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Reflections on the lived experiences of refugee children in a French refugee camp

By Janet Harvell & Alison Prowle

Following two visits to a French refugee camp in 2017 as part of a university project, we had the opportunity to talk to volunteers, children and their families. This gave us an insight into children's lives and experiences.

Most families arrived at the camp with few if any possessions and, on arrival, were allocated a basic one-room wooden hut to house all family members. Provided with a basic welcome kit and sleeping bags, this was home for the short term. With many of the adult refugees having held well-paid professional jobs and lived in comfortable homes, it is hard to imagine the confusion experienced by the children and their families. At the same time, the treacherous journeys had impacted on their health, with health-centre staff identifying some of the most common illnesses as scabies, whooping cough and respiratory diseases. Furthermore, there were direct injuries sustained during their journeys, such as broken ankles (the result of jumping from moving lorries), barbed wire cuts, burns from engine motors and head wounds from batons used during police raids. It was noticeable that residents were very uncomfortable whenever there was any police presence in the camp, and children were distrustful of authority figures.

However, of key concern to staff was the mental health of the families that came to them. Although most residents had experienced loss, grief, post-traumatic stress, anxiety and depression, there were few resources available to support or begin to treat these. Addressing issues arising from such traumatic events takes time; they cannot be resolved in a few days or weeks. However, most families did not have time: instead, they were focussed on reaching their country of refuge. This included nightly attempts to board lorries destined for the UK which, if unsuccessful, ended in a return to camp in the early hours of the morning. We became aware that children were often given alcohol as a sedative, and young babies given drugs, to keep them quiet during the escape attempts.

Within the bleakness of the camp, the children's centre provided an oasis of some normality. It was open to all children up to school-age, and also as an after-school play space. This was a purpose-built structure consisting of two rooms: one room for more physical play activities, and another for more adult-led play experiences. An enclosed outdoor area provided space for children to play in safety while having the opportunity to develop large motor skills. It was not unusual for babies and toddlers to be significantly behind in some of the key areas of physical, cognitive, social and emotional development as a result of a lack of stimulation and opportunities for play. For example, some babies/toddlers were unable to support themselves when sitting, or had not learned to crawl – a result of being carried by parents during their journeys, compounded by the lack of space in the huts for babies to experiment with moving and crawling. Safety within the camp was also an ongoing concern, with internal conflicts between residents resulting in fights. Consequently, many parents were reluctant to allow their children the opportunities for independent choice and exploration that form the building blocks for children's personal growth and development. At the other end of the spectrum, parents were unable to manage some children who exhibited feral behaviour and a lack of awareness of personal safety, as they climbed onto the roofs of building and huts during unsupervised play.

In this context, the children's centre provided a welcoming, child-centred base; a constant for children and their families. Providing morning and afternoon sessions, including a cooked lunch, it gave children

the opportunity to play using a variety of resources, and allowed them to experience some form of routine and a sense of normality. Activities such as role-play provided them with an opportunity to make sense of what they had seen and been part of — they re-enacted police raids, for example. Art therapists also supported older children to work through some of these distressing incidents and experiences, encouraging them to draw pictures of them.

One key fact that arose from our discussions with parents was their rationale for deciding to leave their homes: the safety of their family and the overriding desire to provide a secure future for their children. During our initial visit an experienced headteacher had set up an English school for children to attend, helping them to develop basic English language and reading skills, preparing them for transitioning to formal schooling in the UK. Shortly afterwards, the local authority shut this down and began bussing children from the camp to local schools for a few hours each day. From experience, this tended to be unsatisfactory, with children being placed into traditional classes with little support. Most children had no French language skills, and many had been out of formal education for months, if not years, which presented a challenge in itself. Unable to understand the teachers or talk to their French peers, and not used to having to concentrate and remain seated for long periods of time, this was an unsuccessful reintroduction to school, and many children subsequently avoided school transport. Parents were not supportive of their children attending French schools, as they were focussed on reaching England. Many of the refugees we met had family already working and living in the UK and, for most, English was their second language, providing a strong ‘pull’ towards the UK.

Our reflections give a glimpse into the struggles and traumas refugee children experience and the issues they face. Many have seen loved ones die in war, or be left behind or lost during the perilous journeys they have undertaken. They have had to leave behind precious belongings as they undertook journeys lasting for weeks, months or years in order to reach a safe haven. Above all, our experiences convinced us of the need for policies and trauma-informed strategies to be developed by schools, and other institutions and communities, to support refugee children. This is even more crucial given the current limitations on the support that is available in the UK, due to widespread funding cuts within the education and health services.

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