecting a substitute care facility, it must be ensured that it provides sufficient support for the child, so that further relocations can be avoided. Children and adolescents must be provided with therapeutic and rehabilitative education.[70]

[69] RAN Centre of Excellence 2016, 13.
[70] Timonen-Kallio, Eeva; Yliruka Laura & Närhi, Pekka 2017.

The Child Welfare Act stipulates that a child's religious convictions must be respected, and that practicing religion must be enabled during substitute care.

The substitute care facility must be given adequate briefing on the child's background and the reasons for the placement. During the substitute care, the child's support needs must be assessed and planned for, and the plan must be implemented jointly with health care services. Work counselling and consultation opportunities must be agreed for the substitute care facility to alleviate any issues that may emerge.

3.6.3 Health care

Phase 1

Organizing treatment for somatic illnesses and specialist medical care consultations if necessary. Consultation of forensic psychology and psychiatry units if necessary. Performing a comprehensive health evaluation and devising a plan for further action.

Phases 2 and 3

Assessment of development and of the need for learning support in a multiprofessional working group. The care plan is followed according to the individual needs of each child.

3.6.3.1 Somatic illnesses of the child

The normal stages of care are followed in respect of the diagnostics and treatment of illnesses. The hospital and the municipality of domicile must work closely together. It is essential for the hospital to know whether there are any restrictions on communication or contact for the child or the family and what information may be disclosed to family members or relatives.

3.6.3.2 Developmental and learning disorders of the child

Children who have lived in conflict zones have lived in circumstances not favorable for development or learning (malnutrition, shortage of education, traumatization). What is important at arrival is to help the child adapt to and settle into their new environment and to trust the people near them. Recently arrived children and adolescents should be immediately provided with

one-on-one guidance and support by an adult both in early childhood education and care and at school. Personal guidance may be needed for instance in settling into a group, in adopting working practices and in learning skills. Investigation of and support measures for developmental and learning issues are initiated at the basic level, in a multi-professional working group. This generally involves assessments, guidance, rehabilitation, pedagogical solutions and enhanced or special support for early childhood education and care or for school, as provided by psychologists, speech therapists and possibly other experts too. If a child needs to be in a small group as undisturbed as possible for support, then it should be possible to organize this at an early stage without a medical diagnosis.

3.6.3.3 Referral to specialist medical care because of developmental and learning disorders or mental health problems or symptoms

It is a prerequisite for reliable assessment of cognitive skills and mental state that the child or adolescent has been living in a safe and stable environment and has been able to learn age-appropriate things and to learn the language in which the assessment is performed. In cognitive skills assessment, the child's performance is compared with the average performances of Finnish monolingual children of the same age. It is particularly important for the assessment of speech capability and language (Finnish) skills and learning that the child or adolescent has spent sufficient time in a Finnish-speaking environment. It is recommended that if the child's learning of Finnish progresses more slowly than expected, then the following criteria must be met before the child is referred to specialist medical care: their native language or other language acquisition has been investigated by interviewing the parents and by using an interpreter for assistance if needed; the child or adolescent has been living in a Finnish-speaking environment for at least one year; their learning of Finnish has been supported in everyday work in early childhood education and care or at school; and that they have entered speech therapy in basic health care. Regarding developmental anomalies and mental health symptoms in children and adolescents, the 'Uniform criteria for access to non-emergency care' (Ministry of Social Affairs and Health 2019:2) shall be followed.

A specialist medical care consultation is indicated if the developmental or learning issues of the child or adolescent cannot be clarified at the basic level or if local means and resources are insufficient for supporting the child or ad-

olescent. It is common for children to exhibit mental health symptoms in circumstances of change, and the principal response to that is to provide support for parents and the growth environment in general through basic public services. Children whose symptoms persist to the extent of endangering normal development should principally be evaluated on a case-by-case basis in basic public services and in specialist medical care if necessary. Specialist medical care can also be requested as backup for basic public services in the evaluation of a child's mental health symptoms and treatment. It is important to ensure that child psychiatry in specialist medical care is available as a service to add to basic public services and to existing forms of support. It is not feasible to send a child to an evaluation wholly unrelated to the work already being done.

If there is concern for the mental wellbeing of a child or adolescent, an **early consultation** with the regional forensic psychology or psychiatry unit for children and adolescents may be indicated. **Later consultations** may be made with bodies along the normal care path (such as the TAK outpatient clinics at HUS). Consultations can be requested anonymously, without disclosing the client's details.

3.6.4 Forensic psychiatry and psychology units for children and adolescents

Forensic psychology and psychiatry units for children and adolescents mainly investigate cases of suspected child abuse on a request for official assistance from the police. They principally work with the police and with child welfare services, early childhood education and care, education and various branches of health care. The units investigate the child's growth and development and their growth environment, for instance by consulting social welfare and health care services, in respect of the suspected offence. The investigation begins with a comprehensive evaluation of the child's circumstances and of whether the child can be interviewed. Interviewing requires the child to have attained a certain degree of language capability. Interviews are conducted according to a semi-structured interview template (NICHD), taking the child's age and developmental level into account. Alternative explanations (hypotheses) for why the suspicion of child abuse may have arisen are considered in the interviews with the child and in the investigation as a whole. The investigation involves assessing the reliability of the child's account by comparing it to other material collected in the investigation. Be-

cause the unit investigates a child's circumstances on a broad basis, the result is often a very detailed overall picture of the situation of the child and their family, indicating whether they require support of some kind.

It is proposed that forensic psychology and psychiatry units for children and adolescents be included in the OT Centres.[71] They also constitute the advanced expertise core of the Finnish Barnahus model.[72] Already in use in the Nordic countries and gradually being adopted elsewhere in Europe, Barnahus units bring together several disciplines in the assessment of and the providing of support for children who have experienced violence, including rare forms of violence in complex situations.[73]

Phase 1

In the matters of children and adolescents returning from conflict zones, forensic psychology and psychiatry units are mainly involved in the investigations in Phase 1. Such matters may include the following:

- Investigating suspicions of abuse following a request for official assistance from the police.
- Performing support needs assessments for children and families.
- Exploring the growth environment and experiences of a child with a semi-structured interview, in a way appropriate for the child's developmental level. This may be done for instance following a request for official assistance from child welfare services. In this case, permission is required from the child's guardian or a person in a similar position for interviewing the child. A request for official assistance allows confidential information to be exchanged pursuant to section 26 of the Act on the Openness of Government Activities.
- The need of a child or adolescent for mental health care can be assessed in the aforementioned investigations at the beginning of the process. A referral for further care may be provided if necessary. At the beginning of the process, the most important thing for ensuring the wellbeing of the child is stabilizing everyday life and supporting the child's growth environment: the need for mental health care will probably not appear until later.

[71] Halila et al. 2019; see also chapter 5.
[72] National Institute for Health and Welfare, 2020.
[73] Haldorsson, undated.

- **Consultation.** The units may be consulted for instance in respect of children's and adolescents' mental health symptoms at the beginning of the process, or of the capability of a child to be interviewed, or of a service needs assessment (including for children under 4 years of age) by the police, by substitute care facilities, by schools or by early childhood education and care. The units have dedicated helplines.

Children returning from conflict zones may not only have witnessed violence but may also have been subjected to violence and other abuse themselves. This may include:

- Physical violence, e.g., various kinds of corporal punishment. This may have been perpetrated by the child's parents or other persons in whose care the child has been (particularly in camp conditions), guards or soldiers in the conflict zone or in a camp. The child may also have been abused after returning to Finland.
- Sexual violence may be perpetrated on both girls and boys, e.g., child marriages, rape, genital mutilation. Child marriages may also involve human trafficking.
- Psychological violence, e.g., intimidation, humiliation, belittling.
- Neglecting the child's basic and developmental needs.

The forensic psychology and psychiatry units for children and adolescents may contribute to investigating suspected cases of such abuse. Even if the offence was committed abroad, the Finnish Criminal Code may apply in some circumstances (e.g., when the perpetrator and/or the victim are Finnish citizens).

Phases 2 and 3

After Phase 0, the forensic psychology and psychiatry units are involved in investigating suspected cases of child abuse on an as-needed basis. The units may be consulted in such matters later as well. The police may also be consulted. If any practitioner working with a child has suspicions that the child has been abused, it is important to agree first with the police on how to proceed e.g. with notifying the family.

3.6.5 School and early childhood education and care

One of the purposes of the present modelling is to provide schools and early childhood education and care with a model for working with children and adolescents returning from conflict zones. The National Agency for Education supports local providers of education and early childhood education and care, and material compiled by the National Agency for Education with information from other authorities, experts and research constitute the principal sources for this chapter. In addition to education professionals, schools and early childhood education and care also employ student welfare practitioners whose involvement is vital in organizing long-term support.

Children and families returning from conflict zones are provided a variety of support measures to ensure that the children or adolescents can attend daycare or school. Children returning from conflict zones may have had years of breaks in education or insufficient schooling, and a lack of language skills may make it difficult to attend school particularly for younger children. It is essential to examine a child's capability for attending school before the child starts school, so that any support measures needed can be put in place. For children returning from conflict zones, it is useful not only to examine their potential for attending school but also to consult relevant other professionals (e.g. child welfare institution personnel, the child welfare social worker, health care experts) in respect of the child's needs and strengths.

It is essential for the future of children returning from conflict zones that their education continues. It is important for teachers to recognize and understand the situation of such children and to know how to engage with them despite any symptoms they may exhibit. Involving student welfare services to support the children's education is vital, and it is likewise vital for the children to attend early childhood education and care in daycare or to attend school normally,[74] because this reinforces positive development and fosters their integration or re-integration into society.

Education and early childhood education and care personnel are involved in the multi-professional support process. Multi-professional collaboration within the education system also needs to be available, meaning that student health care practitioners, student welfare counsellors, psychologists and school social workers participate in the process as necessary.

[74] Ministry of the Interior 2017, 34.

Phase 1

Education and early childhood education and care practitioners are not yet involved in the long-term support process. Collaboration is planned for before the child starts school or early childhood education and care.

Phase 2

In the long-term support process, education and early childhood education and care enter in Phase 2 once the child and family have settled into stable circumstances and have assembled an everyday life for themselves in Phase 1. Children are principally placed in the grade to which they belong based on their age. Preparatory teaching is given to children who have inadequate language skills, both in early childhood education and care and in basic education.

Education and early childhood education and care practitioners are involved in the everyday life of the child and family. The child welfare social worker's contact details must be available to all employees at the school who may need them, and collaboration must be regular. Information must be exchanged on an as-needed basis between the school or daycare center and other actors providing support for the child.

The key function in the role of school and early childhood education and care is to stabilize the child's everyday life, bringing continuity and security to both the child and the parents through a regular, predictable routine. In school and early childhood education and care, children grow up, learn new things and practice social and self-control skills and how to interact in a group. Children's support needs at school or in daycare are assessed, and support is provided through the same means as for any other children, in a multi-professional process based on the child's needs on a case-by-case basis.

School and early childhood education and care play various roles in a child's support process. They carry out their basic tasks as defined in legislation and in the National Core Curricula for basic education and for early childhood education and care, issued by the National Agency for Education, including liaising with the parents or guardians. School and early childhood education and care are also, for their part, responsible for working with other actors and authorities, for exchanging information as needed and for providing support in everyday life. In respect of children coming from traumatizing circum-

stances, the education sector plays a vital role in the multi-professional collaboration addressing their care. The education sector also aims to prevent widespread violent radicalization.[75]

Helping children and families coming from traumatizing circumstances

In the *Lapsen paras, yhdessä enemmän* [Best for the child, more together] project in the Helsinki Metropolitan Area, a family work and rehabilitation model for children and families coming from traumatizing circumstances was developed. This work drew on a previous multi-professional trial in Vantaa and the multi-agency model for family work and rehabilitation prepared in the Programme to address child and family services (LAPE).[76]

The multi-agency operating model piloted in Vantaa consisted of four areas: 1) Identifying potential post-traumatic symptoms at school; 2) working with parents and entire families at a family centre, 3) working with children at school; and 4) plan for further action. These areas overlapped throughout the work process (Figure 6).

[75] Ministry of the Interior 2020.
[76] Alatalo, Lappi & Petrelius 2017.

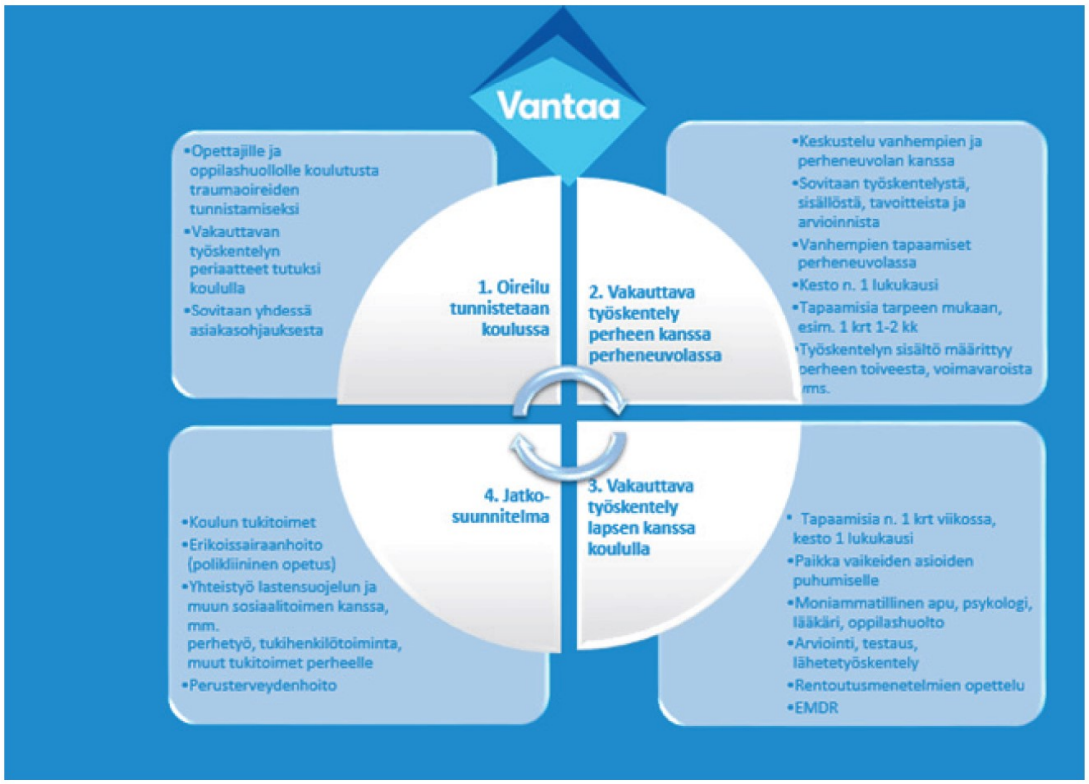


Figure 6. Multi-agency operating model pilot in Vantaa (Kantoluoto & Alatalo 2018, 191). For a translation of Figure 6, see Appendix 4.

The modelling created in the *Lapsen paras, yhdessä enemmän* project served specifically to reinforce the role of social services and child welfare services in a multi-professional context. A detailed description of the operating model developed and its stages can be found **here**, in the article beginning on p. 188. The model allows practitioners in education, health care and child welfare to work together to provide effective help for children coming from traumatizing circumstances. School plays a vital role in this operating model, and it is recommended that the model be applied in local collaboration to provide support for children and families returning from conflict zones.

Below, you will find a description of an application derived from the principles set and experiences gained in the pilot, as applied to the circumstances of children and families returning from conflict zones.

In this modelling, children returning from conflict zones are assumed to become clients of child welfare services in either non-institutional services or substitute care, depending on their individual case. The coordinating social worker will contact the school or daycare center before the child starts

there. Because it is a reasonable assumption that all children returning from conflict zones will have been exposed to traumatizing events, the school or daycare center and child welfare services must be involved in Phase 2 of the multi-professional long-term support process as soon as the child starts school or daycare. The goals, content and evaluation of the work must be agreed upon in a joint meeting of the family and of all actors involved.

Stabilizing principles are applied at school. This means a trauma-informed approach focusing on creating a sense of security and on supporting the child's strengths. Working with a child and family is also a highly culturally sensitive affair, meaning that the practitioners must be culturally respectful in their interactions and address them with integrity. Adding predictability to the school day helps the children. If it is not possible to anticipate all situations that arise, then events must be reviewed calmly with the child, advising them to use the emotional skills they have learned with their psychologist or family therapist.

Stabilizing work with the family is undertaken by a psychologist at a family centre or a family therapist from the systemic child welfare services team or by someone else, depending on the resources available in the municipality. Meetings should be scheduled about once a month as necessary, and the contact person must be available at the school at agreed times without needing to book in advance. At these meetings, families are provided information about the child's symptoms, and discussions are held to aid with parenting and to help the parents cope.

The family centre psychologist or the family therapist from the systemic child welfare services also participates in the stabilizing work done with the child at school. The child meets the practitioner about once a week. These meetings are an opportunity for the child to talk about difficult things. The psychologist or family therapist evaluates the child's condition and reinforces their agency; they rehearse identifying feelings and symptoms with the child and coach them in how to cope with these at home, at school and in leisure time. Peer group support can also be organized.

Devising a follow-up plan is flexible and uncomplicated. If a referral to specialist medical care is needed for the child, the preparation must be interactive. This interaction may also be consultative in nature. The care provided must be culturally sensitive.

Actions taken according to the described model and organized using local resources supports the return of children from conflict zones and their re-integration into Finnish society. All schools should take note not only of trauma-

induced symptoms but also of the operating principles developed for preventing violent radicalization.

Prevention of violent radicalization

Schools and early childhood education and care must be informed about how to prevent violent radicalization, because the education sector also bears responsibility for early intervention. Children returning from conflict zones may express extremist views and sometimes even act on them in a group of children.

The role of the education sector in prevention is broad and complex, as described in the REDI model (Figure 7). The education sector is a partner in preventive action in the initial phase and later on as-needed basis. The principal task of the education sector in this respect is to provide a safe environment where things can be discussed even if they are difficult and controversial, where resilience can be reinforced (i.e. children helped to cope with and adapt to unexpected and rapid change) and where children can be guided towards active participation in a democratic society. Support and materials on these topics can be found on the website of the National Agency for Education**.**

The REDI model illustrates the multiple roles of the education sector in preventing violent extremism. Educational institutions seek to curb the emerging of violent extremism on a broad and general level, and whenever these topics actively arise. An educational institution may recognize a need for support, refer the person causing concern to the appropriate actors and to engage in multi-professional collaboration.[77]

A comprehensive description of the REDI model is available here, starting on p. 35.

[77] Ministry of the Interior 2020, 74.

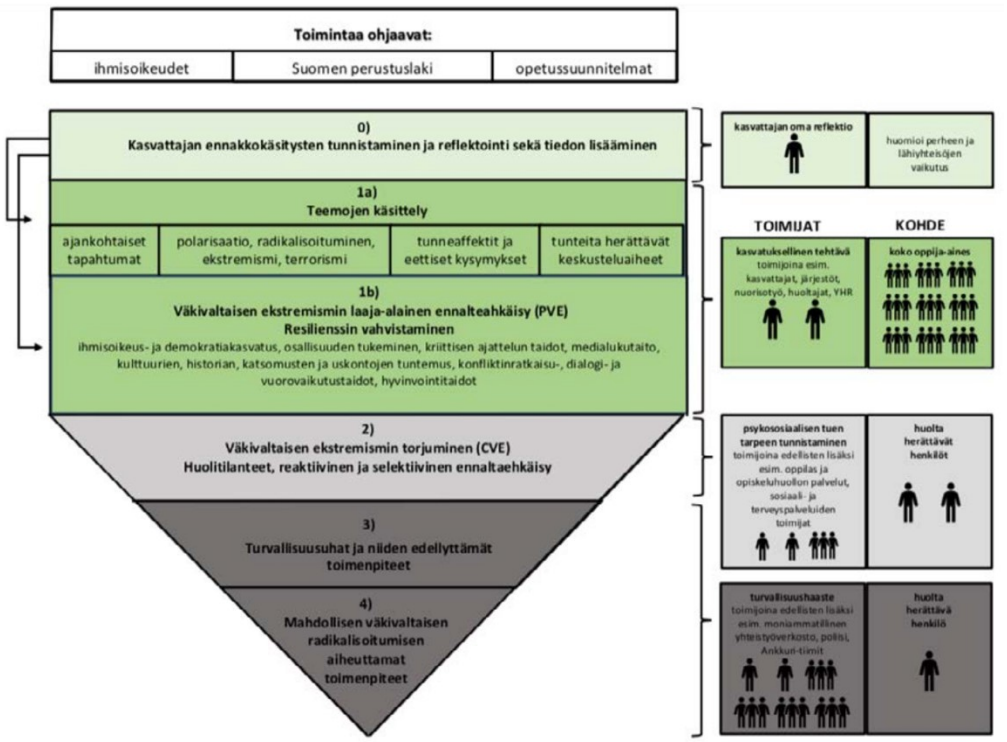


Figure 7. REDI model. Model for Supporting **Resilience, Democracy and Dialogue Against Violent Radicalization and Extremism in Educational Institutions. (Vallinkoski, Koirikivi & Benjamin 2020, 36.) For a translation of Figure 7, see Appendix 4.**

Phase 3

In Phase 3, schools and early childhood education and care institutions function as they did in Phase 2 of the long-term support process. According to how individual needs dictate, schools and early childhood education and care institutions participate in the multi-professional collaboration presented in Phase 2 for trauma-related symptoms, apply the REDI model in the prevention of violent radicalization and contribute to the organizing of long-term support for the child with other professionals as necessary.

The practices employed for this purpose by the schools and early childhood education and care institutions are consistent with their normal practices, but it must always be remembered that children and adolescents returning from conflict zones may require support even as late as years after their arrival in Finland. Schools and early childhood education and care institutions work with the actors providing support for the child and family and respond to any newly emerging needs for support or causes for concern.

Even if a child's child welfare client relationship were to be terminated at some point, the school or early childhood education and care institution can always contact the child welfare authorities if they have concerns about the child (the notification obligation is provided for in section 25 of the Child Welfare Act). This will alert child welfare services to a change in the circumstances of the child and the family.

3.6.6 Role of the police and of Anchor teams

The police are involved in the organizing of long-term support, particularly in the early part of the process. Criminal investigations that may be undertaken by the police are beyond the scope of the present modelling. Actions relevant for the police in respect of returnees from conflict zones include making threat assessments and risk assessments and engaging in preventive action in the long term. The police are one actor among many in the multi-professional collaboration, and preventive action and criminal investigations are not mutually exclusive.

It is the duty of the police to safeguard law and order, to protect national security, to maintain public order and security and to prevent, uncover and solve criminal offences and bring them to prosecution. To maintain security, the police work in cooperation with other authorities and with residents and organizations and also engages in international cooperation according to their duties (Police Act 872/2011). In respect of children and adults returning from conflict zones, the potential security threat caused by the returnees to society at large and, on the other hand, the security threat against the returnees themselves in the short and/or long term must both be considered. A multi-professional approach is necessary for safeguarding the interests of the children.

Returning children may have been subject to abuse and must be treated accordingly. Preventive action undertaken by the police is relevant in this respect too at the local level, and this must be considered in the collaborative process.

In the various Phases of the long-term support process, police officers who work in preventive action as a part of Anchor teams join the other practitioners working with the family on an as-needed basis. Both the Anchor team and the police in general may retreat into the background after Phase 0, so that from the family's point of view the police presence is negligible or not visible at all. In the long-term support process, the police are in a preventive role.

Phase 1

In respect of children and their parents returning from conflict zones, the systematic actions of the police to prevent violent radicalization should be utilized, specifically through the multi-professional Anchor teams operating at every police department.[78] Anchor teams are multi-professional units focusing on fostering the wellbeing of children and adolescents, on preventing crime and on preventing violent radicalization (at any age). Anchor teams are made up of experts in the police, social services, health care, education, and youth work.[79]

In the present modelling, it is proposed that the Anchor team and other practitioners organizing long-term support engage in collaboration so that the Anchor team works closely with the child welfare social worker and that their processes complement each other. Subsection 3.6.1 describes an international model for use as a basis for collaboration.

Phase 2

At Phase 2, Anchor teams participate in the support process on an as-needed basis. If it is estimated that the risk of radicalization to violent extremism has receded, they may adopt a smaller or background role.

Phase 3

Anchor teams or the police in general are not actively involved in the long-term support process unless needed. For instance, a child returnee may start behaving in a way that raises concerns about their radicalization or the risk thereof in their living environment, several years after their arrival. In such a case, the Anchor team will be reactivated to join the support process.

3.6.7 Adult social work

The task of adult social work is to support people of working in age in various ways to help them cope with everyday life, to reinforce their inclusion and agency in society and to prevent marginalization. Adult social work services aim to strengthen the functional capacity of adults so that they can provide a safe everyday life for their children too. Families returning from

[78] Perukangas & Mankkinen 2019.
[79] Moilanen, Airaksinen & Kangasniemi 2019, 17.

conflict zones, possibly from closed camps, are by default in need of special support.

If possible, social service practitioners with expertise in receiving refugees should be involved at Phase 1 of the support process. Refugee reception units are experienced at working with people arriving from conflict zones and war zones, including communicating via interpreters. These units have access to multi-professional know-how and special expertise in how to engage with traumatized individuals and how to recognize symptoms and have expertise of working with families and their networks, acquired through supporting the integration of families into society.

The adult social worker or immigration/refugee social worker must collaborate closely with child welfare services and explore the family's needs for support and then share the responsibility for action. A multi-professional network is required when working with both a child and an adult. It is a good idea to have various adult social work practitioners involved. As a relationship of trust is established with the child welfare social worker who is the child's case worker, the adult social work services may remain in the background and simply provide practical support.

Phase 1

The goal in Phase 1 is to instill in adults the feeling that they are not alone with the questions they have regarding their return. This can be achieved by creating a relationship of trust and security with the client and by providing practical support measures in respect of employment and accommodation to normalize everyday life. Practitioners must engage with the client in a friendly and respectful way. They must give the client sufficient time and hold meetings in a calm space to make the client comfortable with talking about their situation and lightening their emotional load. Practitioners must be able to deal with clients' difficult emotions and to sustain their hope.

The social worker and social advisor assist the client with practical matters that returnees to Finland need to deal with and advise them for instance in how to register with the local register office, how to obtain health insurance and apply for KELA benefits and how to sign up as a jobseeker. The social worker performs a service needs assessment based on the client's self-assessment and devises a plan for further action. Implementation of the client plan is evaluated whenever the client's situation changes, but at least once a year. The client's functional capacity may be so restricted that they are unable to apply for full-time employment at least initially.

The social advisor assists the client as needed in applying for daycare or signing up for school for their child and also assists them in applying for a residence permit and a passport. The social advisor advises the client in accommodation matters such as looking for an apartment. The social worker makes decisions regarding supplementary and preventive social assistance as necessary.

Phases 2 and 3

The principal goal here is to re-integrate and involve the client in Finnish society. Being trapped between two cultures is a risk and can prompt conflicting emotions, anxiety and resistance in the client. For rehabilitation to be successful, the client must be motivated, and motivating the client is the job of the social worker and other actors in the multi-professional network.

Motivation to make the effort is a highly individual thing and depends on the client's experiential history and their capacity to process their past experiences and their current situation. Motivation also depends on the client's psychological, physical, and social condition and their available resources.

In devising the client plan, it must be discussed with the client how their functional capacity could be improved. An extensive health examination may also be performed, and a health care rehabilitation plan drawn up. Various forms of social rehabilitation may be useful.

The social worker must meet the client regularly and as often as possible in the beginning because that will prevent problems from stacking up and will support the client's social rehabilitation. Having confidential discussions with a social worker and a psychologist may give the client hope and belief in the future while helping them to map out their hopes and potential and thereby reinforcing their functional capacity. Regular meetings also create structure in the client's everyday life.

The duties of the social worker include talking with the client and giving them information about Finnish society in addition to making an assessment and devising a plan. The social worker must explain to the client their rights and responsibilities in Finnish society and must inform them about Finland's social security system. The social worker should also discuss diversity with the client and what kinds of difference are acceptable in Finnish society. Practitioners must understand diversity to be able to establish a functional and confidential relationship with returnees and multicultural know-how is also essential for this work.

3.6.8 Services for the disabled

The expertise of professionals in disability services must be involved in support provided for disabled children at the very beginning of the support process. It would be useful to appoint a case worker in disabled social work in advance who will work together with child welfare services in the child's municipality of domicile.

A disabled child is entitled to the same services as every other child and is further entitled to the services for the disabled or for the developmentally disabled that they require. A suitable mode of communication must be found for the child.

In the case of children requiring an emergency placement or taken into care, developmentally disabled or functionally impaired children must be treated the same as other children of the same age in the placement process. The special needs of a disabled child must be considered in the placement process but must not prevent the child from being placed with relatives or in a foster family, for instance. In accommodation for a disabled child, support must be provided for any alterations needed in the apartment and for relocation.

In the many different situations of children arriving from various conflict zones, it is important to investigate whether the child has a refugee status; this has an impact on whether the child is covered by the state reimbursement system, under which local authorities are reimbursed for costs incurred through a disability or chronic illness diagnosed before arrival in Finland.

Phase 1

A preliminary assessment of limitations of functional capacity must be performed for all children and adolescents. A social worker from disability services is one of the active organizers of long-term support for children with a functional impairment or injury. There may be advance information about such a matter, or else the matter may become apparent on arrival, or suspicion of same may emerge later during the support process. Despite the participation of a practitioner from disability services, principal responsibility for the long-term support process remains with the child welfare social worker.

Disabled children must have equal access to health examinations like other children, and their needs for rehabilitation, services and assistive devices must be assessed. Any assistive devices needed must be provided, necessary

speech, physical and occupational therapy begun, and any physical pain treated without delay.

Phase 2

The social worker from services for the disabled remains involved and support measures continue in the everyday life of the child and family on an as-needed basis. The need for disability services of a disabled child must be assessed regularly, initially at least every 6 months.

Phase 3

The role of the practitioner from services for the disabled may recede into the background in the support process once the necessary means of support have been well established and are working smoothly. However, the child's need for assistive devices and their functioning must be reviewed at least once every six months, and the social worker from services for the disabled must remain in regular contact with the family in this Phase too.

3.6.9 NGOs and religious communities

Role of NGOs and religious communities in integrating into society.

NGOs and religious communities may assume various duties and roles at various phases of the support process. Third-sector actors are able to engage with people on a more equal basis than the authorities and can reach out to people with a lower threshold. The support offered is always voluntary. NGO actors work close to people's everyday lives and are widely networked. They are often able to act more flexibly than officials, for instance organizing activities in the evenings and weekends. Religious communities often have the sort of expertise and flexibility that can supplement and support the actions of the authorities. Such communities can, for instance, provide support for families and individuals in times of crisis or refer them to other services.

Mothers, children, fathers, and other family members have differing needs for support, and their willingness or ability to receive support from various authorities or from NGOs varies. NGOs and religious communities can offer expertise and services and help to build trust between the family and society at large, including the authorities.

The ability of NGOs and religious communities to engage with clients either through peer support or by providing a support person must be secured by

making resources available to these actors. The situations of individuals and families differ widely. In Phase 1, they may feel distrust towards officials. There may be a lower threshold to building relationships and integrating into the community if the process is initiated through or with the support of NGOs or religious communities. Moreover, NGOs and religious communities can, through their actions, defuse prejudices in the broader community towards these families, thereby contributing to successful integration.

NGOs and religious communities offer various kinds of support services and activities that may be useful throughout the support process, considering the individual needs of each family member. Different models for psychosocial support and crisis assistance may be suitable for Phase 1. Later, group activities and hobby clubs providing guidance for life management and leisure activities may contribute to a stable everyday life. Benefits include flexibility and that the third sector has a wide capacity for providing multilingual services for clients and members. These are lowthreshold ways for building a support network and for making connections with the local community and with new people.

Special expertise of religious communities must be utilized. Engaging with people, providing spiritual guidance and enabling the practice of religion are basic functions of religious communities, and these can be used to complement the client process. Religious communities also have linguistic and cultural competence and theological expertise that can likewise be of assistance to the authorities in the client process.

For clients who have a strong religious identity but weak religious literacy, local Islamic centers, for instance, may offer them support and someone to talk to. This may be valuable in dissolving ideological bonds as part of the deradicalization process. **Collaboration, goals, principles, and resourcing must be agreed upon in advance with NGOs and religious communities, so that sufficient support for the process and for individual clients can be ensured in the long term.**

The role of NGOs and religious communities in the various Phases of the support process may vary, depending on the kind of services and support required.

Phase 1

Returnees and persons close to them may gain support for drastic life changes from religious communities and NGOs in the form of crisis assistance, peer support or a support person, and this may represent the first steps in integrating into society at large. The unique situation of each returnee will guide how NGOs and religious communities can join the process. Religious communities often offer low-threshold conversational support and help in crises, and they also manage leisure activities for children and adolescents and can help children if their return to school is delayed.

Returnees or people close to them may have contact with support services or NGOs even before the returnees arrive in Finland. When service needs are being assessed, particular attention should be paid to existing resources and positive relationships that may assist returnees to integrate into society both early and later on in the process. EXIT programs, aiming at the de-radicalization and disengagement of individuals from extremist movements, may be undertaken jointly by the authorities, communities and NGOs. Research findings show that these processes are highly individual, and therefore plans concerning support measures and the parties involved should be made in consultation with the client, because otherwise the client's commitment may remain weak.

Phase 2

The support measures may be continued flexibly, according to the needs of the child and family. NGOs and religious communities can also support processes that may progress at different rates for individual family members.

There are services to help stabilize everyday life and to assist with life management flexibly available from third-sector actors. Also, religious communities and NGOs operate a wide variety of workshop and volunteer activities, participating in which might be a way for clients to build a positive self-image and build agency. Everyday activities and rehabilitative group work may lower the threshold for seeking pathways to employment with the help of customized support.

The theological expertise held and educational work done by religious communities (religious instruction and language teaching) can help both parents and children to build a positive religious identity and deal with what they have experienced in the conflict zone. If the clients have a low level of trust in health care practitioners or other authorities, NGOs may help in building

that trust. It is also useful to be aware of certain beliefs associated with mental health matters in the Islamic tradition the identifying of which will help refer clients to the appropriate services in a timely manner. Imams or theological scholars may encourage clients of their faith to trust Western medicine and support this with spiritual guidance.

Phase 3

Leisure activities or volunteer work organized by NGOs may offer a pathway for building a social network and for finding meaningful things to do. Leisure activities organized by NGOs and religious communities can also support family members' individual needs while also reinforcing the bond between child and parent through doing things together. In the longer term, being engaged in activities in NGOs and religious communities can foster meaningful relationships and social networks that help individuals integrate into society and offer safe places where to meet people and to be met. This is an important part of the long-term support process, because studies show that the motive for travelling to a conflict zone in the first place often has to do with the desire to make a difference and to build a better society, or else with finding meaning for one's own life. The desire for a meaningful life and a better society does not necessarily disappear following return, and disengagement can be supported by offering alternative ways of finding meaningful things to do and a sense of community.

An individual's immediate environment has a huge impact on whether the individual feels welcome in that society or rejected because of stigma. Not only do NGOs and religious communities support returnees in various ways, the community work that they do is crucial for successful reintegration.

Many NGOs have the strength of working near individuals and offering flexible ways to join their activities. The activities of NGOs and religious communities are, in the best cases, purely voluntary. Although all the offered support does not require special expertise in respect of violent radicalization or extremism, it is useful to offer NGO partners the opportunity to increase their knowledge in this field and to understand the forces at play as related to their activity.

4 COMMUNICATION IN RESPECT OF RETURNEES FROM CONFLICT ZONES[80]

Officials publicize their actions within the limitations of confidentiality provisions and considering the security aspects. Good and timely communication fosters trust in the authorities. For the sake of the security of the children involved and of their own organization, local authorities do not give comments to the media regarding individual families or indeed whether there even are any such families in their municipality.

Officials may always talk to the media about multi-professional collaboration and official practices at a general level. For instance, schools may report how they generally approach providing support for children and families in various challenging circumstances or how security is being taken care of in schools and daycare centers.

Practitioners must be prepared for media pressure and harassment of children at school and in daycare, particularly at the local level.

[80] The communication guidelines given in this chapter are based on material published by the National Agency for Education, which is well adaptable to the work of other professional groups besides teachers.

5 RECOMMENDATIONS

It must be considered at the local level how to translate the issues covered in the modelling into practice. Because the modelling is a nationwide template, the issues covered therein must be adapted to local and regional actions in accordance with existing practices and operating potential. Practical measures must be planned at the local level in multi-professional collaboration, and regional practices must continue to be developed and shared. Good communication amplifies the effectiveness of actions and enhances trust in the authorities in our society.

Multi-agency collaboration forms an essential part of the long-term support process. It is essential to **genuinely work together,** exchanging all information that is needed and acting based on a shared plan devised in multi-professional collaboration. New practices must be created for collaboration, and best practices must be shared nationwide. New practices are also needed for maximizing practitioner retention and minimizing turnover in working with children returning from conflict zones.

Expertise possessed by NGOs and their ability to act flexibly was highlighted in the modelling process. It is recommended that a longer-term collaboration be planned for returnees from conflict zones to be able to respond to the risks of violent radicalization and to support both the returnees and the officials involved in the process.

It is recommended that the information compiled in the modelling report and the material concerning the long-term support process be used in the training of employees in social services, health care, the police, the prosecution service, and the education sector. Broad-based training will help the work done at the local level.

More generally, there is clearly a need for training organized in multi-agency collaboration in respect of a trauma-informed approach in multi-professional collaboration and as part of a systemic approach. This need emerged in the modelling process as practitioners raised concerns that existing practices do not address the needs of severely traumatized current clients in the best possible way. Although the present modelling focused on long-term support for one special needs group, the information and process description herein can certainly be of benefit for work with other client groups, such as severely traumatized children. The OT Centre could support local authorities in a joint development process to translate the long-term support process described in

the modelling into practical measures at the local level. A clear need for such regional support work emerged in the modelling process.

Appendix 1: Experts contributing to the authoring and commenting of the modelling

The experts who contributed to the authoring of the present modelling document are listed below. Additionally, valuable comments were given by experts at the Federation of Mother and Child Homes and Shelters, immigration services of the City of Espoo, child welfare services of the City of Helsinki, the Helsinki Police Department, the Central Union for Child Welfare, the National Agency for Education, the social and crisis emergency services of the City of Vantaa, the Family Federation of Finland and the Ministry of Social Affairs and Health.

- Riikka Bergman, Social Worker, Non-institutional child welfare social work, CIty of Helsinki
- Johanna Hankomäki, Social Work Supervisor, City of Vantaa
- Tiina Hautakangas, Social Worker Forensic Psychology Center for Children and Adolescents,
  HUS
- Satu Honkala, Counsellor of Education, National Agency for Education
- Susanna Huju, Leading Psychologist, HUS
- Marko Juntunen, Senior Researcher, Network for Religious and Traditional Peacemakers, Finn Church Aid
- Anne Kantoluoto, Senior Planning Officer, SOCCA – The Centre of Excellence on Social Welfare in the Helsinki Metropolitan Area, HUS
- Sari Karisto, Head of Adult Social Work, City of Helsinki
- Noora Kivioja, researcher, publication editor, SOCCA – The Centre of Excellence on Social Welfare in the Helsinki Metropolitan Area, HUS
- Anneli Laurila, Leading Social Worker, Child welfare non-institutional social work, City of Helsinki
- Mari Levander, Child Psychiatrist and Psychotherapist, Deaconess Foundation Centre for Psychotraumatology
- Tarja Linnankivi, Head Physician, Children and Adolescents, HUS

- Merja Mikkola, Head of Development, Finnish Institute for Health and Welfare
- Tea Nieminen, Specialist in Infectious Diseases, HUS
- Päivi Nurmi-Koikkalainen, Chief Specialist, Finnish Institute for Health and Welfare
- Martina Nygård, Special Advisor, Finnish Institute for Health and Welfare
- Merja Oksanen, Child Psychiatrist, Forensic Psychology Center for Children and Adolescents, HUS
- Tom Pakkanen, Forensic Psychologist, Forensic Psychology Center for Children and Adolescents, HUS
- Milla Perukangas, Special Advisor, Network for Religious and Traditional Peacemakers, Finn Church Aid
- Leena Repokari, Head Physician, HUS
- Auli Suominen, Leading Social Worker, Immigration Unit, City of Helsinki
- Riitta Vartio, Head of Non-institutional social work, Non-institutional social work, City of Helsinki
- Leena Vikkula, Leading Speech and Language Therapist, HUS
- Laura Yliruka, Development manager / OT Research Coordinator, publication editor, SOCCA – The Centre for Excellence on Social Welfare in the Helsinki Metropolitan Area, HUS

Appendix 2: Essential legislation

- Child Welfare Act (417/2007)
- Social Welfare Act (1301/2014)
- Police Act (872/2011)
- Act on the Status and Rights of Patients (785/1992)
- Act on the Status and Rights of Social Welfare Clients (812/2000)
- Act on Child Custody and Right of Access (361/1983)
- Act on the Enforcement of Decisions on Child Custody and Right of Access (619/1996)
- Family Care Act (263/2015)
- Administrative Procedure Act (434/2003)
- Adoption Act (22/2012)
- Act on Child Maintenance Allowances (580/2008)
- Paternity Act (11/2015)
- Municipality of Residence Act (201/1994)
- Act on the Reception of Persons Applying for International Protection and on the Identification of and Assistance to Victims of Trafficking in Human Beings (746/2011)
- Act on the Promotion of Immigrant Integration (1386/2010)
- Act on Organising the Investigation of Sexual and Assault Offences against Children (1009/2008)
- Child Support Act (704/1975)
- Act on Checking the Criminal Background of Persons Working with Children (504/2002)
- Act on Checking the Criminal Background of Volunteers Working with Children (149/2014)
- Act on Restraining Orders (898/1998)
- Act on Social Welfare Professionals (817/2015)
- Act on Social Welfare Client Documentation (254/2015)

- Act on Social Assistance (1412/1997)
- Act on the Openness of Government Activities (621/1999)
- Act on Private Social Services (922/2011)
- Mental Health Act (1116/1990)
- Youth Act (1285/2016)
- Student Welfare Act (1287/2013)
- Basic Education Act (628/1998)
- Criminal Code (39/1889)
- Data Protection Act (1050/2018)
- Government Decree on maternity and child health clinic services, school and student health services and preventive oral health services for children (338/2011)
- Act on Early Childhood Education and Care (540/2018)
- Maternity Act (253/2018)
- Administrative Judicial Procedure Act (808/2019)
- Act on Disability Services and Assistance (308/1987)

Appendix 3: Further information

Traumatization and trauma-informed approach

Adverse childhood experiences (ACEs). Centers for Disease Control and Prevention. https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/index.html

Apua vanhemmuuteen [Help with parenting]. Information on how to cope with parenting issues arising from abuse. Traumaterapiakeskus ry. https://asiakas.kotisivukone.com/files/ttkeskus.palvelee.fi/PDF_muut/APUA_VANHEMMUUTEEN.pdf

Big Feelings Come and Go, book and psychoeducation posters. Finnish: https://suojellaanlapsia.fi/lataukset/ Various language versions: https://protectchildren.ca/en/order/product/301:en/

Leaflets on child upbringing to support parents in Albanian, Arabic, Kurdish (Sorani), Somali, Russian, simple Finnish, English and Burmese. Family Federation of Finland. http://www.vaestoliitto.fi/monikulttuurisuus/tietoa-monikulttuurisuudesta/aineistot/lastenkasvatusvihkoset/

Children's Mental Health Hub. https://www.mielenterveystalo.fi/lapset/pages/default.aspx

Maahan muuttaneen kohtaaminen ammatillisessa työssä [Engaging with immigrants in a professional context]. Family Federation of Finland 2013.

https://vaestoliitto-fi-bin.directo.fi/@Bin/f8c2b81424a61b088e9daedaa2dfe096/1589866889/application/pdf/4715338/Olemme%20muuttaneet%20-%20ja%20kotoudumme_final%202608%20%283%29.pdf

Material for supporting communication: https://papunet.net/materiaalia/kuvapankki

Manuals about the brain and stress: Lapsen stressi ja aivot [Child stress and brain]. FinnBrain. https://sites.utu.fi/finnbrain/oppaita-aiheesta-stressi-ja-aivot/

Pakolaisten mielenterveyden tukeminen Suomessa [Supporting mental health of refugees in Finland]. PALOMA manual. Guidance, 5/2018. Publications of the National Institute for Health and Welfare.

http://www.julkari.fi/bitstream/handle/10024/136193/7.8.PALOMA_KA%cc%88SIKIRJA_WEB.pdf?sequence=4&isAllowed=y

PALOMA training materials. https://thl.fi/fi/web/maahanmuutto-ja-kulttuurinen-moninaisuus/tyon-tueksi/paloma-koulutus

Psychoeducation material on trauma and treatment (comics in English). https://www.annafreud.org/media/4898/07c-david-trickey-handout-it-is-good-to-talk.pdf

Serene materials. Support for wellbeing (various language versions). https://www.mielenterveysseurat.fi/turku/materiaalit/serenen-materiaalit/

Taitoja mielen toipumiseen [Skills for mental recovery]. Guide for practitioners. National Centre for PTSD National Child Traumatic Stress Network. https://thl.fi/documents/974282/1449788/Taitoja+mielen+toipumiseen+TNT.pdf/78d91f5b-620c-480e-9145-2af6769d62c2

The Child and the Liberation from the Shadow of the Terrible Big Fear. Trauma picture-book. For working with child and parent (various language versions). https://www.refugee-trauma.help/en/persons-affected/children/

The effect of trauma on the brain development of children: Evidence-based principles for supporting the recovery of children in care. Australian Institute of Family Studies.

https://aifs.gov.au/cfca/publications/effect-trauma-brain-development-children

School and early childhood education and care

Materials for supporting learners from immigrant backgrounds:

https://www.oph.fi/fi/koulutus-ja-tutkinnot/maahanmuuttajataustaiset-oppijat

Brochures on extremism prevention for vocational education, school and early childhood education and care:

https://www.oph.fi/sites/default/files/documents/vakivaltaisen-radikalisoitumisen-ja-ekstremismin-ennaltaehkaisy-ammatillisessa-koulutuksessa_0.pdf

https://www.oph.fi/sites/default/files/documents/189180_oph_ekstremismi_esite_210x210_suomi_verkko_3.pdf

https://www.oph.fi/sites/default/files/documents/196361_oph_ekstremismi_varhaiskasvatus_2019.pdf

Resilienssiä rakentamassa – demokratiakasvatuksen tueksi [Building resilience – supporting democracy education]

https://www.oph.fi/sites/default/files/documents/resilienssia_rakentamassa_demokratiakasvatuksen_tueksi.pdf

Trauma, learning and school:

http://www.traumajaoppiminen.fi/

https://traumasensitiveschools.org/

Violent extremism, radicalization:

Anchor teams website Information on activities and advice for adolescents, family members and practitioners; current topics and contact details for Anchor teams. https://ankkuritoiminta.fi/etusivu

Kähkönen Esko (2019). Islamtaustaista ääriajattelua kohtaamassa [Encountering Islamic extremism]. Dialogue and religious motivation. Diaconia University of Applied Sciences: Helsinki. https://dialogi.diak.fi/julkaisut/islamtaustaista-aariajattelua-kohtaamassa-dialogi-ja-uskonnollinen-motivaatio/

Social rehabilitation and integration

Elämän värit [Colors of life] game and group work model for social rehabilitation of people from immigrant backgrounds

http://www.socca.fi/kehittaminen/aikuissosiaalityo/pro_sos/ajankohtaista/elaman_varit_-peli_tutustumiseen_kokemusten_jakamiseen_ja_suomen_kielen_harjoitteluun.8395.news

Mental health support for Muslims

Muslim Mental Health Awareness: Exploring the needs of the community.
http://kahuitukaha.co.nz/wp-content/uploads/2019/06/Muslim-MH-Awareness.pdf

Practical Tips for Working with Muslim Mental Health Clients.
https://www.ecald.com/assets/Resources/Toolkit-Muslim-MH-Clients.pdf

Communications

Animation about polarization and how to defuse it: https://www.youtube.com/watch?v=QkPVmFZe47I&feature=youtu.be

Appendix 4: Translations for figures

Figure 1

SUHTEISSA RAKENTUVA LAPSEN HYVINVOINTI	WELLBEING OF A CHILD BUILT UP IN RELATIONSHIPS
Fyysinen terveys	Physical health
Fyysinen ympäristö	Physical environment
Vastoinkäymiset	Adverse experiences
Sosiaalinen vastuullisuus	Social responsibility
Materiaaliset ja taloudelliset resurssit	Material and financial resources
Harrastukset	Hobbies
Toimijuus	Agency
Turvallisuus	Safety
Myönteinen minäkuva	Positive self-image

Figure 6

1. Oireilu tunnistetaan koulussa	1. Identifying symptoms at school
Opettajille ja oppilashuollolle koulutusta traumaoireiden tunnistamiseksi	Training for teachers and student welfare practitioners for recognizing trauma symptoms
Vakauttavan työskentelyn periaatteet tutuksi koululla	School personnel familiarized with principles of stabilization
Sovitaan yhdessä asiakasohjauksesta	Client counselling agreed upon jointly

2. Vakauttava työskentely perheen kanssa perheneuvolassa	2. Stabilizing work with the family at the family centre
Keskustelu vanhempien ja perheneuvolan kanssa	Discussions with the family and the family centre
Sovitaan työskentelystä, sisällöstä, tavoitteista ja arvioinnista	Agreement on measures, content, goals and assessment
Vanhempien tapaamiset perheneuvolassa	Meetings with parents at the family centre
Kesto n. 1 lukukausi	Duration: about 1 semester
Tapaamisia tarpeen mukaan, esim. 1 krt 1-2 kk	Meetings as needed, e.g. once every 1–2 mths
Työskentelyn sisältö määrittyy perheen toiveesta, voimavaroista tms.	Content of the measures determined by the wishes and resources of the family, etc.
3. Vakauttava työskentely lapsen kanssa koululla	3. Stabilizing work with the child at school
Tapaamisia n. 1 krt viikossa, kesto 1 lukukausi	Meetings c. once a week for 1 semester
Paikka vaikeiden asioiden puhumiselle	Opportunity for discussing difficult matters
Moniammatillinen apu, psykologi, lääkäri, oppilashuolto	Multi-professional help: psychologist, physician, student welfare
Arviointi, testaus, lähetetyöskentely	Evaluation, testing, referrals
Rentoutumismenetelmien opettelu	Learning relaxation methods
EMDR	EMDR

4. Jatkosuunnitelma	4. Plan for further action
Koulun tukitoimet	School support measures
Erikoissairaanhoito (polikliininen opetus)	Specialist medical care (teaching in outpatient care)
Yhteistyö lastensuojelun ja muun sosiaalitoimen kanssa, mm. perhetyö, tukihenkilötoiminta, muut tukitoimet perheelle	Collaboration with child welfare services and other social services, e.g. family work, support persons, other support measures for families
Perusterveydenhoito	Basic health care

Figure 7

Toimintaa ohjaavat:	Activities governed by:
Ihmisoikeudet	Human rights
Suomen perustuslaki	Constitution of Finland
Opetussuunnitelmat	National Core Curricula
0)	0)
Kasvattajan ennakkokäsitysten tunnistaminen ja reflektointi sekä tiedon lisääminen	Identifying teacher's preconceptions, reflecting on them and providing more information
1a)	1a)
Teemojen käsittely	Discussion of themes
Ajankohtaiset tapahtumat	Current events
Polarisaatio, radikalisoituminen, ekstremismi, terrorismi	Polarization, radicalization, extremism, terrorism

Tunneaffektit ja eettiset kysymykset	Emotional affects and ethical issues
Tunteita herättävät keskusteluaiheet	Emotionally sensitive topics of discussion
1b)	1b)
Väkivaltaisen ekstremismin laaja-alainen ennaltaehkäisy (PVE)	Broad-based prevention of violent extremism (PVE)
Resilienssin vahvistaminen	Strengthening resilience
Ihmisoikeus- ja demokratiakasvatus, osallisuuden tukeminen, kriittisen ajattelun taidot, medialukutaito, kulttuurien, historian, katsomusten ja uskontojen tuntemus, konfliktiratkaisu- dialogi- ja vuorovaikutustaidot, hyvinvointitaidot	Education on human rights and democracy; support for social involvement; critical thinking skills; media literacy skills; knowledge of cultures, history, beliefs and religions; conflict resolution, dialogue and interaction skills; wellbeing skills
2)	2)
Väkivaltaisen ekstremismin torjuminen (CVE)	Combating violent extremism (CVE)
Huolitilanteet, reaktiivinen ja selektiivinen ennaltaehkäisy	Causes for concern, reactive and selective prevention
3)	3)
Turvallisuusuhat ja niiden edellyttämät toimenpiteet	Security threats and measures thereby required
4)	4)
Mahdollisen väkivaltaisen radikalisoitumisen aiheuttamat toimenpiteet	Measures required because of potential violent radicalization
Kasvattajan oma reflektio	Teacher’s self-reflection

Huomioi perheen ja lähiyhteisöjen vaikutus	Note the influence of family and immediate community
TOIMIJAT	ACTORS
Kasvatuksellinen tehtävä	Educational task
Toimijoina esim. kasvattajat, järjestöt, nuorisotyö, huoltajat, VHR	Actors include teachers, NGOs, youth workers, guardians, VHR
KOHDE	TARGET GROUP
Koko oppija-aines	All learners
Psykososiaalisen tuen tarpeen tunnistaminen	Identifying the need for psychosocial support
Toimijoina edellisten lisäksi esim. oppilas ja opiskeluhuollon palvelut, sosiaali- ja terveyspalvelun toimijat	Actors in addition to the above: student welfare services, social welfare and health care practitioners
Huolta herättävät henkilöt	Persons of concern
Turvallisuushaaste	Security challenge
Toimijoina edellisten lisäksi esim. moniammatillinen yhteistyöverkosto, poliisi, Ankkuri-tiimit	Actors in addition to the above: multi-professional network, police, Anchor teams
Huolta herättävä henkilö	Person of concern

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