

A Journey of Recovery
Supporting health & wellbeing for the
communities impacted by the Grenfell Tower
fire disaster



This report

The report considers the primary impacts on the health and wellbeing of those affected by the Grenfell disaster, and makes a number of recommendations to support the journey to recovery. In doing so, it has attempted to draw on a range of evidence and insights, to help those involved with recovery at any level in the work they are doing. It brings together evidence about:

- The characteristics of the communities prior to the fire.
- Evidence from the impact of other disasters both from the UK and internationally to learn from the experience of elsewhere.
- Analysis of data on the impact of Grenfell one year on to try and understand both the nature and scale of the impact.
- The voice of people in the community on what matters most to those who have been affected and what is important in recovery to them.

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About the Public Health Department

The Bi-borough Public Health department works across and with the council, the NHS and other partners to improve and protect health and wellbeing and reduce health inequalities in Kensington and Chelsea, and Westminster.

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Preface

The Grenfell Tower fire resulted in significant loss of life. Many people have been affected by the disaster, through displacement, loss, trauma and the upheavals that have followed. This report looks at evidence, data, policies and practices. It aims to understand the nature and scale of the impact of the disaster locally and what decision makers at every level can do to support effective recovery in the future. In looking at data and evidence it may read at times as distant from the reality that many affected people, children and adults, are going through day-in, day-out. We have tried to have constantly in mind the people behind the numbers. Where the document feels like it does not live up to that we apologise.

We are deeply grateful to many people who have given their time to contribute to the thinking that has gone into this report and the far greater number beyond whose thoughts we have drawn on in different ways through other peoples' research, conversations, public meetings and social media. We have tried to channel the many perspectives we have heard into this synthesis, though ultimately, the interpretation is our own and we do not claim it speaks for anyone else.

No single solution exists to the complex challenges that have emerged out of the Grenfell Tower fire. This report is intended as a broad and evidence-based contribution to ongoing discussion rather than as an attempt to set out definitive answers. The truth is that there remains much uncertainty.

This document is of a particular moment, one year after the disaster. Those uncertainties mean we need to keep striving to understand the impact of the disaster. We need to take a step back, challenge ourselves on what is working for people, and what is not, and adjust how the public system and wider civil society supports community recovery to meet peoples' changing needs best over time.

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Summary

Background & Purpose

The fire at Grenfell Tower on June 14, 2017 had a devastating impact on many people. 72 people lost their lives, and many others experienced trauma, loss and displacement.

The past year has seen a large-scale response from a wide range of organisations: local and central government, the NHS, voluntary and community organisations, schools, and the community itself. This response has focused primarily on rehousing survivors, meeting health and wellbeing needs, and memorialisation. There has also been a focus on justice and accountability through the ongoing work of the Grenfell Tower Inquiry and the criminal investigation.



This report focuses on the impact of the fire. Its main objectives are:

- To give an initial picture of the impact of the fire on those affected
- To advise the relevant public bodies (primarily the Council, the NHS and central government) on the foundations of an effective recovery
- To inform the development of a long-term recovery strategy
- Acting as a reference point for all those wanting to assess and shape the journey of recovery, now and in the future

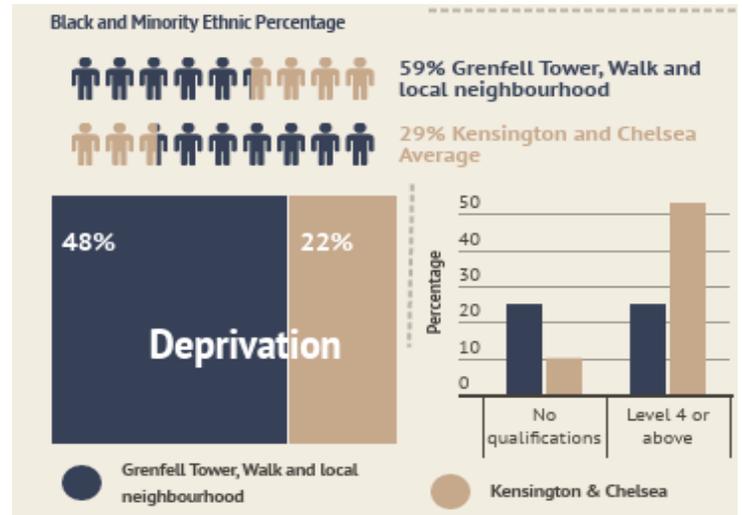
The report brings together the following to give an assessment of the initial impact of the fire and make recommendations for the approach to long-term recovery:

- Evidence about the characteristics of the communities of North Kensington before the fire
- Evidence from other disasters in the UK and across the world
- Analysis of existing socioeconomic and health data on the impact of the disaster
- Evidence from local communities about what matters most to those who have been affected and what their priorities for recovery are

The analysis draws on the metaphor of a stone in a pond and asks how the disaster has rippled out across aspects of peoples' lives, across the geography of North Kensington and across time and into the future.

The Context: Grenfell, Notting Dale and North Kensington

- The Grenfell Tower fire occurred in an area of huge social and cultural diversity.
- The area has a rich and vibrant history and is home to communities from many parts of the world, many of whom have remained long term and profoundly shaped the character of the area.
- There is a strong sense of community, shaped by many factors including history, population density, migration and faith.

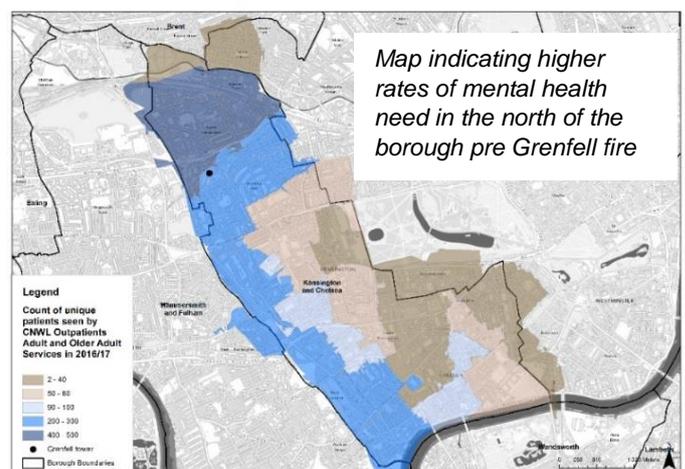


- The diverse social make-up of the area includes significant differences in income, education and employment experience and the area has higher numbers of people on low incomes or with no qualifications than the rest of the borough.

- Education outcomes for young people from disadvantaged backgrounds

in the area are good compared to many other areas.

- There are significant pressures on housing in the area and a longstanding history of community tensions around housing policy and practices. There are high levels of social housing relative to other areas in the borough, overcrowding and concerns about housing quality and land use.
- There are above average levels of poor health, both physical and mental compared to other parts of the borough.
- The area is rich in assets including excellent schools, diverse and active community, and voluntary organisations, which pre-dated the fire.



Ripples across peoples' lives – Primary impacts

- The tragic loss of lives has left a great number of people bereaved and has had a significant impact across the local community.
- Many people lost their homes in the fire and have been displaced from Grenfell Tower and Walk. They have had the challenge of dealing emotionally and practically with the aftermath of the disaster compounded by living in emergency accommodation.
- The council is finding permanent homes for 373 people including 82 children.
- The fire was a traumatic experience for many people in the local population beyond those directly affected.
- Some of the characteristics of the local population, such as the large numbers of people with previous experience of trauma, will have increased the impact of the disaster.
- There has been a large scale and diverse response to supporting the mental health needs of those affected including by the NHS, a range of specialist voluntary services and local faith and community organisations.
- There is a need to follow up the physical health of those who left the building on the night of the fire and were directly exposed.
- The Tower remains standing in the heart of the community. It has been covered since just before the First Anniversary of the fire.
- The work of survivors, the bereaved and wider faith, community and voluntary sector organisations has provided critical support for the community over the past year. Many survivors and bereaved are represented by Grenfell United, which has been a critical voice in shaping the recovery.
- There has been a collapse of trust in public authorities, particularly the Council. This matters, given the role that public authorities have in supporting recovery.



“My children see the tower every day and they talk about what happened and ask ‘what happened to those people?’. I worry what impact it is going to have on them we can’t escape it.”

Source: Local parent

Ripples across peoples' lives – Secondary impacts

- There remains considerable uncertainty about the secondary impacts of the Grenfell Tower fire.
- The evidence from past disasters tells us we should pay particular attention to issues such as: mental and physical health, livelihoods and family relationships, and children and young people.
- Different people will be affected in different ways that are rooted in their own particular history and experience.
- There are large numbers of people accessing mental health and wellbeing support from the NHS and many voluntary organisations working in the community. To date, the main focus has been on the impact of trauma, but other mental health and support needs are likely to emerge over time.
- Schools will remain a major area of focus as many children have been affected. Over 50 schools (both inside and outside the borough) have children who have been impacted by close family bereavement and/or displacement. There is a strong commitment across many in the community that children's life chances should not be adversely impacted.
- There is a need to support the key foundations of people's wellbeing, such as housing, family relationships, and employment.
- The levels of support from grassroots community action will continue to provide vital support, which is trusted and rooted in the community.



Ongoing uncertainty

The report makes clear that there is significant uncertainty about the nature and scale of the wider impact on the local population. This is partly because of the data that is currently available and partly due the relatively short period of time that has elapsed since the fire. It also because the Grenfell Tower fire disaster and its aftermath were unprecedented. Experience from elsewhere can be a helpful guide but it cannot tell us exactly how people have been affected or give an accurate picture of the long-term impact. This is why it is vital to keep trying to keep monitoring and adapting.

Ripples across geography

- The Grenfell Tower fire had a major impact on the area.
- Many survivors are currently living beyond North Kensington or will not live there in the future. In areas where groups of survivors are settling, it will be important to support the conditions which help support networks to flourish.
- The strength of social networks and bonds that many enjoy in North Kensington has meant that many people have been touched by the disaster.
- There is some evidence to suggest that the highest levels of impact have been in the Notting Dale area.
- While it is clear that people have been impacted in some way across a wider area, the scale of impact across the wider population remains uncertain.
- To date, there has been a significant focus on the future of the Lancaster West Estate where the Tower was located. However, the impact of the fire has been felt more widely.

Ripples across time

- While all places experience recovery, they never return to the way they were before; disasters on the scale of Grenfell leave an indelible mark. The challenge is to support people to recover a sense of hope and confidence in the future.
- Individual journeys of recovery vary significantly. For some, life may return to normal; others will struggle with health, wellbeing, work, relationships and other aspects of everyday life.
- Overall the evidence from other disasters suggests that there will be a significant impact on health and wellbeing for many years. Policymakers will need to prepare for that.



The Edward Woods Estate, ½ mile from Grenfell Tower



The Trajectory of Recovery used by the Red Cross (adapted from Zunin & Myers)

Foundations for the Future

The evidence base on disaster recovery and the experience of the Grenfell recovery to date suggest that the following 'Foundations for the Future' are likely to be important foundation of long term-recovery. These foundations were explored and shaped in a series of 15 Community Conversations, including with Grenfell United.



The memorial garden at St Clement's Church

A commitment to new, improved and more inclusive ways of working

1. Ensure the recovery is pursued with a commitment to values including compassion, sensitivity, empowerment, transparency and respect
2. Ensure that people affected by the fire have control over their lives and can be involved in decisions that affect them
3. Ensure services are inclusive including being culturally appropriate, accessible for all and meeting diverse needs of all people in line with peoples' identities.

Delivering high quality services and support across sectors

4. Provide joined up, holistic, personalised health and care support to the close family bereaved, survivors and others who need it most.
5. Invest in children and young people, supporting families through children's centres, schools and other community settings
6. Prioritise housing and healthy environments for all while maintaining the ties that bind existing communities to the places in which they live
7. Support employment and livelihoods, so everyone has the means to manage their own recovery, including support around training, self-employment and access to advice services

Supporting community resilience

8. Support those affected in the ways they wish to commemorate the disaster
9. Provide support for local community capacity by ensuring there is investment in people and physical spaces where people come together and help each other.
10. Put wellbeing at the heart of recovery, ensuring people working in any capacity across the community have the right skills and knowledge and are well supported and ensuring settings such as workplaces and schools, promote wellbeing
11. Monitoring the impact of the disaster over time and adapting to meet changing needs, always involving the affected population in the process.

Recommendations

The report makes eight specific recommendations

1. A long-term commitment to recovery from all partners

Partners including Kensington and Chelsea Council, the NHS and Central Government, as well as local schools, housing associations, voluntary and community organisations and others at all levels need to commit to a long-term recovery.

2. A commitment to addressing long-standing needs locally

There was significant need in North Kensington but also more widely prior to the fire. Those needs have not gone away, it is vital not to underserve those whose health, social and welfare needs are ongoing.

3. Permanently rehousing survivors.

Rehousing survivors is critical to recovery including ensuring they are well supported in their new homes.

4. Ongoing monitoring of the physical health of those impacted on the night of the fire

There needs to be ongoing monitoring and support for physical health, particularly for survivors who were exposed on the night of the fire.



The kids club at Henry Dickens Community Centre

5. A diverse and well-resourced strategy to support mental health and wellbeing across the community

There will be significant need to support mental being delivered in ways which recognise diversity in the ways people want to be supported, which effectively reach all different parts of the population.

6. Establishing the future of Grenfell Tower and the site

The future of the Grenfell Tower and the site is critical to recovery.

7. Putting community at the heart of recovery

National and international guidance makes it clear that a successful, sustainable recovery must be community-led, with public bodies working in partnership with communities, investing in local services and community assets which allow communities to support themselves.

8. Continuing to understand emerging need and adapt the strategy with high quality data

There is a need for high quality data to understand the ongoing scale and nature of the impact and recovery and ensure we understand how effectively peoples' needs are being met. This needs to be used to adapt the recovery strategy as new insight is gained as to the ongoing impact and what support is making a difference.

Next Steps

This report has brought together a wide range of evidence on the impact of the Grenfell Fire to give an initial picture to help inform recovery. As the recovery moves forward, and recovery strategies are developed, services and policies adapted or created to respond to need, it will be necessary to continue to monitor the impact on those people who have been affected in order to respond effectively.

Introduction

The Grenfell Tower fire in North Kensington, on 14 June 2017 was a disaster resulting in significant loss of life, with bereavement, displacement and trauma experienced by many, both residents of Grenfell Tower and Walk and in the wider community. 72 people lost their lives; each one a life cut short tragically. They left family and friends bereaved by loss. Their collective connections extend to many thousands of people; living locally, around London and the UK and around the world. For the bereaved families, their loss has been acute, the suddenness, the sense of preventability, and the circumstances compounding their grief.¹ 373 people are being found new homes as a result of the fire that night. People's traumatic experience of the night and bereavement was compounded by the loss of their homes and possessions, and their community. In the light of this unprecedented event, a public inquiry into the cause of the fire and the immediate response, officially opened on September 14, 2017 and is currently ongoing.²

In the initial aftermath of the fire, there was an emergency response with many organisations and individuals in the community working alongside authorities to support the immediate health and welfare needs of those affected.

There are vital processes taking place which will inform understanding of why the disaster occurred, what accountability there should be around this, and what learning should be taken forward both about the causes that led to the disaster unfolding and the nature of the emergency response.

Although (as of mid-2018) a significant number of people remain in hotels and other temporary accommodation, the emergency response has evolved into a recovery phase.

The year from the disaster through to the first anniversary has seen a broad and widespread response. This has included the work done to find new homes for those displaced by the fire, and investment in health, wellbeing and other support from both central and local Government, the NHS, London's voluntary sector funders, charitable donations by the wider public and the unpaid commitment of many local volunteers. As the report outlines

¹ 279 bereaved family members are currently known to Kensington and Chelsea Council's Care and Support team.

² The disaster is referred to throughout as the Grenfell disaster

later there has been a vast number of faith, community and voluntary groups working to support people in the community, from the very grassroots with minimal or no funding, through to others operating at significant scale with funding from statutory or charitable sources. There has been a major scale-up of NHS operations with the development of the trauma service for adults and children, and a large community outreach team. The Council funded key work team has been supporting over 1500 people; the Grenfell United space and the Friends and Families Assistance Centre provide holistic support to the survivors and bereaved, and the Curve which has evolved into a community hub.

In June 2017, in the aftermath of the fire, a Health and Humanitarian Assistance Impact Assessment was completed. This aimed to inform the wider response about who had been affected by the disaster and what needs there were in the immediate aftermath.³ This report, by contrast, aims to look forward and is focussed on informing the longer-term recovery.

This work has attempted to understand the nature and scale of the impact of the Grenfell Tower fire disaster, reflect on what the evidence so far suggests the consequences may be and consider important priorities for action going forward.

There are vital processes taking place which will inform understanding of why the disaster occurred, what accountability there should be around this, and what learning should be taken forward both about the causes that led to the disaster unfolding and the nature of the emergency response. The public inquiry, criminal investigation and the coronial processes will address these issues. While the findings of these will be of huge importance to people, and an important part of many peoples' journey of recovery, they are not part of this review. This review is an assessment of the current and future health and wellbeing needs of the people and community affected by the fire.

In recovery from disaster, there are many agencies. The local authority has a legal responsibility for recovery as set out in the Emergency Response and Recovery Guidance that sits alongside the 2004 Civil Contingencies Act. Alongside this duty, many agencies and bodies including the local authority,

³ Available at www.jsna.info/grenfelltower

NHS, schools, police and an array of other community organisations have a range of challenges which the disaster has caused or exacerbated, but which are rooted in their day-to-day responsibilities to meet the needs of the public. Many local residents also become involved, driven by the impact the disaster has had on them personally or the desire to assist those affected. That involvement may mean help for one person, with support needs in the aftermath, actively contributing to a community group or being involved in collective action and advocacy. This review should inform the response of statutory partners but also hopes to be relevant to all involved at any level.

This work has attempted to understand the nature and scale of the impact of the Grenfell Tower fire disaster, reflect on what the evidence so far suggests the consequences may be and consider important priorities for action going forward.

This assessment has tried to bring together different forms of evidence.

It has considered the context of the local population impacted by the Grenfell disaster. Much of the future recovery will relate both to the assets of those communities affected, which existed prior to the fire and the social, health and wellbeing needs that people previously experienced. The historical, social and political context is important as well as the demographic, social and health profile of the population See [North Kensington Population profile \(Annex 1\)](#).⁴

The report looks at evidence from other disasters and journeys of recovery both from the UK and internationally to try and understand how those experiences can inform our understanding of the Grenfell Tower fire's impact and what may be important foundations of recovery. See [Evidence Review from previous disasters and journeys of recovery \(Annex 2\)](#):

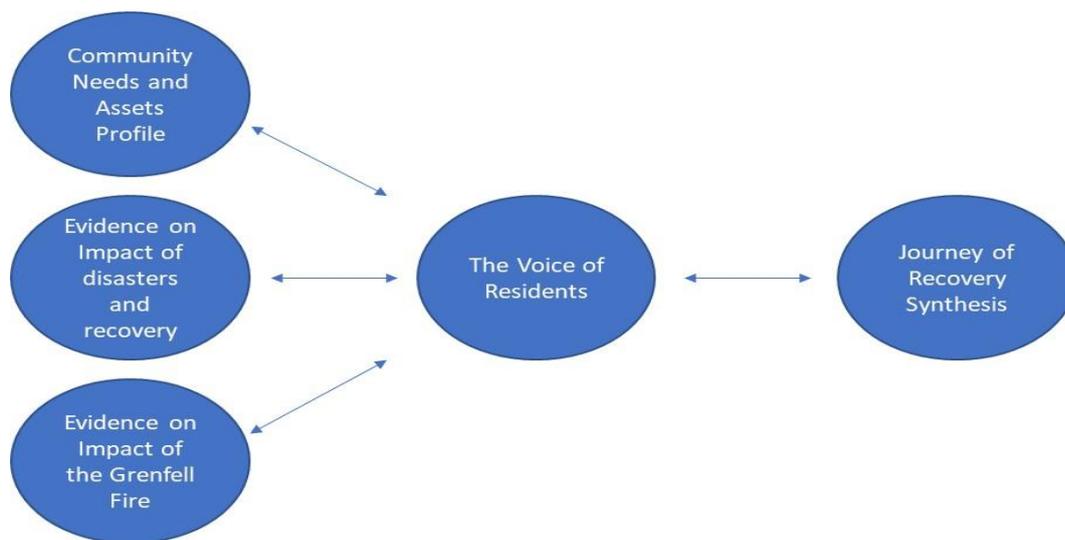
It draws on analysis of data trying to measure the impact of the disaster as well as insights from public services and community organisations. See [Data report on the impact of the Grenfell disaster on population health and social indicators \(Annex 3\)](#):

⁴ All of the annexes are available online at www.jsna.info/grenfell-tower-fire-disaster

Most importantly, the report has drawn on the perspectives of people in the community about what matters to them. This has been through both direct conversations with community members, but much more so drawing on the very wide range of qualitative research and community engagement already taking place, whether by local Government or other organisations. One particularly important element has been a series of community conversations with a range of groups of residents including representatives from Grenfell United around the emerging evidence base and the draft Foundations of the Future. See [Evidence from Community Conversations](#) (Annex 4):

This report, rather than detailing these strands separately, attempts to synthesise this range of evidence to develop insight into the nature and scale of the impact of the disaster, and inform the work of recovery.

Figure 1 Journey of Recovery Approach



The purpose of this report is to bring that evidence together in order to:

- 1.** Inform policy, strategy and commissioning for the statutory bodies including the local authority, NHS and central Government, on the foundations of effective recovery, acting as a springboard for change. In particular, it aims to inform a recovery strategy which will be developed by the local authority and NHS.
- 2.** Inform those delivering directly to affected residents, such as schools, registered social landlords and voluntary and community sector organizations.
- 3.** Acting as a reference point for all those wanting to assess and shape the journey of recovery, now and in the future.
- 4.** Support bodies outside of Kensington and Chelsea to address the needs of those affected by the Grenfell Tower fire.

The report does not provide detailed recommendations for services, partnership, planning and governance models. The specific, detailed approaches will ultimately need to be developed collaboratively with residents and service users and appropriately for the particular context. The report does put forward important 11 “Foundations for the Future”, that evidence suggests will need to form part of an effective long-term recovery, and eight specific recommendations.

The voice of residents

As part of this work it has been vital to hear the voices of residents; as discussed throughout this report, recovery needs to be community-led. There have various mechanisms for this: drawing on the wide range of engagement work taking place by the local authority and NHS, regular engagement meetings, multi-agency meetings, informal encounters; hearing community views through for example the work of Grenfell Speaks, and a wide range of consultations and research that has been taking place. Some of these have not yet been completed or published but people have generously shared emerging insights:

Consultations/Engagement by Kensington and Chelsea Council

- The Future of The Curve
- Early Years consultation
- Wider Grenfell Rehousing Policy (formerly the Walkways Rehousing Policy)
- 15 Community Conversations on Journey of Recovery Needs Assessment

Other Grenfell recovery related reports

- Change at the Council, Independent review of Governance, Centre for Public Scrutiny*
- Reports of the Independent Grenfell Taskforce
- The Kensington & Chelsea Foundation Grenfell Tower Fund
- After Grenfell – Housing and Inequality in K and C – Emma Dent Coad MP
- Grenfell Tower Inquiry Transcripts
- “Maybe things can change”: A BME community needs assessment after Grenfell, Musawa Consortium
- Muslim Aid, Mind the Gap: A review of the voluntary sector response to the Grenfell Tragedy
- Theos, After Grenfell the faith groups response
- Grenfell Community Monitoring Project (www.grenfellcommunitymonitoringproject.com)
- Cathy Long / Flora Cornish: Research on volunteers after the Grenfell Tower fire
- Young Peoples peer led research – local young people with support from Working with Men / Association of Young People’s Health**
- Street based peer research with young men not engaged with services, Working with Men**

*Note: * Commissioned by Kensington and Chelsea Council; ** Commissioned by Public Health to inform this Needs Assessment. Links to all the published reports can be found at www.jsna.info/grenfell-tower-fire-disaster*

A recovery evidence base

“Sometimes it seems as though the adverse consequences of an extreme event radiate out almost seamlessly, like the ripples in a pond when a stone is dropped into it”

Lucy Arendt & Daniel Alesch (2014)

This report is rooted in a public health approach, which is partly about drawing on as wide an evidence base as possible to inform understanding. Every disaster is unique; the way it unfolds; the human impact, the geography, the social and political context in which it occurs. There has been no disaster in the UK quite like the Grenfell Tower Fire disaster, though other tragedies, (such as the Hillsborough disaster, Aberfan disaster, the Lockerbie bombing, the Lakanal House fire, the 7 July 2005 London bombings, or some of the devastating floods that have impacted different communities) do share important characteristics with it. Likewise, internationally, tragedies rooted in major hurricanes such as Katrina, the Deepwater Horizon oil spill, the Lac-Mégantic rail disaster in Quebec, Canada, the Christchurch earthquake in New Zealand, the September 11 attacks and others have shown the ways in which communities deal with the aftermath of disasters and find ways to recover.

Whilst every disaster is unique, and every journey of recovery is distinct in its character, a disaster recovery literature has emerged in recent years, which draws lessons from these events and attempts to answer certain questions. What are the common threads of how disasters affect people and communities? Why do they affect different people in different ways? What does the evidence suggest are the ingredients of the most effective recoveries?

In trying to understand the impact of a disaster, the image of a stone falling in a pond, and of ripples emanating out can be a helpful one. There are the ripples out into different aspects of peoples' lives. While the disaster may have some initial impacts such as loss and displacement, these initial impacts may begin to have further secondary consequences on factors such as peoples' employment, children's education and family lives.

The ripples can also help think about the geography of impact. Most disasters have an epicentre but may impact a wider population. Thirdly there are the ripples of time; evidence shows that for many people in different ways the effects will last over many years; for some a lifetime. The following section tries to understand these different impacts for people affected by the Grenfell disaster.

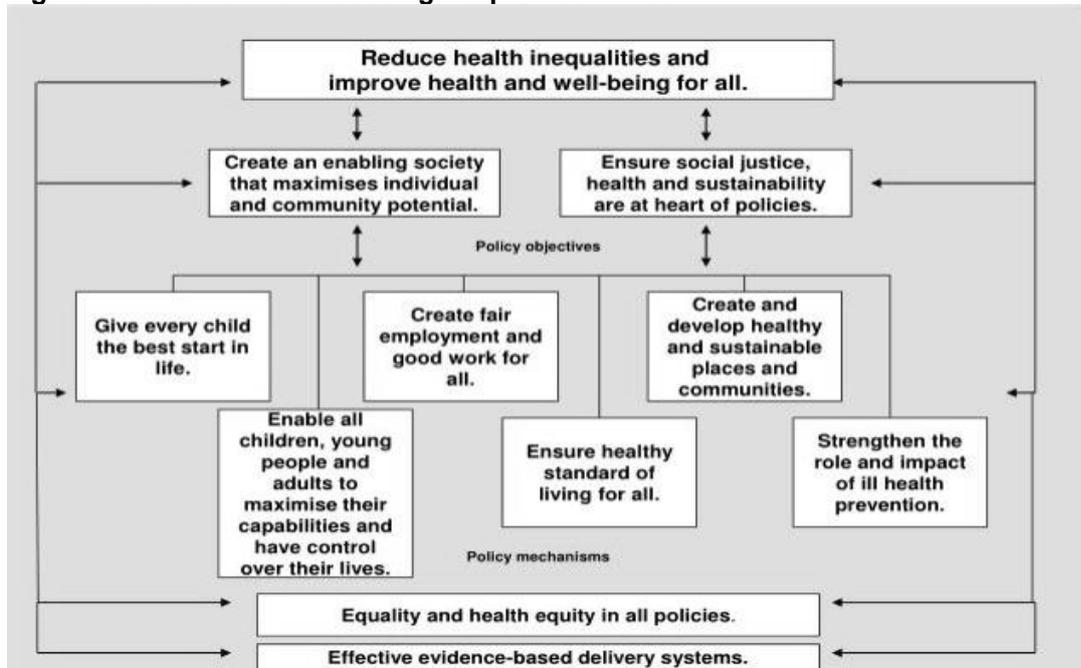
Drawing on evidence is based on the belief that the common experiences of people who have experienced disaster contain lessons. This can provide a valuable foundation to inform, and foster discussion about, what may support recovery for communities impacted by the Grenfell Tower fire. Evidence-based approaches are about taking that learning and applying it meaningfully to a particular context. The diverse nature of disasters means that the evidence on recovery is itself broad. This report has tried to focus on those lessons from previous disasters, which appear most relevant to the Grenfell recovery. Every detail of the response can and should attempt to take advantage of learning from the experiences of others who have gone before. For example, in preparing to take the bereaved families from Grenfell Tower back to visit the place where their loved ones died, the local NHS mental health team learnt about the journeys of the bereaved and survivors of the Utoya attacks in Norway in 2011 to understand their experience and inform preparations. This review does not go into every detail of recovery but does engage with the broad themes, which emerge from the literature, for the next phase of recovery from one year on.

There is also a wider evidence base on promoting health and wellbeing, which is relevant to any recovery. The Marmot Review of Health Inequalities sets out the key social determinants of health; those build blocks of daily life that have a deep impact on health (See Figure 2).⁵ NICE (National Institute for Clinical Excellence) set out the best evidence for clinical interventions such as treatment of post-traumatic stress disorder. These evidence bases

⁵ Marmot, M. G., Allen, J., Goldblatt, P., Boyce, T., McNeish, D., Grady, M., & Geddes, I. (2010). Fair society, healthy lives: Strategic review of health inequalities in England post-2010.

are not reiterated here; however, they are an important ingredient of any approach.

Figure 2 Framework for Reducing Inequalities in Health



Source: Marmot, M (2009) Fair Society, Healthy Lives

Figure 3 Evidence for Recovery

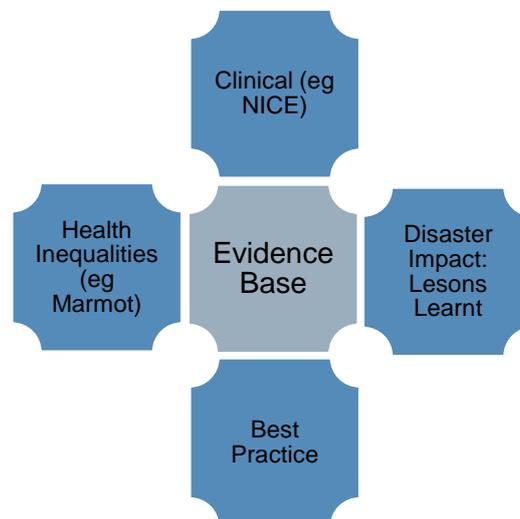


Figure 3 sets out some of the wider evidence bases that are important for informing recovery.

The context: Grenfell, Notting Dale and North Kensington

Key Points:

- The Grenfell Tower fire occurred in an area of huge social and cultural diversity.
- The area has a rich and vibrant history and is home to communities from many parts of the world, many of whom have remained long term and profoundly shaped the character of the area.
- There is a strong sense of community, shaped by many factors including history, population density, migration and faith.
- The diverse social make-up of the area includes significant differences in income, education and employment experience and the area has higher numbers of people on low incomes or with no qualifications than the rest of the borough.
- Young people from disadvantaged backgrounds in Kensington and Chelsea achieve particularly good education outcomes compared to many other areas.
- There are significant pressures on housing in the area and a longstanding history of community tensions around housing policy and practices. There are high levels of social housing relative to other areas in the borough, overcrowding and concerns about housing quality and land use.
- There are above average levels of poor health, both physical and mental compared to other parts of the borough.
- The area is rich in assets including excellent schools, diverse and active community, and voluntary organisations, which pre-dated the fire.

Some disasters occur to disparate populations, brought together by a common experience; transport disasters and some terror attacks for example. In contrast the Grenfell Tower fire disaster, affected a place: Grenfell Tower, Grenfell Walk, the wider Lancaster West Estate, Notting

Dale, including the neighbouring towers of the Silchester Estate, and spreading out to the wider North Kensington area. This experience of a disaster in a place is about the shared experience of trauma of the night and the collective journey of recovery. It is also based on the common bonds among the area's many ethnic and religious communities and the strong sense of place and social connections rooted in the history, geography and cultures of North Kensington that continue to forge a common sense of identity.

The Grenfell Tower fire occurred in a part of London, and the UK, which is truly extraordinary. Whether looking at the small neighbourhood which included Grenfell Tower, Walk and some of the local neighbourhood; the wider Notting Dale area; or North Kensington as a whole; there are a range of characteristics which are typical of many parts of London alongside traits that make the local area distinctive.

Table 1 and Figure 7, based on data from the last census highlights some of these characteristics compared across Kensington and Chelsea but also London and England.



Lancaster West estate with Grenfell Tower behind.

Table 1 Characteristics of Grenfell Tower, Grenfell Walk and some of the wider neighbourhood compared to other parts of the area, London and England

		Grenfell Tower, Walk and some of the wider neighbourhood ⁶	Notting Barns ⁷	North Kensington	Kensington and Chelsea	London	England
Age	Under 18	25%	23%	20%	17%	22%	21%
	Over 65	10%	11%	11%	12%	11%	16%
Born outside the UK		48%	58%	58%	48%	37%	14%
Black and Minority Ethnic		59%	43%	39%	29%	40%	15%
Religion	Christian	57%	57%	57%	60%	48%	59%
	Muslim	28%	19%	16%	11%	12%	5%
	No Religion	12%	21%	23%	23%	20%	25%
Main Language other than English		31%	24%	23%	28%	22%	8%
Tenure	Owner Occupied	9%	25%	24%	37%	48%	63%
	Social Rented	80%	57%	55%	25%	24%	18%
	Private Rented	6%	15%	18%	34%	25%	17%
Households overcrowded (bedroom standard)		20%	15%	13%	8%	11%	5%
Population Density (persons per hectare)		238	153	132	131	52	4
Health Fair, Poor or Very Poor ⁸		25%	21%	20%	14%	16%	19%
Disability – Limited a lot or a little		20%	18%	18%	12%	14%	17%
Deprivation (households deprived on 2 or more domains)		48%	37%	34%	22%	26%	25%
Qualifications	No qualifications	25%	19%	18%	10%	18%	22%
	Level 4 or above	25%	37%	41%	53%	38%	27%
	16-24 year olds with No qualifications or Level 1	27%	24%	26%	15%	24%	28%

Source: 2011 Census via Nomis

North Kensington has a very diverse population across many dimensions. It is comparatively an area of high deprivation. Many residents face challenges of low income, poor housing and difficulties in education and the labour market. It is also an area with a highly educated population, an area bursting with creative industry and rich community life. No narrow or stereotype-

⁶ Based on Census Lower Super Output area E01002880 with a population of 1540 people

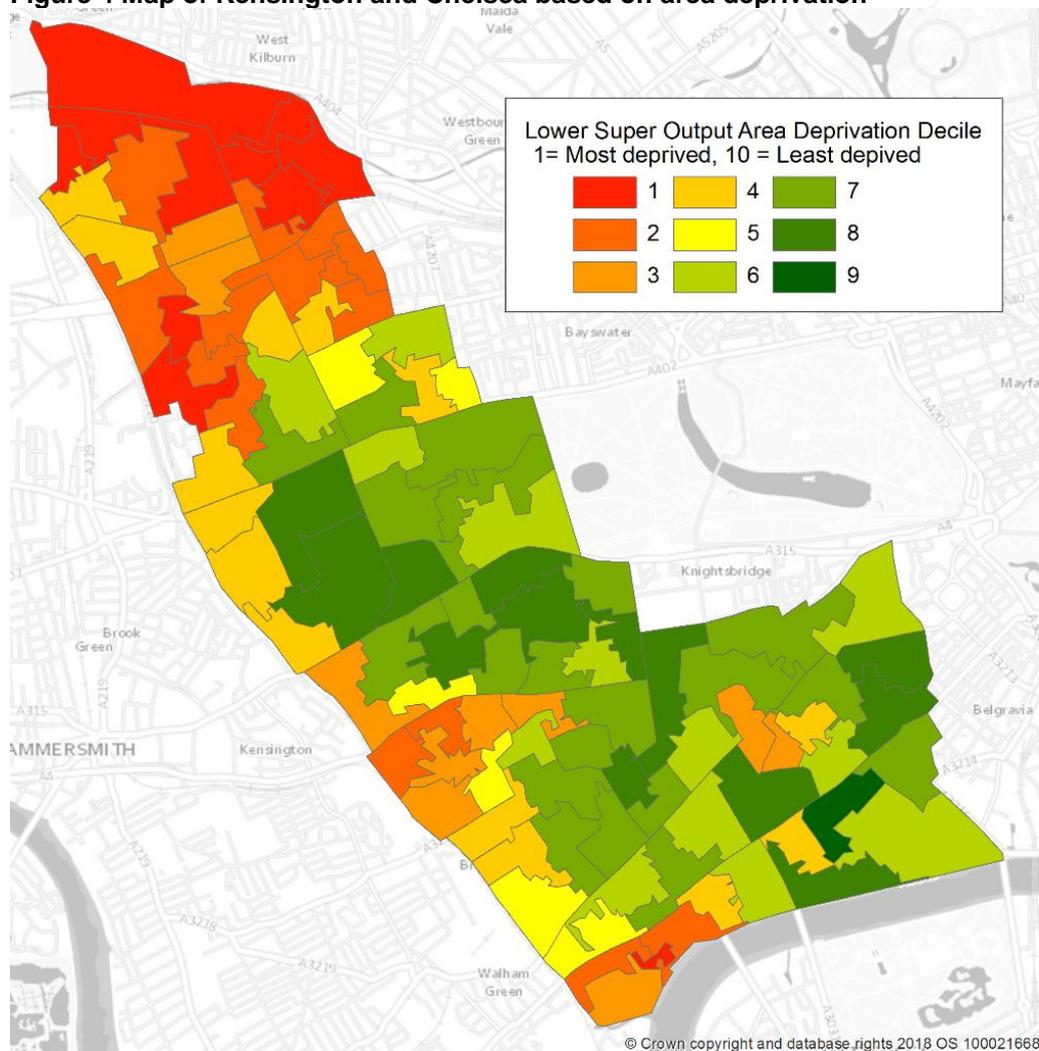
⁷ As this data is based on the 2011 census it uses the Notting Barns ward, rather than Notting Dale

⁸ This is based on self-reported health

driven view of the population can begin to capture the diversity, evident in those who lived in Grenfell Tower and continue to live in the wider Lancaster West Estate. There were longstanding residents of North Kensington including people from much earlier waves of migration to the UK and more recent arrivals from around the world.

The map below (Figure 4) shows that Kensington & Chelsea is starkly divided by neighbourhoods in the north of the borough which are among London's most deprived and London's wealthiest neighbourhoods in the central and south.

Figure 4 Map of Kensington and Chelsea based on area deprivation⁹



Source: *Index of Multiple Deprivation 2015*

⁹ The Index of Multiple Deprivation ranks every neighbourhood in England based on 38 separate indicators. The scale ranges from the darkest red which are the 10% most deprived neighbourhoods in the country to the darkest green which are the 10% least deprived. There are no neighbourhoods which score 10 in Kensington & Chelsea.

There are pockets of low income in the southern parts of the borough as well. While many residents identify with North Kensington, it has no official boundary; broadly, it is bounded by the Grand Union Canal in the North, the area around the Westway in the south and the borough boundaries to the east and west. To try to understand North Kensington in statistical terms requires some definition and, in this report, we have used the electoral wards of Notting Dale, St Helens, Dalgarno, Colville and Golborne. While some people who identify as resident of “North Ken” live in other wards such as the northern section of the new Norland ward, these areas stretch significantly further south and overall are very different in character to the five other North Kensington wards.¹⁰

Indicative of this split is the political makeup of Kensington and Chelsea local council. In the 2018 local elections, these five wards elected only Labour Party councillors whereas the rest of the borough with the exception of one councillor were elected from the Conservative Party. A Conservative majority has led the council since its inception in 1965.

Based on those five wards, the population of North Kensington is estimated at 38,947 which is around a quarter of the population of Kensington and Chelsea overall.¹¹

Table 2 Population of North Kensington Wards, 2016-7

Colville	9,195
Dalgarno	7,120
Golborne	8,244
Notting Dale	8,262
St. Helen's	6,126

Source: ONS population estimates

¹⁰ Analysis is further complicated by a 2014 change in ward boundaries and names in Kensington and Chelsea Council. The previous Norland ward included much of what is now Notting Dale ward. What was Notting Barns ward covered much of what is now St Helen's ward as well as parts of Dalgarno. The previous wards approximating to North Kensington were St Charles, Golborne, Notting Barns, Colville and Norland. Some data is presented according to these previous boundaries. The two different ward maps are in Appendix 2.

¹¹ ONS Ward based population estimate, www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/wardlevelmidyearpopulationestimatesexperimental

The age profile of the area is characteristic of other inner-city areas and there is a large working age population. The percentage of children is higher than in the rest of Kensington and Chelsea (which has one of the smallest proportion of children in London). Children and young people under 16 make up 17% of the population compared to 15% for the over 65s. The male to female ratio is 50/50.

North Kensington shares many characteristics with other inner London areas. The socio-economic situation of many households in the area are mixed. Similarly, to other inner London areas, there are higher rates of unemployment and of people out of work due to health-related issues.¹² As Figure 5 shows the wards of North Kensington have comparatively high rates of child poverty (alongside the area around the Cremorne and Worlds End Estates in the south of the borough).

In North Kensington high proportions of the population live in social housing compared to most other areas in the UK¹³. The highest proportions are 68% in Golborne, 59% in St Charles and 56% in Notting Barns. By contrast, in ten other wards in the borough fewer than 15% of residents are in either local authority or housing association homes. Across North Kensington around 60% of social homes are managed by housing associations and 40% by Kensington and Chelsea Council.¹⁴

North Kensington is a densely populated area, with large numbers of multi-storey blocks of flats, a high proportion living in flats and significant levels of overcrowding. With the very high property prices locally, the level of private renting is fairly low. A significant amount of the private rented sector is also in former local authority housing that was purchased under the “right to buy” policy.

¹² See Annex 1: North Kensington Data profile at <https://www.jsna.info/grenfell-tower-fire-disaster>

¹³ Overall in England, 18% of the population live in social housing; in London 24% do (Census via nomis)

¹⁴ Formerly Kensington and Chelsea Tenant Management Organisation



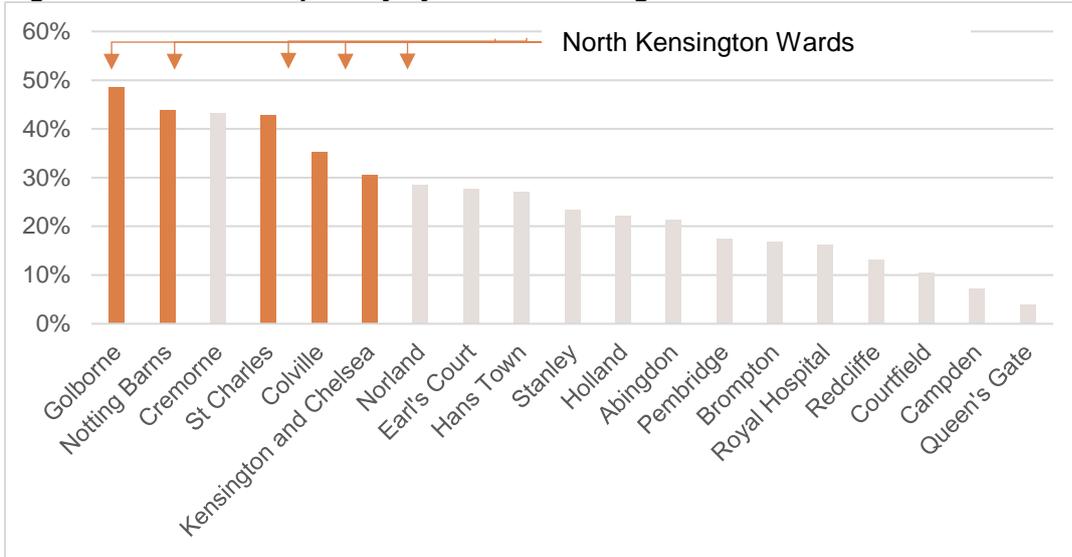
Housing pressures in the area are immense. From 2010-11 to 2016-2017 the numbers of households, living in temporary accommodation (housed by Kensington and Chelsea Council, but not all locally in the borough) rose by 70% to 1903 households¹⁵. Overcrowding data is poor and while at the 2011 Census overcrowding rates in North Kensington were already high, levels of crowding are likely to have become worse, due to wider pressures of rising rents and changes in the social security system. Over 80% of social housing in Kensington and Chelsea are studios, one or two bed homes. Before the fire there were 2711 households on the housing register in the borough. In the previous year there had been only 433 new lettings to council properties or those of other social landlords.¹⁶

Levels of population density are high, particularly around Grenfell Tower and local neighbourhood, with nearly double the number of people per hectare than across the borough as a whole. There are a small number of parks; Avondale Park, Kensington Memorial; Little Wormwood Scrubs; these are a particularly precious resource where few have gardens. The relatively little open space and the levels of crowding may be one of the reasons that community assets like libraries, sports facilities, youth clubs and community centres are so important locally.

¹⁵ MHCLG Homelessness Statistics P1E

¹⁶ Kensington and Chelsea Council data

Figure 5 Rates of child poverty by ward in Kensington and Chelsea



Source: www.endchildpoverty.org.uk/poverty-in-your-area-2018

Figure 6 Map of Social Housing and Green Spaces in North Kensington

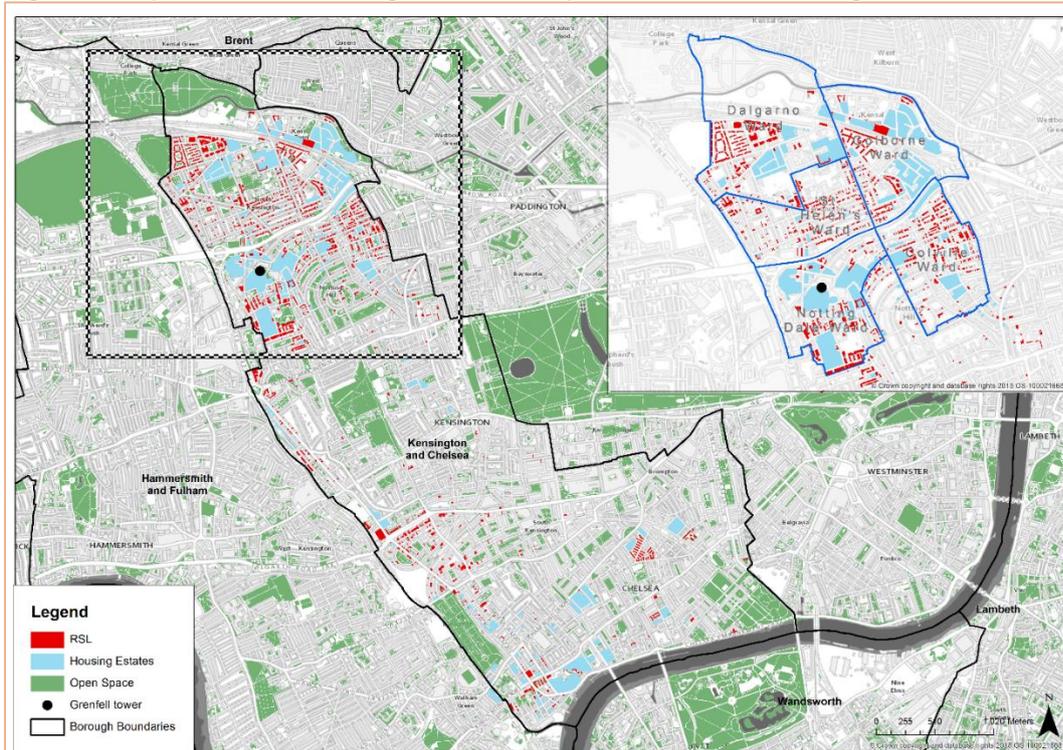
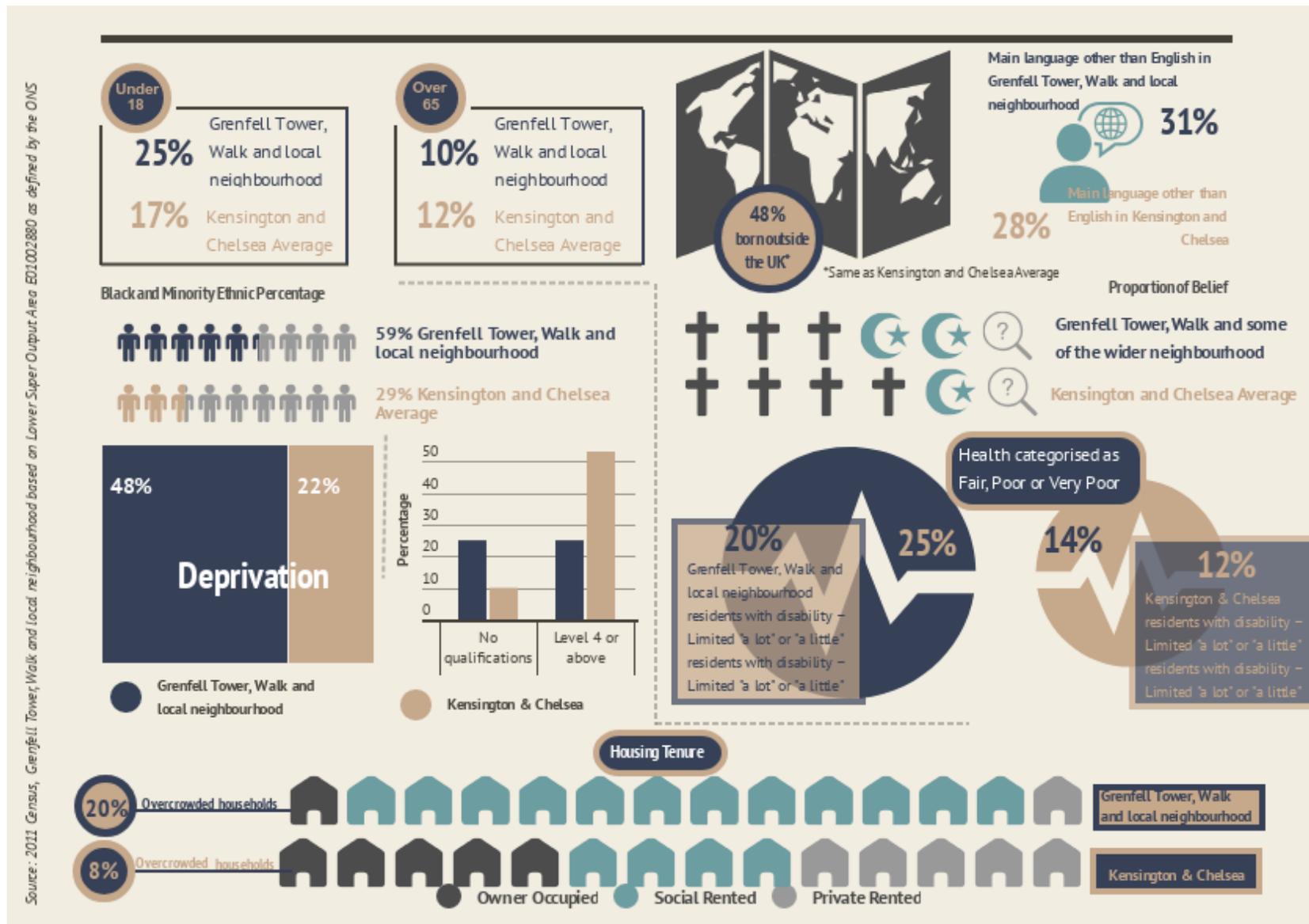


Figure 7 Characteristics of Grenfell Tower, Grenfell Walk and some of the wider neighbourhood with other parts of the area



As mentioned above the area is very diverse. The population is made up of many communities including those connected to early waves of migration from the Caribbean and Morocco and many more recent arrivals. As Table 3 shows roughly half of North Kensington children speak English at home; 15% speak Arabic; a further 25% come from very varied backgrounds including East African – Somalia, Eritrea, Ethiopia, Spain and Portugal. A further 10% speak a range of other languages at home.

Large numbers have come as refugees fleeing persecution in their countries of origin. A study in 2000 suggested that there were 10-12000 former refugees in Kensington and Chelsea who had entered the country in the previous 15 years. Many of these settled in North Kensington.¹⁷ Many more recent arrivals have come from countries with large Muslim populations. Faith has a strong role in lives of many in the local area. At the last census in 2011, 15% of the North Kensington population were Muslim. For the smaller area which included Grenfell Tower, much of Lancaster West and surrounding areas, of those who answered the question, 28% were Muslim. Only 12% described themselves as having no religion.

Many children from North Kensington thrive. The borough has excellent schools, with all schools in the borough including those most impacted by the Grenfell disaster rated Good and Outstanding by OFSTED inspection. The borough ranked second overall in the Government's Social Mobility Commission's rankings and children eligible for free school meals achieve better educational outcomes than anywhere else in the country.¹⁸ However similar to other areas with the socio-economic profile of North Kensington some young people face challenges. For example, as Table 1 shows, at the last Census, around one in four of those aged 16-24 lack qualifications beyond level 1, compared to 16% across the borough as a whole.¹⁹ In the youth led research, among other issues, and alongside an overall positive

¹⁷ Bardsley, Martin & Storkey, M. (2000). Estimating the number of refugees in London. *Journal of public health medicine*. 22. 406-12.

¹⁸ Social Mobility Commission (2017) Social Mobility index: 2017 data

¹⁹ Level 1 qualifications at the last Census included 1-4 GCSEs (any grades); Entry Level, Foundation Diploma, NVQ level 1, Foundation GNVQ, Basic/Essential Skills

picture, the issue of safety was raised as an issue of significant concern; this mirrors a lot of concern among young people in London currently.²⁰

Table 3 Language spoken at home for Kensington and Chelsea school children in state schools living in North Kensington

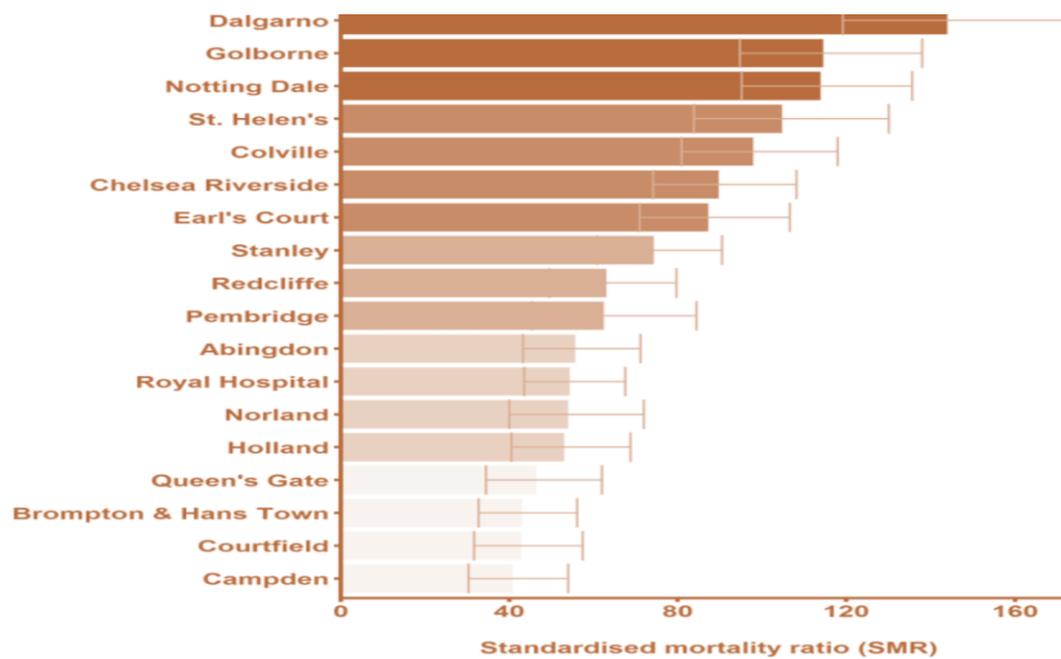
Language	Number	Percentage
English	2,530	53%
Arabic	745	15%
Somali	250	5%
Spanish	129	3%
Tigrinya	110	2%
Amharic	91	2%
Tagalog	86	2%
Bengali	80	2%
Portuguese	80	2%
French	70	1%
Albanian	61	1%
Persian	59	1%
Italian	45	1%
Polish	37	1%
Kurdish	22	1%

Source: Kensington & Chelsea Council Schools Census data

Health

There is strong evidence that links the issues of deprivation and inequality discussed above to poorer health. On many health indicators the population of North Kensington fare worse, with higher rates of cardio-vascular disease, lung cancer, child obesity and worse mental health than in the south of the borough. As Figure 8 shows the five wards of North Kensington have the highest early death rates for under 75s across the borough; the rates are far higher than those in many other parts of the borough.

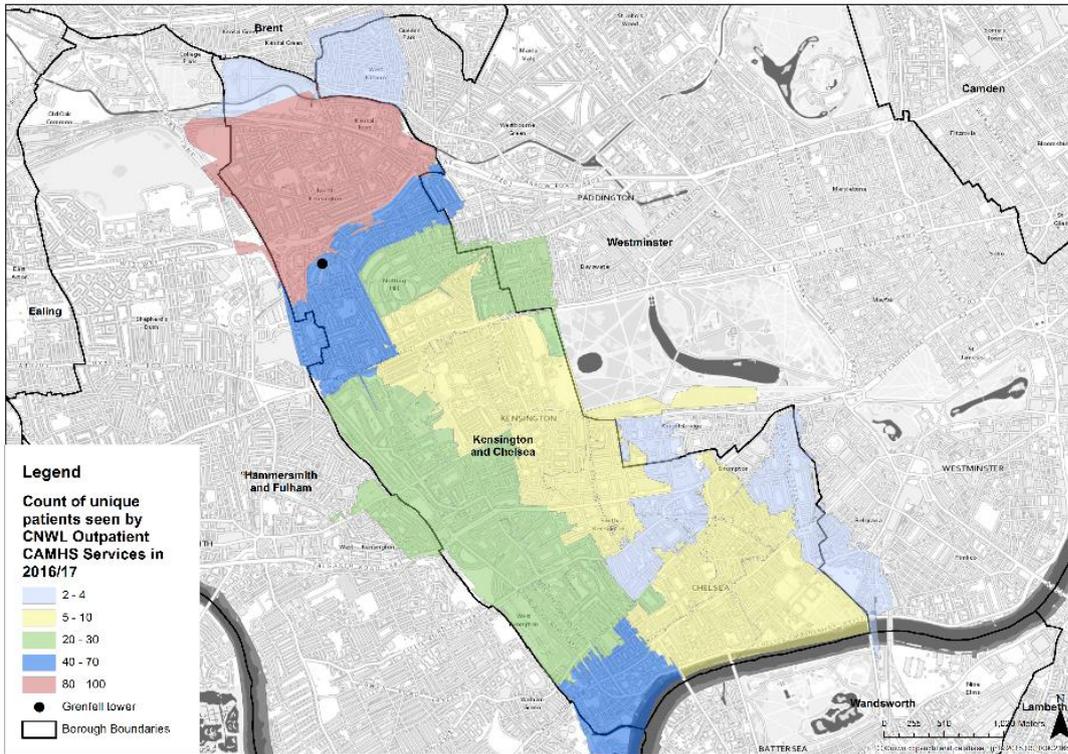
²⁰ See Aspirations, opportunities and challenges: Youth led research into the lives of young people in Kensington and Chelsea, 2018 (available at www.jsna.info/grenfelltower)

Figure 8 Deaths from all causes under 75 by ward (2011-2015)

Source: Public Health England

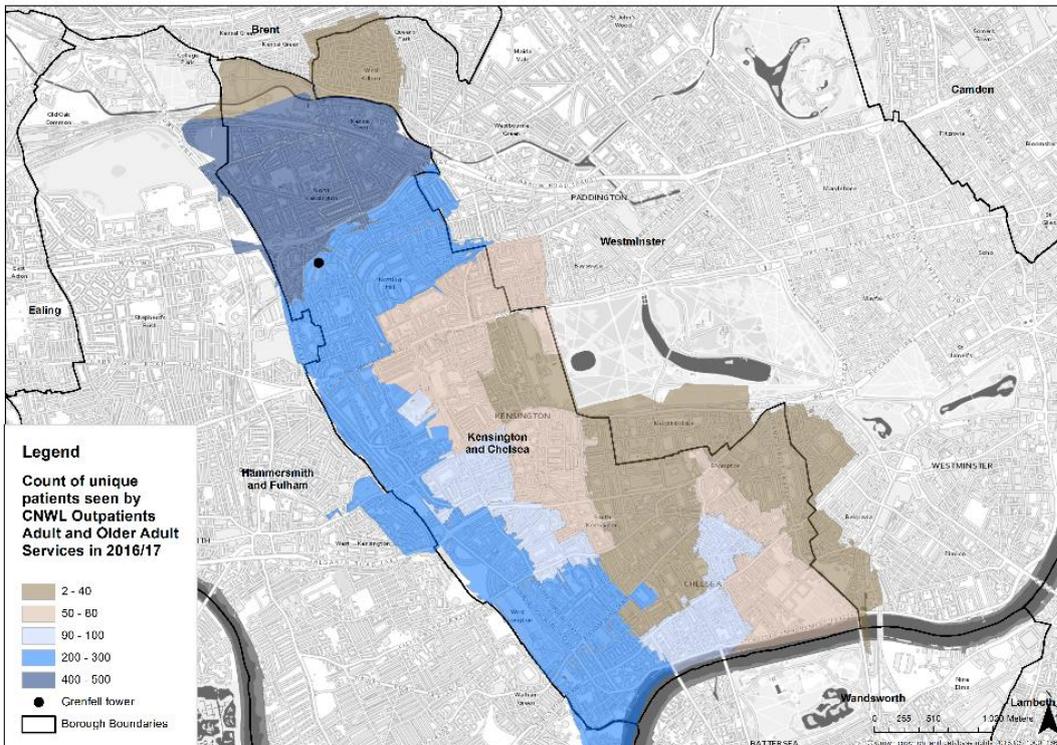
Based on data from primary care and mental health services, there are higher levels of mental health need in the north of the borough (though estimating need based on use of services typically underestimates the true level of need and is likely to do so even more where there are more excluded populations). As Figure 9 shows, measured in terms of those accessing child and adolescent mental health services (CAMHS) or adult outpatient services, there is far greater need in the north of the borough than elsewhere.

Figure 9 Children and young people seen by CNWL Outpatient CAMHS Services in 2016/17



Source: Central and North West London NHS Trust

Figure 10 Patients seen by CNWL Outpatients Adult and Older Adult Services in 2016/17 (excluding IAPT)



Source: Central and North West London NHS Trust

While the area faces these challenges, the community is rich in assets. In part, this is due to the area's unique past. North Kensington has a unique social and political history, which has forged a strong spirit of community and collective action. This history can be traced back to the volunteers from the community that fought in the Spanish Civil War; through the rise of Rachmanism²¹; the Notting Hill riots; the history of Notting Hill Carnival; and the controversy around the creation of the Westway; all of which continue to reverberate in controversies today about community assets and land use.²² In recent years, as in many parts London, there have been increasing concerns about gentrification, land use and access to affordable housing across a range of incomes.

There is a palpable sense of community in North Kensington. There is a strong community and voluntary sector with a large and varied number of organisations, as the list in Table 4 shows. The diversity and many communities within North Kensington make it a place with a strong sense of identity, social capital and depth of social networks. As mentioned above there are very active faith communities in the areas. There are a wide range of public services, including schools and GPs as seen in Figure 11.

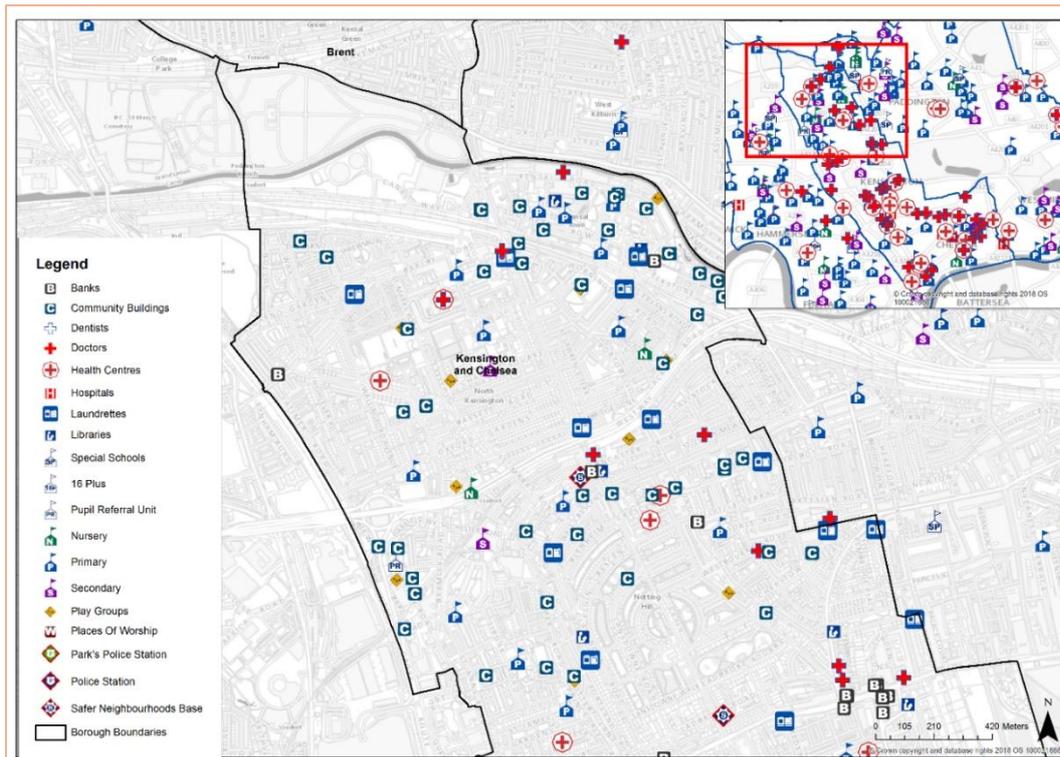


The mosaic under the Westway at Portobello Road commemorating residents who fought in the Spanish Civil War and refugees who arrived from Spain to the area

²¹ The notorious landlord practices associated with the area in the 1960s

²² Public Meeting on Community Assets Review, 22 March 2018; www.westway23.org

Figure 11 Community assets in and around the Grenfell Tower



In the young people peer research which was commissioned for this report, nearly all young people said they either “loved” or “really liked” living in the area. The things they liked best about the area included being part of a close and friendly community, the opportunities available, the range of places to go and things to do, including, parks, youth clubs and sporting activities. As one young person reflected in the youth-led research:

“I’d say it stood out that a lot of people did say that even if it’s not a great area they wouldn’t change it for anything basically. They still really believe in community, they still really, sort of, they enjoy what’s there.”

Aspirations, opportunities and challenges: Youth-led research into the lives of young people in Kensington and Chelsea

Table 4 Voluntary and Community Organisations part of Kensington and Chelsea Social Council's Grenfell Network²³

Abundance Arts	Healthier Life 4 You	Place2Be
ACAVA	Healthwatch Central	Portobello Business Centre
Action Disability Kensington & Chelsea	West London	Principles In Finance
African Refugees	Hear Women	Prospects (Kensington) Ltd
Project/Eritrean Lowlanders Partnership	Help Counselling Centre	Rain Trust
African Women's Care	Hestia Integrated Mental Health service	Repairing Lives
Al-Hasaniya Moroccan Women's Centre	Henry Dickens Community Centre	Response Community Projects
Anti-Tribalism Movement	Hodan Somali Community	Rugby Portobello Club
Asian Muslim Women Association	India Welfare Society	Shamen PR
Baraka Community Association	Just Solutions	Shpresa Programme
Bee interested in Portobello Road	Karimah's Cuisina	SMART
Bramley House Residents Group	Kensington and Chelsea Mind	St Thomas' Church & Parish
British Black Anti-Poverty Network	Kensington & Chelsea Social Council	Support 4 Grenfell Community Hub
Brownbaby	Kensington and Chelsea Forum for Older Residents	Talking talkshops
Carers Network	Kensington Citizens Advice	The Advocacy Project
CaSH	Kensington Trust	The Clement James Centre
Catholic Children's Society	Lancaster West Children's Community Network	The Health Forum
Children's SIFA	Latimer Community Arts Therapy	The Henry Smith Charity
Citizen's Advice Bureau (CAB) Kensington	Latin American Community Association	The Kensington & Chelsea Foundation
Citizens Advice Kensington & Chelsea	Latymer Community Church	The Lilla Huset Professional Centre
Community Living Well	London Community Foundation	The Rain Trust
Congo Great Lakes Initiative	London Funders	Total Family Coaching & Parenting
Corner 9 Arts Project	Maestro	Turn2us
Crosslight Advice	Midaye Somali Development Network	Ubele
CRUSE Kensington Chelsea	Migrants Organise	Urbanwise
Dalgarno Trust	Miss	Volunteer Centre Kensington & Chelsea
Ebony Steel Band Trust	Mother Tongue Counselling Service	volunteer group
Epic CIC	Motive8learning	WAND UK
Ethiopian Women's Empowerment Group	Munro Health Co-Operative	West London Action for Children
Family Friends	North Kensington Law Centre	West London Buddhist Centre
French African Welfare Association	Notting Hill Community Church	West London Zone
Grenfell Creche Under 3s Centre	Notting Hill Methodist Church	Westpoint-Sustainable Community Development
Grenfell Volunteers Trust	Nova New Opportunities	Westway CT
Hackney CVS	Octavia Foundation	Westway Fives and Wallball
Harrow Club	Open Age	Westway Trust
	Papillon	Working With Men
	Pepper Pot Centre	World's End Neighbourhood Advice Centre
	Persia Care Centre	Worldwide Somali Students and Professionals (WSSP)
		Xen

Source: Kensington & Chelsea Social Council

²³ There are other voluntary and community organisations working in the area who are not on this list.

Ripples across people's lives - Primary impacts

Key Points:

- The tragic loss of lives has left a great number of people bereaved and has had a significant impact across the local community.
- Many people lost their homes in the fire and have been displaced. They have had the challenge of dealing emotionally and practically with the aftermath of the disaster compounded by living in emergency accommodation.
- The council is finding permanent homes for 373 survivors including 82 children. This includes 204 households from Grenfell Tower and Walk.
- The fire was a traumatic experience for many people in the local population beyond those directly affected.
- Some of the characteristics of the local population, such as the large numbers of people with previous experience of trauma, will have increased the impact of the disaster.
- There has been a large scale and diverse response to supporting the mental health needs of those affected including the NHS, a range of specialist voluntary services and local faith and community organisations.
- There is a need to follow up the physical health of those who left the building on the night of the fire and were directly exposed.
- The Tower remains standing in the heart of the community, covered, since just before the First Anniversary of the fire.
- The work of the community, and particularly survivors, the bereaved and wider faith, resident and voluntary sector organisations has provided critical support for the community over the past year. Many survivors and bereaved are represented by Grenfell United, which has been a critical voice in shaping the recovery.
- There has been a collapse of trust in public authorities, particularly the Council. This matters, given the role that public authorities have in supporting recovery.

Disaster research talks about primary and secondary impacts; the first aspects of peoples' lives which are affected and how they ripple out. The distinction is not always straightforward but is helpful in understanding how the certain more evident impacts of a disaster can have a series of knock on effects that profoundly impact peoples' lives and recovery.

The section below explores what some of these ripples have been and what the evidence suggests may occur in the future. It is a vital part of supporting recovery to recognise that different people and families have very different experiences; the evidence below will connect with the experience of some, sometimes many people, but not all.

Trauma, Grief and Bereavement

The Grenfell disaster had a number of known immediate impacts. First, there was significant loss of life, bereavement, and exposure to a traumatic event. With so many deaths in a tight-knit community with extensive family relationships, ethnic and religious ties, and school age children, the experience of bereavement has been widespread.

As of June 2018, 289 bereaved people known to the Care and Support service of Kensington & Chelsea Council. 18% of these were also resident in Grenfell Tower or Walk. A great many more than this lost people they knew well and loved.

Witnessing a disaster unfolding over hours, powerless to help those in the Tower, left very deep wounds for many people. The area has many large tower blocks and the fire was seen by many, either from their homes or from the surrounding streets by those who came to try and assist. The shell of the Tower remained visible for many months after the fire, a daily reminder to those living and working locally of that night. Though still hard to quantify, we know from the NHS, schools and many voluntary and community organisations that this immediate and subsequent exposure affected many adults and children locally.

"Often, I feel fine, I'm just getting on with life. And then there will be a moment when I just notice I'm crying, I don't what triggered it, it just happens."

Source: Local resident

In recent years, there has been increased awareness of the psychological impacts of experiencing traumatic events (though understanding continues to evolve).²⁴ Many people may experience symptoms relating to a traumatic experience without meeting a diagnostic threshold for PTSD. Some people experience PTSD and others do not, but as discussed below the impact can change over time.²⁵ Understandings of why some people develop PTSD and how this varies by types of event and other vulnerabilities is still developing. The NHS estimates that one in three people experience PTSD when exposed to a traumatic event.²⁶ However, that is an average, for an average population, with an average level of vulnerabilities. Characteristics of both the affected population and the nature of the Grenfell Tower fire disaster and aftermath, pose a challenge to making direct comparison to average levels of impact.

Research shows that exposure to the same event will affect different people, in different ways.

1. Many people are resilient to the impact of the traumatic event they experience.²⁷ They will be affected in the immediate aftermath but will quickly recover.
2. Some experience a gradual recovery. For them the impact of the experience will be more prolonged but then they will start to get better. This is why treatment guidance for PTSD recommends a period of 'watchful

²⁴ New NICE Guidance on the Prevention and Treatment of PTSD are currently being update to be published later in 2018. These review the previous guidance which was published in 2005. See www.nice.org.uk/guidance/indevelopment/gid-ng10013

²⁵ Bonanno, G. A., Westphal, M., & Mancini, A. D. (2011). Resilience to loss and potential trauma. *Annual review of clinical psychology*, 7, 511-535.

²⁶ ²⁶ www.nhs.uk/conditions/post-traumatic-stress-disorder-ptsd/; see also Neria, Y., Nandi, A., & Galea, S. (2008). Post-traumatic stress disorder following disasters: a systematic review. *Psychological medicine*, 38(4), 467-480.

²⁷ Bonanno, G. A., Westphal, M., & Mancini, A. D. (2011). Resilience to loss and potential trauma. *Annual review of clinical psychology*, 7, 511-535.

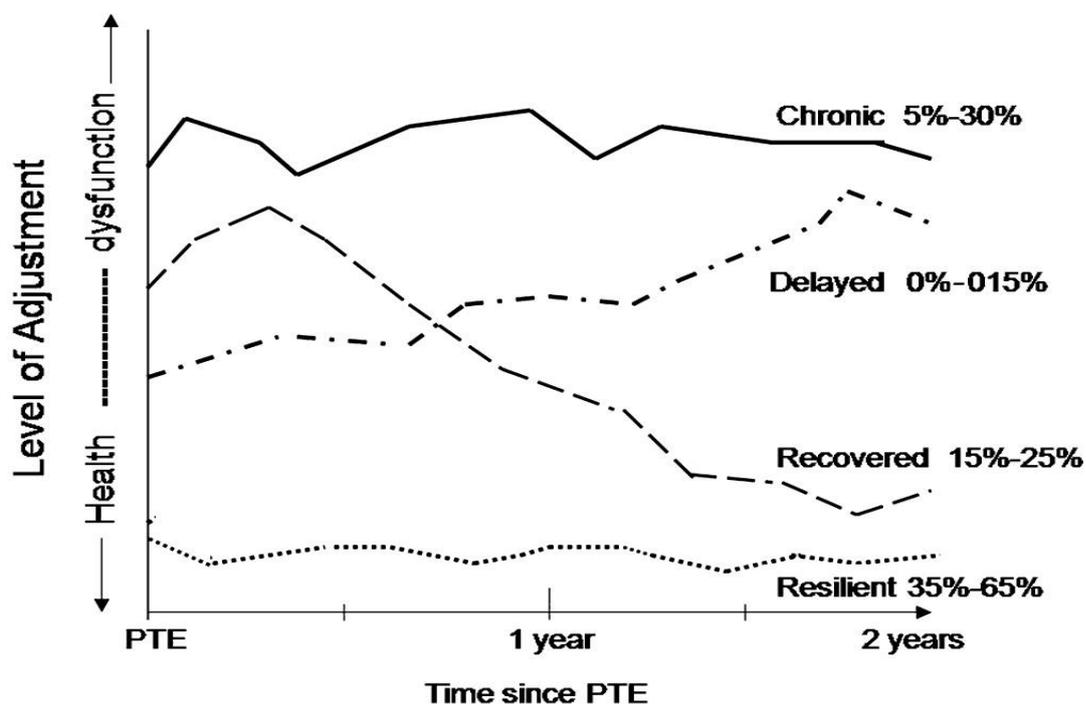
waiting' before treatment, so as not to interfere with peoples' existing capacity to recover without clinical intervention.²⁸

3. Some experience chronic post trauma impacts; their symptoms in the immediate aftermath persist for an extended period.

4. Some experience delayed reactions, with the heightened impact emerging later, some period after the event. There is some evidence that those with a significant number of symptoms who do not reach the threshold of a PTSD diagnosis may be at greatest risk of PTSD.

Figure 12 below shows the four different paths with wide estimates of the numbers affected in these different ways. This analysis is consistent with the NHS estimates; the majority of people exposed are resilient to PTSD, but that a significant minority will experience prolonged impact of exposure to trauma.

Figure 12 Typical Patterns of Disruption in normal functioning across time following interpersonal loss or potentially traumatic events



Source Bonnano (2011)²⁹

²⁸ NICE (2005) Guidance on Post-traumatic stress disorder: management

²⁹ Bonanno, G. A., Westphal, M., & Mancini, A. D. (2011). Resilience to loss and potential trauma. Annual review of clinical psychology, 7, 511-535.

In everyday language, resilience can sometimes sound like a judgement, a facet of a functioning personality or referring to “super-copers”, and therefore lack of resilience as some sort of individual deficit. In the context of the post-disaster literature, however, resilience is simply a description of someone who, exposed to the same adversity that badly affects another individual, remains well. Rather than being a feature of a certain personality type, resilience and, conversely, being impacted, appear rooted in a number of risk and protective factors.³⁰

Figure 13 Risk and Protective Factors for experience PTSD

- Personality traits: perceived control, lack of negative feelings, positive emotions and ability to cope (what is often called resilience in everyday language).
- Women are at greater risk in the aftermath of a traumatic event.
- Degree of exposure to the traumatic event is associated with greater risk
- Financial concerns are a risk factor.
- Experience of past distress is a significant risk factor.
- Being older and having more education are protective characteristics.
- Being able to call on social support is a protective factor.

Given some of the characteristics of the population of North Kensington discussed earlier there may be a heightened risk of PTSD in the community. This includes the relatively high proportion of people with previous poor mental health and previous exposure to traumatic events (for example, those who are refugees, fleeing violence and persecution), large numbers of children and many struggling financially.³¹ Those who have been on a low income previously and those whose livelihoods have been impacted by the disaster may be at increased risk.

³⁰ Bonanno, G. A., Galea, S., Bucciarelli, A., & Vlahov, D. (2007). What predicts psychological resilience after disaster? The role of demographics, resources, and life stress. *Journal of consulting and clinical psychology*, 75(5), 671.

³¹ Bonanno, G. A., Westphal, M., & Mancini, A. D. (2011). Resilience to loss and potential trauma. *Annual review of clinical psychology*, 7, 511-535.

Conversely, the strength of social connections in the community, so evident in the support provided through local resident, community and faith organisations, and in the amount that individuals have come together, may be acting as a protective factor during exposure to trauma.

Following the Manchester and London Bridge terrorist attacks of 2017, the NHS developed further the incident support pathways for adults and children, which set out the evidence-based approaches to supporting populations impacted by traumatic events.³² In line with this approach, since the Grenfell disaster there has been a mobilisation of an NHS trauma service to support people impacted by the fire. In line with guidelines following major incidents, the NHS has launched a “screen and treat” programme.

Screening is an approach used when a large population is potentially at risk (in this case of Post-Traumatic Stress Disorder), to detect a condition, and see whether individuals may need more detailed assessments and treatment. The approach used post Grenfell, in a community, post disaster, rather than a dispersed population after a disaster like a terrorist attack, has not been done at this scale before in the UK. It involves a brief set of questions alongside professional judgement to identify individuals in a population who are potentially at risk. One reason why screening is used is that significant numbers of people who experience symptoms do not actively seek treatment. It is also beneficial to find people who are affected early on so that they can access appropriate treatment and support. Not only will this enable them to get better sooner, with a significant impact on their health and quality of life but it reduces the chances of some of the longer term potential impacts.³³

Understanding the scale of impact is currently challenging. Large numbers of people have been screened (see below), and high proportions of these are screening positive.

³²http://healthylondon.org/hlp-archive/sites/default/files/London_incident_support_pathway_for_adults.pdf

³³ Goenjian, AK, Walling, D, Steinberg, AM. A Prospective Study of Posttraumatic Stress and Depressive Reactions Among Treated and Untreated Adolescents 5 Years After a Catastrophic Disaster. *American J Psychiatry*, 2005, 142, 2302-2308

As of the end of June 2018 over 2200 of the close family bereaved, survivors and other local people had been screened for PTSD through an NHS community outreach team, GPs, and Child and Adolescent Mental Health Services.³⁴

With adults, the NHS have used a tool called the Trauma Screening Questionnaire (see Figure 14 below). This a widely used, validated and recommended tool for screening for PTSD.³⁵ Answering 'yes' to six or more of the questions is considered the cut-off for risk of diagnosable PTSD though others scoring just below this may also be at risk. So far approximately 67% of adults were assessed as requiring treatment.³⁶ This rate of screening positive is higher than found in other post trauma contexts. In part this reflects the focus of the screening programme on higher risk groups, and pre-existing vulnerabilities in the population. However, a rate of 67% for PTSD in Grenfell services should not be taken as the prevalence in the population at large. Screen and treat programmes are aimed at reaching those who need treatment, not at establishing the epidemiology (prevalence in the population a whole) of a condition. The aim of screening is to get as many people who need it into treatment as quickly as possible. Inevitably there is selective ascertainment³⁷; people with PTSD are more likely to be screened than those who do not have PTSD, increasing the apparent rate. The current data suggest a rate in the non-tower, non-evacuated local population between 26-48% depending on the segment of the population in question and on a number of assumptions about non-responders, which are currently being checked by rescreening.

The scale of this response is unprecedented for the UK; further research will be required to better understand the implications.

³⁴ Data on screen and treat is from CNWL NHS Foundation Trust

³⁵ Brewin, Chris R. "Systematic review of screening instruments for adults at risk of PTSD." *Journal of Traumatic Stress: Official Publication of The International Society for Traumatic Stress Studies* 18, no. 1 (2005): 53-62.. Screening tools in any healthcare context are assessed for their "sensitivity", how well they identify those with a particular condition, and "specificity", how well they identify those without the condition. The TSQ has been validated as having both strong sensitivity and specificity.

³⁶ Due to the level of positive screenings being higher than the anticipated level of 30%, an independent review will undertaken by West London Clinical Commissioning Group (CCG)

³⁷ This means that particular group in a population are more likely to be identified than others; in this case those with PTSD.

Figure 14 Trauma Screening Questionnaire (TSQ) being used for a screening for Post-Traumatic Stress Disorder

<u>Trauma Screening Questionnaire</u>		
<u>Your Own Reactions Now to the Traumatic Event</u>		
Please consider the following reactions which sometimes occur after a traumatic event. This questionnaire is concerned with your personal reactions to the traumatic event which happened a few weeks ago. Please indicate whether or not you have experience any of the following AT LEAST TWICE IN THE PAST WEEK.		
	YES, AT LEAST TWICE IN THE PAST WEEK	NO
1. Upsetting thoughts or memories about the event that have come into your mind against your will		
2. Upsetting dreams about the event		
3. Acting or feeling as though the event were happening again		
4. Feeling upset by reminders of the even.		
5. Bodily reactions (such as fast heartbeat, stomach churning, sweatiness, dizziness) when reminded of the event		
6. Difficulty Feeling or staying asleep.		
7. Irritability or outbursts of anger.		
8. Difficulty concentrating		
9. Heightened awareness of potential dangers to yourself and others		
10. Being jumpy or being startled at something unexpected		

38% of adults have declined screening or treatment so far. For some this has been because they have said they are unaffected. Others have felt the approach did not meet their needs, they were not ready or they were receiving support from other places.

The CAMHS Service is working alongside schools to do carry out a “screen and treat” programme for children. This is using a tool called CRIES (Children’s Revised Impact of Events).

Secondary traumatic stress (or secondary trauma) is the psychological distress that occurs from indirect exposure to a traumatic event. It may be experienced by children whose parents have been affected by traumatic exposure; from people working in any capacity supporting those who have experienced trauma;³⁸ from exposure to the trauma through repeated exposure to discussion about the traumatic event, such as through the media. There are similar risk factors for secondary trauma as PTSD.³⁹

³⁸ Motta, R. W. (2012). Secondary trauma in children and school personnel. *Journal of Applied School Psychology, 28*(3), 256-269.

³⁹ Ben-Zur, H., Gil, S., & Shamshins, Y. (2012). The relationship between exposure to terror through the media, coping strategies and resources, and distress and secondary traumatization. *International Journal of Stress Management, 19*(2), 132.

Considering the way in which the fire has had such a deep community impact, with so many schools impacted, so much ongoing media coverage, the presence of the Tower; the risk factors for secondary trauma appear significant.

Given these complexities and uncertainties it is hard to estimate confidently the scale of the impact across the population. It is likely that not just witnessing the event directly but being exposed to the ongoing community trauma of the aftermath, with the levels of media coverage and the presence of the Tower, have all contributed to peoples' reactions in a deep way. It is a significant challenge to really understand both the nature and scale of the psychological distress being experienced by different people in the population. As more data emerges, from the work of the NHS and others, it will be vital to use it to contribute to ongoing understanding.

As well as many local people, many first responders on the scene on the night of the fire will have been significantly at risk of PTSD. Firefighters, NHS staff, police, council staff and many from the community and voluntary sector will have been deeply affected. Some of the data that has been collected for this review highlights the impact on staff. As mentioned above the very many professionals working in schools, community settings and right across the community will also be vulnerable to secondary trauma.

Physical health

A large number of survivors on the night were admitted to hospital, and some into intensive care. There are ongoing physical health needs for some of those exposed to the fire on the night. There is a significant need to ensure effective follow up on the physical health care for this group. This was emphasised in the discussion with Grenfell United.

There was considerable concern as to the impact of the fire on respiratory health in the wider community. In the immediate aftermath of the fire there was an increase in attendances at Accident and Emergency around respiratory concerns (See Table 7), though across the population as a whole not an increase in admissions to hospital or numbers referred for outpatient investigation and treatment.

Public Health England (PHE) are the agency responsible for monitoring exposure to risk through air quality because of the fire⁴⁰. Since 14 July 2017 they have been publishing regular air quality monitoring reports.

Public Health England (PHE) has been assessing and monitoring air quality in the area surrounding Grenfell Tower since the start of the fire on 14 June. Initial risk

Public Health England (PHE) has been assessing and monitoring air quality in the area surrounding Grenfell Tower since the start of the fire on 14 June.

assessments carried out in conjunction with partner agencies, focussed on the smoke plume which rose upwards rapidly and was carried in a northerly direction by the wind. This meant that there was a low risk of impact on local air quality from the fire. Assessment of data from the London Air Quality Monitoring network was used to confirm the initial risk assessment that levels of particulate matter were low and remained so over the next 10 days.

PHE started additional monitoring of air quality close to Grenfell Tower on 24 June 2017. Results to date have shown that levels of particulate matter remain low and no asbestos fibres have been detected in areas surrounding Grenfell Tower, therefore current evidence suggests the risk to public health from air pollution remains low.

PHE is monitoring for pollutants that have both short and long-term effects to be sure we understand if there is a risk to public health. Some of these results take longer to collect.

Average results to date for dioxins, furans and dioxin-like polychlorinated biphenyls (PCBs), and polycyclic aromatic hydrocarbons (PAHs) are comparable to background levels for London.⁴¹

The monitoring strategy has been reviewed and agreed with partners within a multi-agency monitoring group. The samples are collected and analysed by an independent environmental company and the results are assessed by PHE specialist environmental public health scientists and published weekly.⁴²

⁴⁰ See www.gov.uk/government/news/public-health-advice-following-the-grenfell-tower-fire

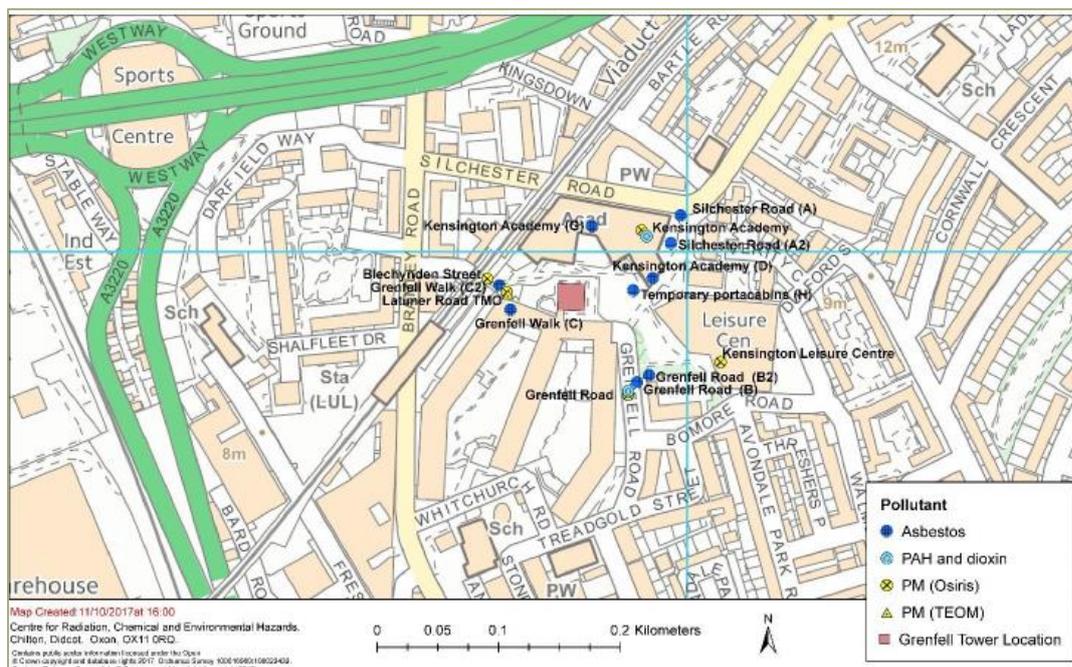
⁴¹ Communication from PHE, 24.05.2018

⁴² www.gov.uk/government/publications/environmental-monitoring-following-the-grenfell-tower-fire

Detailed analysis does not currently show evidence in the wider community of a longer-term impact of more people being treated for respiratory related health conditions. A fast-track community respiratory pathway was introduced in August 2017. There have been 29 referrals and these were all for people with pre-existing conditions. Since January 2018 there have been two referrals through this process.

This will need to be an area of ongoing monitoring.⁴³

Figure 15 Public Health England Air Quality Monitoring Sites near Grenfell Tower



Source: Public Health England

Homelessness and dislocation

Large numbers of people lost their homes in the fire, while many others were unable to return to them. Approximately 373 individuals in 204 households are being permanently rehoused. The number of households being rehoused is much higher than the number of households in the Tower and Walk previously. One reason for this is that some previously overcrowded, multigenerational households have been able to move into separate homes through the recovery housing policy.

⁴³ There are continuing concerns about air quality across London which require ongoing monitoring and are a major issue for communities and policymakers.

The loss of homes and possessions was particularly challenging, given the context of concurrent trauma and bereavement. People also lost important sources of emotional support and the safety of a home environment in which to work through their trauma and grief. Instead of being able to focus on their emotional needs, those displaced have had to deal with practical matters of housing, finances and a wide range of administrative issues (such as losing key documents).

The experience of living in temporary accommodation is highly challenging and hotels bring a particular challenge with privacy, the inability to normalise life with things like cooking meals, the struggle to self-care through, for example, exercise and a healthy diet, the distance from school, GP, other support networks and employment. The impact may be particularly acute for children and families. Evidence from the UK floods of 2007 is that evacuation from home was significantly associated with psychosocial distress, independent of other factors.⁴⁴

The experience of resettling will be different for different people. For example, large numbers of the rehoused will live in two areas - one in the centre of Kensington and Chelsea, and one in the south of the borough, away from some of the community structures of North Kensington but potentially benefiting from the proximity to each other. As people settle in new homes, for some people there may be challenges of feeling disconnected from the community where they lived previously and from those who have been through the shared traumatic experience. For some people the rehousing may have implications for their employment or children's schooling. How people are supported through this wider transition will be important; ensuring that where they would like to people are able to maintain ties to existing communal support networks and in new areas, new networks are supported to emerge.

⁴⁴ Paranjothy, S., Gallacher, J., Amlôt, R., Rubin, G. J., Page, L., Baxter, T & Palmer, S. R. (2011). Psychosocial impact of the summer 2007 floods in England. *BMC public health*, 11(1), 145.

Collapse of trust in authorities

Many people experienced the loss of trust in public authorities in the aftermath of the Grenfell Tower fire disaster. As Vale and Campanella write *"in the aftermath of disaster the very legitimacy of government is at stake"*.⁴⁵ This may be particularly true when Government is considered implicated in failing to prevent the disaster initially, on top of the inadequacies widely felt in the nature of the authorities' responses. Alongside a breakdown in trust, there is often widespread anger and blame.⁴⁶

The circumstances which led to the disaster will be examined in detail by the coroner, public inquiry and criminal investigations. However, it is clear that trust in the local authority was immediately diminished significantly. The lack of trust and anger have been evident in the period since the fire, whether at public meetings such as the Grenfell Recovery Scrutiny Committee, or on social media. For some, this distrust long predated the fire and related to feelings about the local authority's approach to issues such as housing quality and safety and the use of community assets including land. For many this lack of trust was significantly increased by both the fire and the nature of the response. This feeling has been articulated forcefully many times since the fire; as one person said at one of the Community Conversations⁴⁷:

"They gave their lives because no one was listening"

Source: Local resident

Given the responsibilities that authorities have for many aspects of recovery, this distrust creates a challenging environment for recovery. While there are many positive relationships between many individual council staff and residents, the low ebb of trust means that for many people, anger with the approach that authorities have taken on different issues has the impact of reinforcing lack of trust.

⁴⁵ Vale, L. J., & Campanella, T. J. (2005). *The resilient city: How modern cities recover from disaster*. Oxford University Press.

⁴⁶ Solomon, M. J., & Thompson, J. (1995). Anger and blame in three technological disasters. *Stress and Health*, 11(1), 199-206.

⁴⁷ See Annex 4 www.jsna.ino/grenfelltower

In response to a survey carried out by the Centre for Public Scrutiny in early 2018, local residents were asked about what suggestions they had for improving the way that the council makes decisions. The top answers – “*reach out and listening better*”, “*increasing scrutiny and challenge within the council*”, “*transparency*” and “*reduce bias, corruption and improve genuineness*” - are all indicative for some of this loss of trust.⁴⁸

Community cohesion and action

Against these challenges, what is often seen post disaster and was clearly evident in the Grenfell context, is the great capacity for support and mutual aid which is generated from within the community. From the night of the fire onwards, local residents came together to try to support each other. For some the support was structured around faith based or secular community organisations with strong roots locally. Other support was simply set up on the back of the capacity, energy and commitment of local people to be there for each other. Many in the community turned to faith organisations such as Al-Manaar, Notting Hill Methodist, Latymer Community and St Clement Churches or other community-based organisations such as Rugby Portobello, Maxilla Hall and Henry Dickens Community Centre.

Many of the survivors and bereaved came together as Grenfell United to organise and support each-other and to advocate to decision-makers for the bereaved and survivors. Grenfell Walk Residents Association organised to support their displaced residents. Other local residents developed new responses to meet emerging needs, providing safe spaces for people to come together, meeting basic needs such as providing meals, offering therapeutic support, advocacy, and many working with children and young people. Residents' Associations began to play a key role in these responses. Many volunteers and organisations came from outside the area to provide support; a common feature of post-disaster contexts. This was not without challenge with concerns about how to support so many people from outside wanting to help or make donations, and with organisations

⁴⁸ Hammond, E (2018) A report looking at scrutiny and governance at the Royal Borough of Kensington and Chelsea, commissioned by the council in the wake of the Grenfell Tower fire, Centre for Public Scrutiny

(whether nationally established or emergent) having clarity over issues such as appropriate expertise, safeguarding and overall coordination.



Al Manaar Muslim Cultural Centre which has played a central role in the recovery

Research by Cathy Long and Flora Cornish⁴⁹ is trying to document the enormous volunteer effort.

Table 4 lists over 100 community and voluntary organisations, including many which are part of Kensington and Chelsea Social Council's Grenfell Network. On the ground there are many others in addition providing support to different parts of the community. The recovery efforts of many of those across the community has meant many individuals and organisations taking on roles and challenges that they never imagined. The Long and Cornish research mentioned above has found that many of the smaller organisations, such as faith and community settings, lack some of the basic infrastructure such as administrative support, and the capacity to seek funding for some of their work yet are the trusted places for many local people.

⁴⁹ This research is ongoing and has not yet been published. Cathy Long is a local resident in North Kensington, who has been a volunteer herself as part of the recovery. Dr Flora Cornish is an academic at the London School of Economics.

The Grenfell Tower site

My children see the tower every day and they talk about what happened and ask 'what happened to those people?'. I worry what impact it is going to have on them we can't escape it.

Local parent

One of the primary impacts of the fire has been the burnt-out shell of Grenfell Tower. The Tower was fully covered just prior to the first-year anniversary of the fire. Many people see it daily as they go about their lives.

The Tower is of huge significance to many of the survivors and the bereaved, a place where they lost loved ones, where they experienced such trauma and lost their homes. Many survivors and bereaved have chosen to revisit the Tower as part of their journeys of recovery.

In many contexts, either the disaster occurs away from where the affected people live, or the physical impact, destruction or level of displacement is much wider than a single tower block. The symbolic potency of the Tower, its visibility to all those around it, and the meanings it holds for different people remain a significant dimension of the ongoing experience of the disaster. The covering of the Tower has highlighted the complexity of the issue in establishing future plans in an appropriate way. In conversations, people have talked about it "*being an open wound*", of keeping their curtains closed, of upsetting conversations with children, of averting their gaze as they go around the neighbourhood. Many people speak about its ongoing presence as a barrier to recovery.

At the time of writing, the Grenfell Tower site is still an active crime scene and is under the control of the Metropolitan Police. No decision has yet been made about the future of the Tower but Grenfell United, the Lancaster West Residents' Association, the Ministry of Housing Communities and Local Government and Kensington and Chelsea Council have agreed a set of principles governing consultations on the future of the site on which it stands. These guarantee that the community will lead decision-making on what happens to the site in the future, with the voice of the bereaved carrying the most weight.

Note on interpreting the data on impact

These sections draw on a wide range of data including from the NHS and Local Government administrative data. Based on the evidence of potential impacts as well as qualitative information, we have analysed data to try to understand the potential nature and scale of impacts of the Grenfell disaster on a range of health and social outcomes.

Drawing straightforward conclusions from this kind of data is complex.

On the one hand where changes are observed, it is important to ask whether they could have occurred for other reasons. Have there been similar trends across London or the UK over the same period, which would suggest the change was not attributable to the impact of the Grenfell fire?

As provision of services has increased there is likely to have been increased identification of issues. This is typically found when services increase; previously unknown levels of unmet need are found which can appear to indicate a higher incidence of something occurring.

On the other hand, no changes in the data should not presume a lack of impact. Firstly, a year is a relatively short time in which to observe the long-term impact of a disaster, as the later section on 'ripples across time' indicates, many of these impacts may emerge later.

Secondly, significant investment from the community, voluntary sector and government has gone into the emergency response and recovery so far. We would anticipate that this would be having a positive impact, meeting peoples' need to a certain degree, meaning for example that fewer people may be attending GPs and A&E for mental health related reasons, due to the extent of the outreach and community provision. We show some of the activity data in the section below which gives a sense of the scale of what has taken place to meet needs in the past 12 months. It is important to consider the counterfactual; what does the evidence suggest may have occurred if these investments had not been made.

Both the survivors and many close family bereaved from Grenfell Tower are spread widely and not necessarily living in North Kensington. Impacts on them may be difficult to detect through the data, and we have only looked at data that would not be identifiable to particular individuals.

Some people have also reported in community conversations a level of guilt about accessing support in the aftermath, feeling that these services should be prioritised for those they see as more affected.

Finally, administrative data can be crude and at times collected inconsistently. It does not always detect the nuance of the individual experience.

Therefore, where the quantitative data suggests a lack of evidence for the impact, it should not be interpreted as saying that there are not individuals who have been impacted in a particular way, rather that there is no evidence to show scale of impact across the population.

In many post disaster contexts, places have found that existing public data systems do not provide the detailed information for the local population that is required to inform long term recovery. Local studies over several years following disaster are frequently instituted and these are used to inform the response on an ongoing basis, such as the All Right Canterbury Surveys in New Zealand, following the Christchurch Earthquakes, the Lac Megantic Studies following the train disaster and the Enschede Follow Up studies after the fireworks factory disaster in Holland (see later recommendations).

Ripples across peoples' lives - Secondary impacts

Key Points:

- There remains considerable uncertainty about the secondary impacts of the Grenfell fire.
- The evidence from past disasters tells us we should pay particular attention to issues such as: mental and physical health, livelihoods and family relationships, and children and young people.
- Different people will be affected in different ways, which are rooted in their own particular history and experience.
- There are large numbers of people accessing mental health and wellbeing support from the NHS and many voluntary organisations working in the community. To date, the main focus has been on the impact of trauma, but other mental health and support needs are likely to emerge over time.
- Schools will remain a major area of focus as many children have been affected. Over 50 schools (both inside and outside the borough) have children who have been impacted by close family bereavement and/or displacement. There is a strong commitment across many in the community that children's life chances should not be adversely impacted.
- There is a need to support the key foundations of peoples' wellbeing, such as housing, family relationships, and employment.
- Grassroots groups and individuals will continue to provide vital support, which is trusted and rooted in the community.

Secondary impacts describe the knock-on effects; as trauma, loss, displacement and the other effects discussed in the previous section start to impact on other aspects of people's lives in different ways.

Mental Health & Wellbeing

Alongside the trauma and loss that many people experience post disasters such as the Grenfell Tower fire, a wide range of additional stressors emerge that add to the psychological toll on individuals; the dislocation of homelessness; the disruption to family life; the frustrations of recovery; the long and arduous quest for legal redress. This context poses a risk to wellbeing. Repeated studies have shown a higher prevalence of depression and anxiety in populations post disaster, including children and young people⁵⁰ and adults, and in both short and long term follow up studies.⁵¹

“So far I’ve just been getting on with it. I haven’t given myself a chance to grieve. But I know at some point it’s going to hit me.”

Local resident

The increases in psychological distress in post disaster contexts may be expected to be associated with higher rates of suicide. Much of the evidence does not show this. A major review looking at a large number of disasters over a 4-year period in the US showed no significant increase.⁵² More recently a study of the impact on suicide of the devastating 2009 L’Aquila earthquake in Italy in which over 300 people died, showed a reduction in suicide from pre-earthquake levels. The research points to the nature of the individual and community response to trauma as a possible protective factor against suicide, even in a context of great distress.⁵³ These findings should

⁵⁰ Kar, N., & Bastia, B. K. (2006). Post-traumatic stress disorder, depression and generalised anxiety disorder in adolescents after a natural disaster: a study of comorbidity. *Clinical Practice and Epidemiology in Mental Health*, 2(1), 17; Bolton, D., O’Ryan, D., Udwin, O., Boyle, S., & Yule, W. (2000). The long-term psychological effects of a disaster experienced in adolescence: II: General psychopathology. *The Journal of Child Psychology and Psychiatry and Allied Disciplines*, 41(4), 513-523; Reijneveld, S. A., Crone, M. R., Verhulst, F. C., & Verloove-Vanhorick, S. P. (2003). The effect of a severe disaster on the mental health of adolescents: a controlled study. *The Lancet*, 362(9385), 691-696.

⁵¹ Galea, S., Ahern, J., Resnick, H., Kilpatrick, D., Bucuvalas, M., Gold, J., & Vlahov, D. (2002). Psychological sequelae of the September 11 terrorist attacks in New York City. *New England Journal of Medicine*, 346(13), 982-987. Green, B. L., Lindy, J. D., Grace, M. C., Gleser, G. C., Leonard, A. C., Korol, M., & Winget, C. (1990). Buffalo Creek survivors in the second decade: stability of stress symptoms. *American journal of orthopsychiatry*, 60(1), 43.

⁵² Krug, E.G., Kresnow, M.J., Peddicord, J.P., Dahlberg, L.L., Powell, K.E., Crosby, A.E., & Annest, J.L. (1999). Retraction: Suicide after natural disasters. *New England Journal of Medicine*, 340, 148-149.

⁵³ Stratta, P., & Rossi, A. (2013). Suicide in the aftermath of the L’Aquila (Italy) earthquake. *Crisis: The Journal of Crisis Intervention and Suicide Prevention*, 34(2), 142.

not warrant complacency however and acute mental distress should still be closely watched for. The NHS has been attempting to monitor closely suicide and suicide attempts and a multi-agency Suicide Prevention strategy has been agreed.

At a community level, the heightened social connections and focus on mutual aid and support may be protective. In community conversations many have reported making connections they never had before, and with the scale of community activity taking place, some previously isolated people have made connections with different people and groups.

“I feel like after Grenfell the community has become a lot more close-knit too, and I think it would be good if we could keep that going”

Young person in youth led research

Understanding the need

Quantifying the overall mental health need in the community is a challenge but data from a number of providers can be instructive. Alongside the NHS, as Table 5 shows, many organisations have been commissioned by Kensington & Chelsea Council to provide support out of its grants programme (others will be provided on a voluntary basis or funded from other sources).

Taking just a few of these as examples, Table 6, showing a single month, gives a sense of the numbers of people accessing support.

In the long-term aftermath of recovery one of the impacts may be larger numbers of people being prescribed medication for their mental health (such as anti-depressants, anti-anxiety or drugs to support sleep)⁵⁴. In the analysis so far, there is no evidence of significant increases in prescribed medication in the community (Table 7 and Table 8).

⁵⁴ This is not referenced to indicate anything about clinical practice but an analysis of what has occurred.

There has been significant concern about different groups of the population not accessing support around mental health. Enduring issues of stigma around mental ill-health more broadly, more specific concerns about some of the approaches to screening and treatment for PTSD and concerns about an overly medical model of mental health have all featured heavily in community discussions.

Table 5 Organisations commissioned to provide mental health support as part of Grenfell Recovery

FRED (RosieCorp Ltd)	Virtual Reality hubs at Grenfell United centre and the Curve, and outreach to schools ⁵⁵ .
Hammersmith & Fulham Mind	Children and Young People support
Hestia	Outreach, workshops, counselling and workforce development.
	Overnight counselling support in hotels.
Journey of Hope (JoH)	Peer support retreats to support prevention of suicide.
My Shepherd	1:1 counselling.
Xenzone	Online counselling.
Midaye Somali Development Network	Community engagement and community forums. Culturally appropriate activities and interventions in Arabic and Somali.
Making Communities Work and Grow (MCWG)	Outreach and peer mentoring for Muslim/Arabic young people.
Al Manaar (Muslim Cultural Heritage Centre)	Faith based counselling.
Rayan Consultancy	Joint working facilitation and coordination between Al-Hassniya, Midaye, MCWG and Al-Manaar.
National Zakat Foundation (Grenfell Muslim Response Unit)	1:1 counselling, financial support and presence at the Curve.
Octavia Foundation	Befriending service for individuals aged 18-50 years.
Open Age	Outreach and respite for older adults aged 50 years plus.
Pamodzi	1:1 counselling.
People Arise Now (PAN)	Workshops, 1:1 counselling and mentoring..
The Reader	Reading sessions.
Total Family Coaching (TFC)	Overnight counselling support in hotels.

In the research led by young people, the peer researchers felt that mental health was a significant issue, but very much stigmatised and therefore something young people would be reluctant to talk about.

⁵⁵ See www.thefred.company/grenfell-community-vr

“Mental health is linked to crazy”

“That stigma that’s still attached to it is very hard to get away from in some communities.”

Source: Aspirations, opportunities and challenges: Youth-led research into the lives of young people in Kensington and Chelsea

A piece of street-based research with boys and young men on the fringes of public and voluntary services was carried out by *Working with Men*. This is part of the local population where there has been significant concern about low take up of mental health support, both in discussions with professionals and in community conversations. In the research large numbers of young people report that they did not believe that support could actually help them.⁵⁶ The implications of this is discussed later on.

Table 6 People accessing mental health support for a sample month (March 2018), 10 months after the fire (numbers refer to individuals unless otherwise stated)⁵⁷

NHS	New Outreach Contacts	427
	New Adult Referrals	180
	New CAMHS Referrals	135
Hestia	Total Number Recovery café attendees	509
	Community counselling service	37
	Outreach clients active	87
	Resilience Groups	31 in the community 21 at Oremi recovery café 19 Grove Resource Centre
	Hotel counselling session	809 sessions to 81 individuals
Latimer Community Art Therapy	School Based	150
	Community Based	109
Total Family Coaching	One to One counselling, group sessions, signposting	698 sessions with around 55 individuals

Physical health

Physical health can be at risk in a number of ways in the aftermath of a disaster, other than the most obvious risk from exposure to harm directly during the incident. The dislocation of disaster can mean people are less likely to be living close to trusted sources of help, such as their local GP,

⁵⁶ Working with Men (2018) Research with Hard to Reach young boys and men

⁵⁷ This can include the same person accessing multiple support routes

pharmacies or the social networks that are important to them. If they are in emergency accommodation, they may struggle to maintain a good diet for health; and the disruption may inhibit the physical activity which is important to their health. There is evidence of increased levels of smoking, drinking and substance misuse as a coping strategy to deal with stress. Alongside this, self-care for people with long-term conditions such as diabetes may be impacted in this context.

Alongside this, there is a link between traumatic experiences and physical health. A large-scale review of health following a large number of disasters identified a very widespread experience of medically unexplained symptoms among disaster survivors.⁵⁸ Another review on the links between PTSD and physical health showed higher incidence of pain, cardio-respiratory symptoms and gastro-intestinal complaints for those who have experienced trauma.⁵⁹ The connections between PTSD and physical health are only starting to be understood. Emerging thinking links the neurochemical changes associated with PTSD with impacts on physical health. However increased level of service provision and help seeking may also contribute to increased levels of diagnosis.

Although the analysis has not shown any clear evidence of these wider impacts to date (See Table 7 and Table 8⁶⁰) increases in both unexplained medical symptoms and a range of physical health challenges are expected over time.

Family relationships

Families are of huge importance as a protective factor for individuals post disaster. The impact of traumatic events can cause a family to pull together to offer much needed support. The 'ripple effect' following a disaster can also mean that families' relationships can come under severe stress. Often there

⁵⁸ van den Berg, B., Grievink, L., Yzermans, J., & Lebret, E. (2005). Medically unexplained physical symptoms in the aftermath of disasters. *Epidemiologic Reviews*, 27(1), 92-106.

⁵⁹ Pacella, Maria L., Bryce Hruska, and Douglas L. Delahanty. "The physical health consequences of PTSD and PTSD symptoms: a meta-analytic review." *Journal of anxiety disorders* 27, no. 1 (2013): 33-46.

⁶⁰ See page 77

are cases of communication breakdown, PTSD affecting normal routines, a loss of income, loss of home and loss of sense of place, a search for new employment, and for some moving away from wider social networks of support. In a large qualitative study of what mattered to children in the aftermath of the Christchurch earthquakes, family relationships were by far the most important factor.⁶¹

Research following Hurricane Hugo showed there were increases in divorce, but also marriage and birth rates, highlighting both the strengthening and challenging context of disaster for families.⁶²

The adverse impact on family relationships may be a long-term impact as peoples' journeys of recovery go in different directions. Family tensions can be hard to detect and quantify, however the impact on individuals' wellbeing and where children are present, their wellbeing, may be significant. These do not necessarily result in breakdown but families may be experiencing heightened levels of conflict and distress. This is an impact that may emerge over the longer term.

Children's and Young People's Development, Education and Wellbeing⁶³

Children's mental health and wellbeing can be considered a "bellwether" indicator for the progress of a recovery, as they are likely to be impacted by such a variety of both direct and indirect stressors in a disaster's aftermath.⁶⁴ For example, where families are struggling it is inevitable that children will be struggling too. Children may well have been exposed to the trauma and grief themselves. As mentioned earlier, children are potentially more vulnerable to PTSD than adults and this itself may have significant impacts

⁶¹ Freeman, C., Nairn, K., & Gollop, M. (2015). Disaster impact and recovery: what children and young people can tell us. *Kōtuitui: New Zealand Journal of Social Sciences Online*, 10(2), 103-115.

⁶² Cohan, C. L., & Cole, S. W. (2002). Life course transitions and natural disaster: marriage, birth, and divorce following Hurricane Hugo. *Journal of Family Psychology*, 16(1), 14.

⁶³ Furr, J. M., Comer, J. S., Edmunds, J. M., & Kendall, P. C. (2010). Disasters and youth: a meta-analytic examination of posttraumatic stress. *Journal of consulting and clinical psychology*, 78(6), 765.

⁶⁴ Abramson, D. M., Park, Y. S., Stehling-Ariza, T., & Redlener, I. (2010). Children as bellwethers of recovery: dysfunctional systems and the effects of parents, households, and neighborhoods on serious emotional disturbance in children after Hurricane Katrina. *Disaster Medicine and Public Health Preparedness*, 4(S1), S17-S27.

for their health and wellbeing and in turn affect outcomes such as school attendance and performance.

A number of therapists working as part of Latimer Community Art Therapy, supporting many children and families reflected on the concept of community trauma for children:⁶⁵

“Unlike any ordinary loss or bereavement where a child in school dies and this affects the staff and children, but the family has some capacity to hold this and help the child. Or where a whole family is affected by loss and the teachers are able to support the child or the child can ‘escape’ this for a time when at school. The fire was far from ordinary, this affected the whole community, from the teachers, class peers, people in the street, whole families and extended families, this was all around. This had a very detrimental effect on many hundreds of children that may not have seen the fire, been displaced or directly lost anyone. As they too were experiencing the trauma through hearing this from everyone around them, peers, adults talking in the street as well as the family and the media or social media.”

Susan Rudnik, June 2018, Communication on Learning from the experience of Latimer Community Art Therapy

Children struggling from the effect of traumatic experiences may find it hard to sleep, and hard to concentrate in class. But children, as well as directly impacted, are also strongly influenced by their wider environment. The evidence in any context of the impact of parental mental health on children’s wellbeing is strong. Similarly, the school or pre-school environment which is such an important part of children’s lives can also be affected, with other children, and staff personally impacted by the tragedy. Research conducted with children and young people affected by the flooding in Lancashire shows that it was not so much the flood itself that had an impact on young people, but what came afterwards, that was hardest for the children to deal with⁶⁶.

⁶⁵ Susan Rudnik, June 2018, Communication on Learning from the experience of Latimer Community Art Therapy

⁶⁶ Walker, M., Whittle, R., Medd, W., Burningham, K., Moran-Ellis, J., & Tapsell, S. (2010). Children and Young People ‘after the rain has gone’—learning lessons for flood recovery and resilience: Hull Children’s Flood Project Final Report.

Research post Hurricane Katrina showed the impact increased the risk of low attainment, behavioural difficulties and school exclusion for displaced children.⁶⁷

“I can’t concentrate in class and keep thinking about my friends that have died, I don’t feel this will ever get better.”

A displaced young person

The impact of the Grenfell Tower fire on children has been very significant. Large numbers of children survived the fire and have lived in hotels and temporary accommodation. A dense population of children and young people live in the neighbourhood surrounding the Tower. The Secondary School, Kensington Aldridge Academy, adjacent to Lancaster West Estate moved off site in the aftermath of the fire and remains operating from a temporary site.⁶⁸ Various primary schools are very close, such as St Francis Primary School and Avondale Park Primary School. Nine schools experienced bereavement of pupils and staff. This included two nurseries, five primary schools and two secondary schools. At current understanding over 50 schools (not only in Kensington & Chelsea) have children who have been impacted by some level of close family bereavement and / or displacement.⁶⁹ This does not include the far higher number of children who witnessed the fire, who lost friends or adults they knew or who have been impacted by parents and other adults that they live with.

⁶⁷ Ward, M. E., Shelley, K., Kaase, K., & Pane, J. F. (2008). Hurricane Katrina: A longitudinal study of the achievement and behavior of displaced students. *Journal of Education for Students Placed at Risk*, 13(2-3), 297-317.

⁶⁸ The current intention is for the Kensington Aldridge Academy to return to their main site from September 2018.

⁶⁹ Data is from the Grenfell Education Fund database



Kensington Aldridge Academy, with Grenfell Tower behind

Schools have played a key role in the recovery so far as trusted places that have been able to create secure environments for children, and for some parents, to receive support. Collective work by schools, alongside NHS Child and Adolescent Mental Health Services (CAMHS), educational psychology, organisations like Latimer Community Art Therapy and Place2Be have tried to ensure sufficient access to therapeutic support for children. However, there is also a range of evidence from schools on the impact on children of the fire.

Many head teachers have spoken of the challenges that some children in their school, and the wider school community, face. Many schools have been accessing additional resources to meet these ongoing needs. The Grenfell Education Fund has been established in recognition of the evidence from other disasters that the impact can be long-term on children and young people. Through its focus it will try and ensure that those affected have the ongoing support they need to thrive.

Community conversations have indicated that many people are concerned about the impact of the disaster on children and young people. These include concerns: about the level of mental health support some children and young

people are receiving; concerns that poor mental health will manifest in behavioural challenges in school and how schools will deal with this; the reluctance of older young people to engage with mental health services; risks around particularly alienated young people in connection to anger and youth violence, and substance misuse. School nurses and health visitors have reflected their concerns about the impact on the physical and mental well-being of some children particularly impacted by the fire.

“I don't think there is enough support for young people. Young men are on the street and they are angry. After Grenfell they don't trust services but they are still traumatised.”

Local parent

However, it is also the case that the young peoples' peer led research, which was mentioned earlier, was optimistic about life locally for some young people. This research was carried out in April-May 2018, with 150 young people, predominantly from the North Kensington area. While the impact of the Grenfell Tower fire was clearly a concern for young people, among other local issues, and came up particularly strongly amongst the group of peer researchers, there was a lot that young people were positive about.⁷⁰

Livelihoods

There are many ways in which in the aftermath of a disaster peoples' livelihoods can be impacted. People may be unable to go to work (including self-employment) due to health reasons, or because they have caring responsibilities for others. Displacement could affect some people's access to work. Others may find that the demands on them as survivors, either logistical if displaced, or due to supporting people in their community, make it hard to maintain work. Being out of work has a 'scarring' effect, that means once you have left work it is harder to get back in, so even those who receive disaster related funds which may assist them for a period of time, may find that getting back into work when necessary is much harder. One review of

⁷⁰ See Aspirations, opportunities and challenges: Youth led research into the lives of young people in Kensington and Chelsea, 2018 (available at www.jsna.info/grenfelltower)

many post disaster studies suggested that this impact could last between ten weeks and 32 months post disaster.⁷¹ A study of lessons learnt after Hillsborough identified that employers were generally sympathetic to the need for compassionate leave in the immediate aftermath of the disaster, but that this dissipated as time moved on.⁷² Disasters can also have a significant impact on local businesses.

Some survivors of the Tower who were in work prior to the Grenfell Tower fire are currently out of work.⁷³ While harder to quantify, there are others in the community who have not returned to work since the fire due to the volunteering and unpaid caring roles which they have taken on. Data on unemployment does not currently show any impact in the area (See Table 7). However, there are a few reasons why this may not be the full picture. Firstly, many households are receiving financial support payments from the local authority; some of these people may not have signed on to receive jobseekers allowance and therefore not appear in the statistics. Secondly significant resources have come into the area in the immediate aftermath of the fire so while some people may be out of work others may have found work as part of the recovery.

There are concerns for some about how they will cope when some of the subsistence payments and rent relief that the local authority has been providing come to an end. At the same time there are wider concerns around new social security arrangements with the introduction of the Universal Credit which is likely to mean that many people will need support.

Kensington & Chelsea Council's consultation on the future of the Curve Community Centre showed significant desire for training and learning opportunities. Work by the Kensington and Chelsea Foundation has revealed the same.

⁷¹ Lock, S., Rubin, G. J., Murray, V., Rogers, M. B., Amlôt, R., & Williams, R. (2012). Secondary stressors and extreme events and disasters: a systematic review of primary research from 2010-2011. *PLoS currents*, 4.

⁷² Newburn, T. (1996). Some lessons from Hillsborough.

⁷³ Kensington and Chelsea Care & Support

Community cohesion

In many ways disasters bring people positively together, being a catalyst for a further sense of community out of a shared experience, a desire to connect with others, the importance of looking after one another, and a common desire to work towards shared goals, whether that is about seeking justice around the cause of the disaster or informing recovery. This coming together is a very common reaction to disaster and is a hugely important protective factor for individual wellbeing.⁷⁴

However, there are aspects of disaster response which can contribute to adverse community wellbeing. This disruption to community life of a disaster with consequent contested issues around legal redress, compensation and visions for the future can lead to community discord. In the wake of the Deepwater Horizon Oil Spill, one study focussed on the impact of compensation schemes following disasters. While these are often entirely legitimate in compensating for significant loss, and often beneficial to recipients in overcoming what would otherwise be significant financial challenges, the research argued that aspects of the process (perceived unevenness, randomness and uncertainty) caused conflict as people saw inequity in the process. The close-knit community nature of the community, which provided the protective supportive relationships, also compounded the risk as knowledge or supposed knowledge of some peoples' situations fuelled the concerns of others.⁷⁵

There is also evidence from the Kensington and Chelsea Prevent team of concerns about incidents of Islamophobia and hate crime, with a number of instances reported in the last year in North Kensington.⁷⁶ While these are not necessarily associated with the Grenfell disaster, recognising such issues is an important part of the context for recovery. These issues were brought out prominently in the report by Musawa, a consortium of BME

⁷⁴ Aldrich, D. P., & Meyer, M. A. (2015). Social capital and community resilience. *American Behavioral Scientist*, 59(2), 254-269.

⁷⁵ Mayer, B., Running, K., & Bergstrand, K. (2015, June). Compensation and Community Corrosion: perceived inequalities, Social Comparisons, and competition following the Deepwater Horizon Oil spill. In *Sociological Forum* (Vol. 30, No. 2, pp. 369-390).

⁷⁶ Data from RBKS prevent team

organisations in North Kensington, which spoke to 289 local BME residents.⁷⁷



The Maxilla Wall of Truth

⁷⁷ Pirie & Singh (2018) maybe things can change: A BME Community Needs Assessment after Grenfell, Musawa, BME Community Consortium

Ripples across geography

Key Points:

- The Grenfell fire had a major impact on the area.
- Many survivors are currently living beyond North Kensington or will not live there in the future. In areas where groups of survivors are settling, it will be important to support the conditions where that help people to support each other.
- The strength of social networks and bonds that are part of life for many in North Kensington has meant that many people have been touched by the disaster.
- There is some evidence to suggest that the highest levels of impact have been in the Notting Dale Ward.
- While it is clear that people have been impacted in some way across a wider area, the scale of impact across the wider population remains uncertain.
- To date, there has been a significant focus on the future of the Lancaster West Estate where the Tower was located. However, the impact of the fire has been felt more widely.

In one sense the Grenfell Tower fire disaster has been a disaster of a place: The Tower and Walk, Lancaster West, the surrounding estates of Notting Dale and beyond across North Kensington.

As one local resident has written⁷⁸

“With our many battles to save our homes, libraries, nurseries and community spaces, ours is a close-knit community; most have links to the tower in some way or another. They have either lived in it, know someone that did, used the Grenfell nursery or simply hold fond memories of the football pitches from before the fateful development. Many more bore witness to the fire that tore through the block, looking up from the street with horror and helplessness.”

The Tower stands as a daily reminder of the tragic events. many people in the area come out monthly for the Silent March; the numbers of children who lost friends or classmates are spread right across the locality as shown in Figure 16; the bonds of family, or religion through mosque and church, cut across neighbourhood lines. The size of “North Ken”, roughly 40,000 people in a square mile as an identified community, means that the sense of loss extends widely. Community conversations which have taken place at Edwards Woods Community Centre, half a mile to the south of Grenfell Tower, where one valued post Grenfell community support, *Kids on the Green*, have been active, Dalgarno Gardens a mile to the north-east, and Venture Centre, near to Trellick Tower, have all shown that people in those localities have been impacted by the disaster.

One of the peer researchers in the young people led research commented:

“....they wouldn’t have written that down, divulged that information, but generally the whole area we kind of surveyed, the majority were affected in some way”.

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⁷⁸ Rudnik, S (2018) *Out of the Darkness: A Community led Art Psychotherapy Response to the Grenfell Tower Fire*, *ATOL Art Therapy Online*, 9, 1

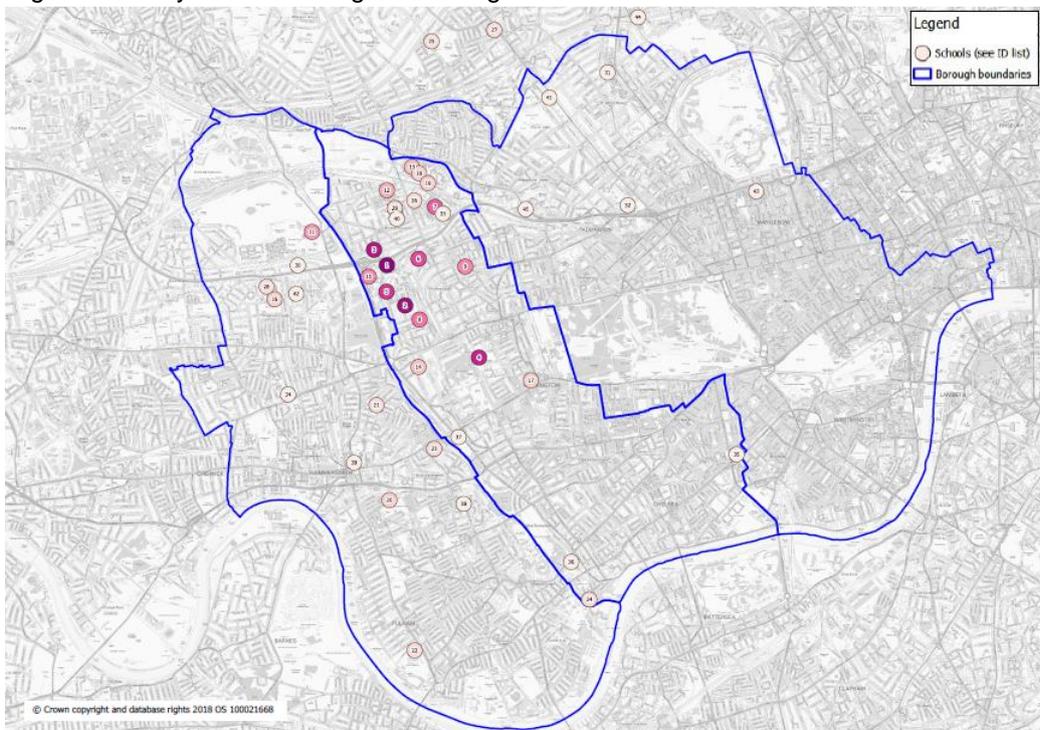
⁷⁹ Aspirations, opportunities and challenges: Youth-led research into the lives of young people in Kensington and Chelsea



The Edward Woods Estate, half a mile from Grenfell Tower

As the map below shows the schools where children have been directly affected are spread right across the area, with many schools in neighbouring boroughs also having children affected. The greatest concentrations of schools with large numbers of children affected are in and around the Notting Dale area.

Figure 16 Schools with pupils impacted by the Grenfell Tower fire
Higher intensity of the shading indicates greater number of children affected



Source: Kensington and Chelsea Council, (see larger, with school ID in appendix)

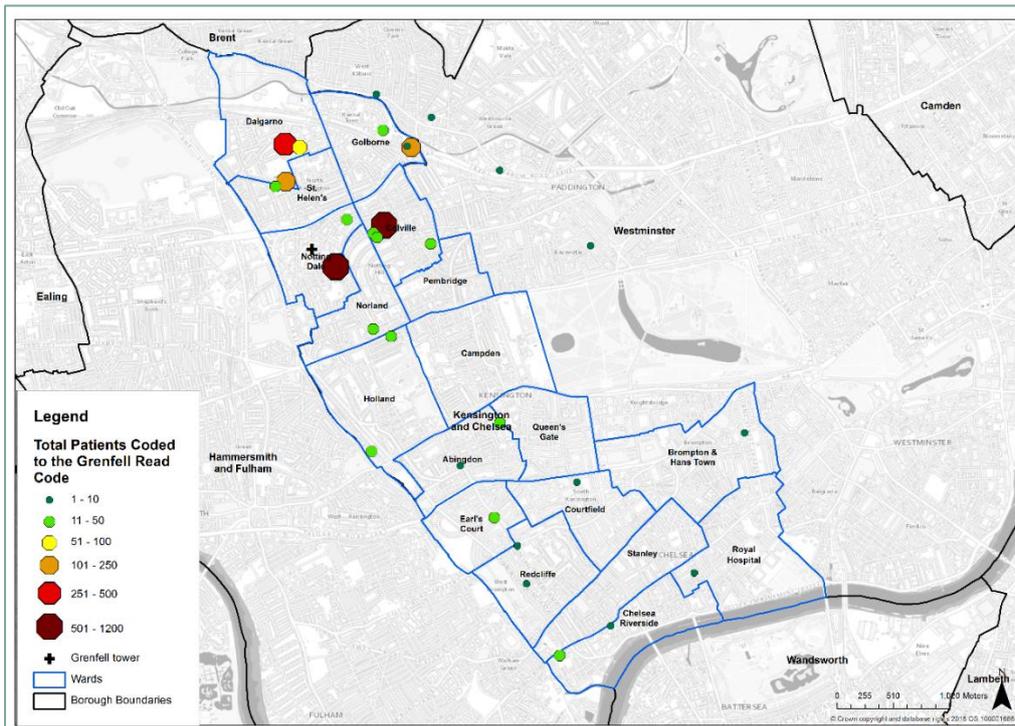
For many of the most deeply affected, North Kensington is only a partial lens. Many residents of Grenfell Tower and Walk will not return to North Kensington; large numbers are in the centre of the borough or the south, others in different areas. As well as this, large numbers of the bereaved did not live in North Kensington. A significant proportion live in other parts of London or overseas.⁸⁰

In order to understand the scale of the impact across the population, and across geographies, an analysis was carried out of various indicators of physical and mental health, as well as social outcomes that the evidence suggested may have been impacted by the fire and its aftermath. We analysed data for Notting Dale, the wider North Kensington and Queens Park, an area with similar characteristics but outside of the North Kensington area. The results of these analyses are shown in Table 7 and Table 8. There are some important findings in these results which have been discussed earlier. There are also limitations with this data that have been discussed (see Note on Interpreting Data above). Considered overall though there is some evidence to suggest that the level of impact may have been more concentrated within the Notting Dale ward than more widely; eight of the indicators showed evidence of change for Notting Dale compared to two for the wider North Kensington area.

Figure 17 also tentatively supports this assessment too. Local GPs were asked to indicate whether attendances at their practice were for Grenfell related reasons. It should be noted that there may have been variation in how this was applied and that the locality of a GP does not necessarily indicate where people attending there live. The map shows that while GP Practices across the borough had attendances for Grenfell related reasons, many of these were very small numbers. The two practices with the highest levels of Grenfell related attendance, on this indicator were closest to the Tower (this will also include those who were displaced but still accessing their local GP).

⁸⁰ Data from Kensington & Chelsea Council Grenfell Care and Support team

Figure 17 Attendances at GPs for Grenfell related reasons June 2017-March-2018



Source: West London CCG, Grenfell Read Code

Table 7 Analysis of outcomes pre and post Grenfell Tower fire for adults in Notting Dale and North Kensington⁸¹

Y=evidence of impact, N=no evidence of impact, * indicates statistical significance

Outcomes/Indicator	Evidence of change		Comments
	Notting Dale (ND)	North Kensington Area (NKA)	
Physical Health			
Use of Urgent Care Centres	N	N	There is no evidence of an increase in attendances
Use of A&E	Y*	N	Increased attendances from ND in June 2017 (+79) and August 2017 which is not replicated in NKA or QP
Emergency admissions	N	N	There is no evidence of an increase in emergency admissions.
Outpatient appointment	N	N	There is no evidence of an increase in rates of outpatient first or follow-up appointments.
Respiratory Health			
Use of GP services	N	N	No evidence of an increase in GP attendances for respiratory conditions or asthma.
Primary Care Prescribing	N	N	No evidence of increasing in prescribing for respiratory conditions e.g. steroids, bronchodilators or antihistamines. Noted elevation in prescribing of respiratory medications in June 2017 not seen in NKA or QP. Largely antihistamine.
Use of UCC/WiC	Y	N	ND ward a peak in rate is noted in June 2017 not replicated in the NKA and QP. Additionally, elevated rates October 2017 to March 2018 from ND but also in the NKA and QP. Later year finding due to exceptional cold and flu season.
Use of A&E	Y	N	Elevation in attendance rates in June 17 (+12) not seen in NKA and QP.
Emergency admissions	N	N	No evidence of increased emergency admission rates with a primary diagnosis of respiratory conditions, however activity may be underestimated where respiratory symptoms are coded secondary to the primary reason for admission
Outpatient appointment	N	N	No evidence of increased rates of first or follow-up outpatient attendances to respiratory medicine clinics, however noted elevation in first appointment rates for ND November 2017 to February 2018 not seen in NKA or QP
Gastrointestinal			
Use of GP services	N	N	No evidence of increased attendance rates for gastrointestinal conditions
Use of A&E	N	N	No evidence of increased attendance rates for gastrointestinal conditions
Outpatient appointment	N	N	No evidence of increased first or follow-up attendance rates for gastroenterology
Cardiac conditions			

⁸¹ The analyses reported in Tables 8 and 9 was carried out in order to understand if there was evidence of affects across the population of the Grenfell fire that the wider evidence base suggest it important to consider. Using this approach gives the ability to test the impact in different geographical areas. The limitations of this data were discussed earlier. Most indicators were tested for whether potential change was statistically significant and not due to chance or random variation. All those indicated with a Y, showed evidence of change, * indicates statistical significance.

Use of GP services	N	N	No evidence of increased attendance rates for cardiac conditions
Use of A&E	N	N	No evidence of increased attendance rates for cardiac conditions
Outpatient appointment	N	N	No evidence of increased first or follow-up attendance rates to cardiology
Pregnancy Care			
Outpatient appointments	Y*	N	Statistically significant reduction in Outpatient obstetric follow-up appointments June to August 2017 (-30 June 17). This finding is not made in the NKA or QP during the same period. By contrast there is no statistically significant difference in rates of first outpatient attendances from ND, the NKA or QP during the same period
Mental Health			
Use of GP services	N	N	No evidence of an increase in attendance rates for mental health conditions, however noted elevated activity rates in ND July 2017 to December 2017 not seen in NKA and QP
GP referrals to mental health services	Y*	Y*	Significant increase in the rate of referrals to mental health services June to August 2017 from ND (+42 June 2017). Significant increase in referral rates from NKA August to October 2017 not replicated in QP
Use of A&E	N	N	Volatile trend in ND attendances. No peak in June 2017. NKA shows a peak June 2017 with 2017/18 rates above 2016/17 rates June to October 2017
PTSD			
Use of GP services	Y	N	For ND, 2016/17 monthly numbers were too small to enable comparative trend analysis, however 2017/18 numbers were sufficiently elevated from July 2018 to warrant reporting. Comparison of PTSD rates between years shows rates for ND were significantly higher in 2017/18 compared to 2016/17 (+35 appointments), while for the wider NKA and QP rates were statistically similar
Depression			
Use of GP services	N	N	No evidence of increased appointments for depression
Primary Care Prescribing	N	N	No evidence in increase for prescribing of antidepressant medication.
Anxiety			
Use of GP services	N	N	No evidence of increased appointments for anxiety
Social Outcomes			
Utilisation of Adult Social Care Services	N	N	There is a noted increase in referrals June 2017 to August 2018 from ND not seen in the wider NKA.
Employment	N	N	Rates of Job Seekers allowance claimants in 2017/18 are persistently lower than 2016/17 levels in all areas
Crime	N	N	Analysis of monthly recorded crimes shows no evidence of an elevation in the crime rate in June 2017 for ND or for the wider NKA. This finding holds for sub categories of crime, theft and handling and violence against the person. For all other sub-categories, monthly numbers for ND were too small to permit comparative analyses to be performed.

Table 8 Analysis of outcomes pre and post Grenfell Tower fire for children in Notting Dale and North Kensington

Y=evidence of impact, N=no evidence of impact

Outcomes/Indicator	Evidence of change		Comments
	Notting Dale	North Kensington Area	
Physical Health			
Use of Urgent Care Centres (UCC)	N	N	No evidence of an increase in attendance rates
Use of A&E	N	N	No evidence of an increase in attendance rates
Emergency admissions	N	N	No evidence of an increase in emergency admission rates
Outpatient appointment	N	N	Rates of outpatient first appointments are lower in 2017/18 than 2016/17 from ND, NKA and QP. There is a peak in June 2017 for ND, not seen in other areas. There is no evidence of increased follow-up appointment rates
Respiratory Health			
Use of GP services	N	N	No evidence of increased attendance rates. Numbers too small to analyse asthma attendance rates
Primary Care Prescribing	N	N	No evidence of increased prescribing of respiratory medications, in general or specifically bronchodilators, steroids for respiratory conditions or antihistamines.
Gastrointestinal conditions			
Use of GP services	N	N	No evidence of increased attendance rates for gastrointestinal conditions
Mental Health			
Data from hospital and primary care is too small numbers for analysis. Data from the CAMHS will be more illustrative.			
Societal Health			
Utilisation of Early help Services	Y*	Y	Substantial peaks in referral rates in July 2017 and October 2017 from both ND (+26 July) and NKA (+17 July).
Utilisation of Children's Social Services	Y*	N	Substantial peaks in referrals in June and July 2017 from ND not seen in the wider NKA (+82 June 2017)
NEET	N	N	Rates of NEET in 2017/18 are higher than 2016/17 in both ND and the wider NKA in all quarters. There is an increase in Q4 for ND, however it is unclear if related to the fire which took place in Q1
Teen assaults	N	N	Analysis of London Ambulance Service attended incidents of teen violence are not shown to have increased at the time of or following the fire

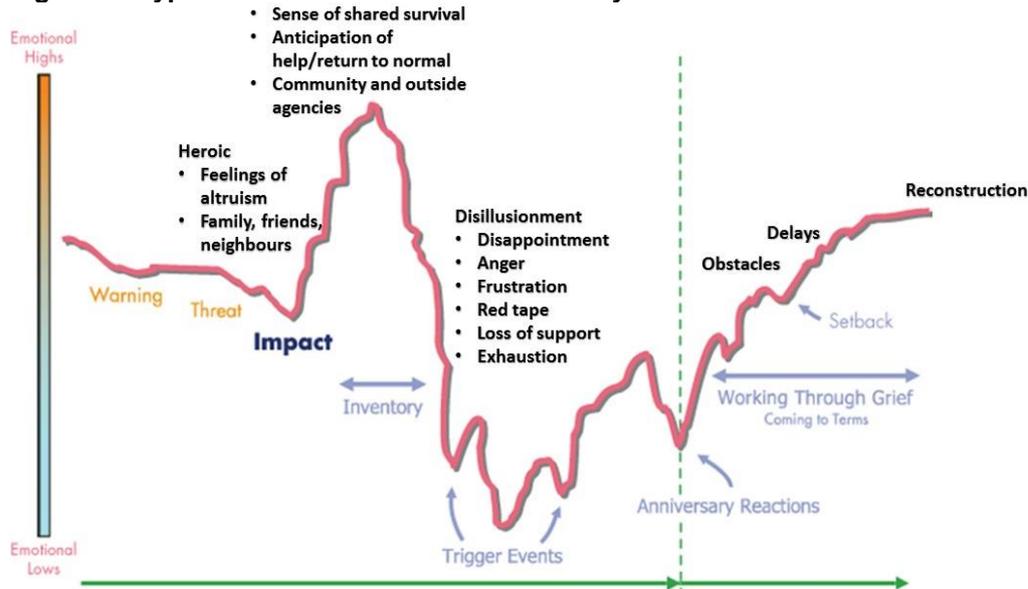
Ripples across time

Key points

- While all places that experience disaster, also experience recovery, that does not mean that they return to the way they were before; disasters on the scale of Grenfell leave an indelible mark. The challenge is to support the most effective recovery.
- Individual journeys of recovery vary significantly. For some, life may return to some kind of normal; others will struggle with health, wellbeing, work, relationships and other aspects of everyday life.
- Overall the evidence from other disasters suggests that there will be a significant impact on health and wellbeing for many years. Policymakers will need to prepare for that

One year on from the Grenfell disaster it is hard to conceive of what the long-term impact will be. With people still in emergency accommodation, the public inquiry in its early days and the Tower still standing, many still feel unable to even begin recovery. While nothing is determined, the evidence suggests that the impact will be long term and the need for support ongoing.

One approach frequently discussed, is the psycho-social recovery trajectory that suggests how a recovery journey may be experienced (Figure 18). As with any model, not every journey follows this pattern, recoveries are not necessarily linear and time lines may differ quite considerably from one disaster to another.

Figure 18 Typical Phases of a Disaster Recovery

Source: adapted from Zunin and Meyers

Disaster Action, for example, write about the stage after the first anniversary:

“It is often assumed by others that with the passage of time those who have survived and/or been bereaved by disaster should ‘recover’ in neat phases, return to ‘normal’ and be able to put ‘closure’ on their experience. Such assumptions and comments often feel inappropriate and unhelpful to those with first-hand experience of disaster, reflecting the views and expectations of others rather than how it really feels.”

Source: http://www.disasteraction.org.uk/leaflets/beyond_the_first_anniversary/

A 33 year follow up of survivors of the Aberfan Colliery disaster showed significantly higher levels of PTSD among adults who had been children in the school that was impacted compared to others locally. Although knowledge of trauma, treatments and support have improved in the intervening years (PTSD was not recognised as a phenomenon when the Aberfan disaster occurred) this highlights the potential long-term impact.

Lac Megantic, in Quebec, Canada, was the site of a major community disaster, where a train derailed and crashed into a town centre. The mental health impact of the disaster was underestimated initially, and as Figure 19

shows, in subsequent years the numbers found to experience psychological distress have continued to rise, in terms of both trauma reactions, anxiety, and mood disorders (e.g. depression).

In the Lac Megantic research, exposure to the event was defined as follows:

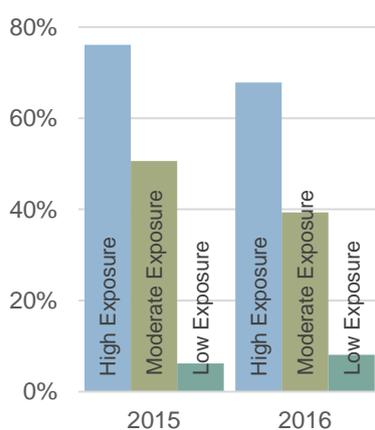
- Human Loss: “losing a loved one, fearing for one’s life or that of a loved one, or sustaining an injury.”
- Material loss: “relocating (temporarily or permanently), or sustaining property damage.”
- Subjective loss “the perception that the event was stressful, that something important was lost, that something important was interrupted or that harm will potentially occur in the future.”

High exposure was defined as experiencing all three of these losses; moderate exposure experiencing one or two of these, and low exposure, none.

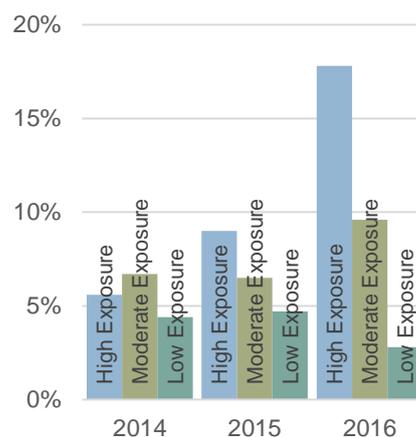
Given the levels of exposure to the Grenfell disaster across the population of North Kensington, it may be that large numbers have been highly or moderately exposed. However, given the data that there is, as discussed in the previous section, it is not possible to quantify this at present.

Figure 19 Evidence from the 2013 Lac Megantic Train Disaster

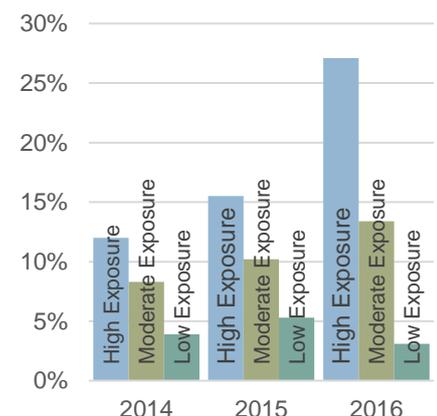
a. Moderate to severe traumatic stress reactions



b. Proportion experiencing diagnosed mood disorders



c. Diagnosed anxiety disorders by exposure level,



Source: Genereux and Maltais (2017)⁸²

⁸² Généreux, M and Maltais, D (2017) Three Years After the Tragedy: How the Le Granit Community is Coping, VISION Sante Publiq, Université de Québec

Understanding the scale of impact: Ongoing uncertainty

While there is considerable evidence on the nature of some of the impacts of the Grenfell Tower fire, a lot remains unknown. For example, there is uncertainty over the scale of some of these impacts; how much of the population has been affected? The large numbers who have screened positive for PTSD do pose significant concern. However, given many very particular circumstances of the Grenfell disaster and recovery, it is important to understand what this means for individuals affected. For some, while deeply affected, their psychological distress may diminish with time, and the wider impact on different parts of their lives may lessen. Alongside the uncertainty over the scale, is understanding how far and deeply the impact extends across the wider community.

For those whose physical health had been impacted there remains uncertainty.

One year on from the disaster is also in many ways a short space of time. Many of the wider impacts may not have manifested for people; challenges are likely to appear over time through children's education, employment and family lives, as people cope with the long-term aftermath of disaster.

There will also be the impact of ongoing issues, such as the public inquiry, and the future of the Tower.

Supporting effective recovery

The very wide range of impacts of the Grenfell Tower fire, some of which are well understood, and others more uncertain, is typical of many post disaster contexts. Recovery is a complex challenge involving multiple and unpredictable dependencies and relationships, highly linked to its context, and experienced in different ways by the many individuals and families affected. The difficulty of addressing many of the practical challenges raised by disasters and the political and legal dimensions mean no single set of particular policies and actions are straightforwardly implementable with predictable results.⁸³ Such complex situations are best tackled by the application of a set of principles, which drive considered action, rather than a set of “off the shelf” interventions.⁸⁴

The wider evidence base, the nature of the emerging set of issues outlined in the previous sections and the ongoing context suggests that the following are important principles for action.

1. Ensuring values are at the heart of recovery
2. Support for the bereaved
3. Recognising the long journey of recovery
4. Addressing the building blocks of everyday well-being: housing, education, employment and health
5. Enabling community led recovery
6. Recognising diversity in recovery
7. Supporting community-led memorialisation
8. Supporting a psychosocially resilient community

⁸³ Blackman, D., Nakanishi, H., & Benson, A. M. (2017). Disaster resilience as a complex problem: Why linearity is not applicable for long-term recovery. *Technological Forecasting and Social Change*, 121, 89-98.

⁸⁴ Important elements of the recovery process, linked to justice and accountability are outside of the direct role of many actors active in the recovery process.

1. Ensuring values are at the heart of recovery

Trust issues are often paramount in recovery situations, when it is vital that affected communities see that decision makers are working in the interests of recovery. This is emphasised by the authors of *Collective Conviction*, a synthesis of learning and insight by survivors and bereaved families from many disasters in the UK. They discuss how in all of the processes that form the journey of recovery, the institutions, services and bureaucracies that work with those affected can approach the interactions with more or less compassion, sensitivity, empowerment and transparency. The authors suggest that this has improved over the years, with a greater understanding and respect for the rights of the bereaved but they underline how important these values are.⁸⁵ How things are done is just as important as what is done in environments where there has been a collapse of trust in institutions. One issue that came up repeatedly in the Community Conversations was about quality of communication; people want to understand much more about what is going on locally.

2. Support for those bereaved

Bishop James Jones has recommended the adoption of a Charter for Families Bereaved through Public Tragedy, which addresses the values that should underpin how institutions seek to engage with and support bereaved families through the multitude of processes they will experience in the years following a disaster.⁸⁶ *Collective Conviction* outlines the practical steps that authorities can take to support bereaved families over the long term. The authors emphasise that the best help is empowering, assisting families to help themselves.

⁸⁵ Eyre, A and Dix, P (2014) *Collective Conviction: The story of Disaster Action*, Liverpool University Press

⁸⁶ The Right Reverend James Jones KBEHC (2017) 'The patronising disposition of unaccountable power' 'A report to ensure the pain and suffering of the Hillsborough families is not repeated'

Figure 20 Charter for Families Bereaved through Public Tragedy

In adopting this charter, I commit to ensuring that [this public body] learns the lessons of the Hillsborough disaster and its aftermath, so that the perspective of the bereaved families is not lost.

I commit to [this public body] becoming an organisation which strives to:

- 1. In the event of a public tragedy, activate its emergency plan and deploy its resources to rescue victims, to support the bereaved and to protect the vulnerable.*
 - 2. Place the public interest above our own reputation.*
 - 3. Approach forms of public scrutiny – including public inquiries and inquests – with candour, in an open, honest and transparent way, making full disclosure of relevant documents, material and facts. Our objective is to assist the search for the truth. We accept that we should learn from the findings of external scrutiny and from past mistake.*
 - 4. Avoid seeking to defend the indefensible or to dismiss or disparage those who may have suffered where we have fallen short.*
 - 5. Ensure all members of staff treat members of the public and each other with mutual respect and with courtesy. Where we fall short, we should apologise straightforwardly and genuinely.*
 - 6. Recognise that we are accountable and open to challenge. We will ensure that processes are in place to allow this.*
-

3. Recognising the long journey of recovery

The evidence base is clear that the journey of recovery is a long one. Policy makers and leaders across Government and institutions that are part of the recovery will benefit from recognising this and ensuring that the level of commitment in both focus and resources is maintained over a considerable period of time, even as the nature of the approach evolves in line with the trajectory of recovery. Fixed ideas that moments in time, like a one-year anniversary “ought” to create a turning point for individuals, when they should “move on” can be deeply insulting for those affected and are not consistent with the evidence of what the journey of recovery will feel like for many people. This is compounded when there are significant ongoing processes, as in the Grenfell context with the public inquiry, criminal investigation, the future of the Tower and people still living in emergency accommodation. This will also mean grappling with uncertainty, committing to understanding the impacts on an ongoing basis and adapting the response as understanding changes. This means for those making

decisions at all levels being open-minded and curious as to what is making a difference and what is not.

4. Addressing the building blocks of wellbeing: housing, education, employment and health

Our experiences have taught Disaster Action members that social, practical and emotional needs are very much linked.”

Anne Eyre and Pam Dix (2014) Collective Conviction

As fundamental to recovery as they are to health and well-being in general are the core building blocks of daily life; a decent place to live, good supportive schools for children to go to, opportunities to earn a living to support oneself and family and access to appropriate, high quality physical and mental health care, including measures that seek to prevent and not just treat ill health. The framework around this is set out clearly by the Marmot Review of Health Inequalities⁸⁷, which demonstrated how these factors are collectively fundamental to achieving decent health and wellbeing outcomes. In the context of disaster all of these can be both disrupted and take on new meanings.

As discussed above, the employment needs of some of those impacted have already become apparent and greater needs may present in the future. The disaster has highlighted how important it is to improve the employment prospects of many in the area. In particular this includes those who struggle at the low wage end of the labour market with the insecurity, often poor conditions and high costs of living in inner London, as well as those for whom health, both physical and mental is a barrier to maintaining secure employment.

Schools, as well as children’s centres and early years settings, have a major role in recovery and that this will continue as they are places that offer key pillars of support to children and their families and seek to ensure the development of children’s long-term prospects.

⁸⁷ Marmot, M (2009) Fair Society, Healthy Lives, Institute of Health Equity

Finally, access to support around physical and mental health and wellbeing is critical, as is ensuring that services are high quality, varied, sufficient and acceptable across the community.

The very large scale of the mental health challenge which has emerged out of the Grenfell disaster requires deep consideration.

The positive screenings for PTSD and other symptoms of anxiety and depression pose a significant challenge.

- What have been the impacts for people who have been exposed to the disaster in different ways?
- What is the impact of the screening, treatment and resilience building activities on peoples' recovery?
- What is the ongoing impact of stress factors such as the presence of the Tower and the public inquiry?

The conditions for ongoing traumatisation since the fire appear to have been high with the presence of the shell of Grenfell Tower, the level of media coverage, community concern, criminal investigation, a high profile and distressing public inquiry and for some displacement from home. These factors contribute to a lack of stable foundation on which much of the wider evidence base around resilience, spontaneous recovery and efficacy of treatment is based.

The evidence base around PTSD shows very high variation in the relationship between exposure to the incident and experience of PTSD, both in the short and long term and on the impact of PTSD on peoples' wider lives.⁸⁸ Many people will be resilient and recover over time, though this will be mediated by a range of factors⁸⁹, such as:

- Presence of risk and protective factors such as previous mental illness, and exposure to trauma, social connections, stability of normal life (such as material worries).

88 Zatzick, D. F., Marmar, C. R., Weiss, D. S., Browner, W. S., Metzler, T. J., Golding, J. M., & Wells, K. B. (1997). Posttraumatic stress disorder and functioning and quality of life outcomes in a nationally representative sample of male Vietnam veterans. *American Journal of Psychiatry*, 154(12), 1690-1695.

89 Bonanno, G. A., Galea, S., Bucciarelli, A., & Vlahov, D. (2007). What predicts psychological resilience after disaster? The role of demographics, resources, and life stress. *Journal of consulting and clinical psychology*, 75(5), 671.

- Level of exposure to the event.

Impact will vary by the factors above as well as the impact of psycho-therapeutic treatment.

For some people the impact will be debilitating, impacting relationships, work, education; others may be able to manage everyday social functioning as normal while still experiencing significant distress.

Certain treatments can have low engagement rates for various reasons; for some due to the desire to not have repeated exposure to the traumatic incident; others view the recommended approaches as rooted in a Western model of trauma; for others building support based on trusted relationships is key. Sensitivity and plurality in approaches is required in adapting treatment approaches in ways which genuinely meet peoples' needs.

Supporting the psychological wellbeing of the Grenfell impacted community over the coming years will therefore rely on approaches which combine:

- Promoting protective factors that support stability, particularly social connectedness, social support, employment and family functioning.
- Supporting those with chronic PTSD and their symptoms to access treatment. Given the diversity of the community, this will rely on.
- Innovative approaches to reach out to different populations as factors such as age, gender, language, ethnicity are all likely to be associated with different attitudes towards accessing treatment and support. A number of these are being developed and delivered in the community.
- A diverse and personalised approach to treatment.
- Work to tackle stigma associated with accessing mental health support.

Given this, it is vital that we continue to seek to maintain an understanding of the ongoing levels of psychological health and wellbeing within the community to ensure adequate investment and that investment is being made where it appears to be having the most impact.

5. Enabling community led recovery

“Individual and community social capital networks provide access to various resources in disaster situations, including information, aid, financial resources, and child care along with emotional and psychological support. While disaster situations may typically call forth images of trained professionals and formal rescue operations, scholarship has shown that informal ties, particularly neighbours, regularly serve as actual first responders.”

Aldrich, D. P., & Meyer, M. A. (2015). Social capital and community resilience. American Behavioral Scientist, 59(2), 254-269.

One of the critical foundations of recovery is the ties that connect people, supporting each other to address the practical and emotional challenges they face. Some communities benefit from strong ties prior to a disaster that enable them to mobilise and support each other in the aftermath; others have weaker ties, and all affected populations will have some people who are more isolated and feel less connected.

The demands on local people in the aftermath of recovery far exceed those of everyday life. For authorities, one challenge is to recognise the power of community-based responses, including work, which may be invisible to statutory services. Much important work occurs informally in the daily contact between caring individuals, but much also takes place in emergent or rooted community organisations providing spaces for people to convene, to reach out to the more isolated, and providing more formal support. Recovery thinking suggests that this work needs to be valued and supported by authorities; it is greatly valued by community members and if protected can endure for the long term.⁹⁰

⁹⁰ Whittaker, J., McLennan, B., & Handmer, J. (2015). A review of informal volunteerism in emergencies and disasters: Definition, opportunities and challenges. *International journal of disaster risk reduction*, 13, 358-368.

“Ordinary citizens who volunteer their time, knowledge, skills and resources to help others in times of crisis represent an immense resource for emergency and disaster management.”

Whittaker, Joshua, Blythe McLennan, and John Handmer.

A wide variety of community institutions can be supportive of the recovery process as has been very evident in the Grenfell recovery so far. Schools clearly have a role to play in supporting children and young people to settle in education post disaster. Because of the significant role they play in local life, and their strong connection with parents as well as children, schools can be a key ingredient of a community’s overall recovery.⁹¹

One dimension of supporting community-led recovery is around supporting the capacity of community leadership.

Many people take on vital roles of informal support for one another, while others volunteer as part of formal voluntary or emergent organisations. Those who are already active in such a capacity may find themselves working well beyond their normal hours and boundaries in response to a disaster.

There are several reasons why communities should be at the heart of recovery. They mirror the reasons that local people should be at the heart of decision-making about their area and lives at any time, however they have a particular poignancy in a disaster recovery context.

Firstly, a community-led recovery recognises that the affected population are always at the centre of recovery. As discussed above, much of the work of disaster recovery begins with community members and carries on below the radar of the governmental responses.

A community-led approach recognises community members’ right to be involved; it is after all their community and their lives. The most effective responses need to be informed by the detailed insights that communities have about what is needed and what would make a positive difference.

⁹¹ Kanter, R. K., & Abramson, D. (2014). School interventions after the Joplin tornado. *Prehospital and disaster medicine*, 29(2), 214-217.

Where solutions are led and therefore owned by the community, local people are much more likely to invest in them. It recognises that often in recovery situations, trust in authority is relatively low. People are no longer willing to accept the authorities' "expertise" for what recovery looks like. Lastly community-led recovery is central to sustainability, recognising that over time resources reduce and one lasting resources is the strength of local civil society.⁹²

The work that Grenfell United for example have done to drive recovery is clear. In their reflections on the recovery so far, they emphasised how vital it was that the voices of the survivors and bereaved were heard and that they are involved in shaping the policy and service development approaches which are aimed at supporting their needs and recovery.

"The management of recovery is best approached from a community development perspective. It is most effective when conducted at the local level with the active participation of the affected community and a strong reliance on local capacities and expertise. Recovery is not just a matter for the statutory agencies - the private sector, the voluntary sector and the wider community will play a crucial role."

Cabinet Office (2013) Emergency Response and Recovery Non statutory guidance accompanying the Civil Contingencies Act 2004

Local people often provide more trusted, provide less stigmatising support and, typically driven by the passion of committed local people, that support can often be found on peoples' doorsteps day in day out. Models such as the work at Henry Dickens Kids Club and Latimer Community Art Therapy are examples of this. Supporting communities' capacity gives people the opportunity to help each other; and in providing help and support, is for many people an important element of their own wellbeing. However, while done well it may reduce need in the long run, in the short-term investing in

92 Van Krieken, T., Kulatunga, U., & Pathirage, C. (2017, September). Importance of community participation in disaster recovery. In 13th IPGRC 2017 Full Conference Proceedings (pp. 860-869). University of Salford.

community capacity cannot be seen as a low-cost alternative to investment in services.

6. Recognising diversity in recovery

The diversity of the Grenfell affected communities poses a major challenge to the public system to adapt its approaches in recognition of the different needs of distinct groups in the population; few such localised events can have impacted more diverse populations. Although there is considerable discussion of the impact of social vulnerabilities within the recovery literature there is less discussion of the impact of diversity.

The interactions of aspects of culture and identity, alongside a myriad of individual experiences, shape different ways in which people respond to disaster, seek help and build a vision of future. Research with communities affected by the Christchurch earthquake highlight both the strength of those communities in providing mutual aid to each other, given the right spaces and resources, but also the challenges (particularly for those most recent arrivals and those with least English) in accessing support and services.^{93 94}

Such issues are incredibly salient in the Grenfell recovery. People affected include migrants from many parts of the world, both those who have lived in North Kensington for many decades and more recent arrivals, including settled refugees and people with uncertain immigration status whose ties and connections to the area are more fragile. Significant numbers of those affected by the disaster have limited English language skills. Many of those impacted are Muslim. The impact of faith has been very strong in the Grenfell recovery. This has been expressed through the reports by Muslim Aid and Theos about the Grenfell Tower fire response and recovery.

It was conveyed strongly in Grenfell United's discussion that not only for those who are religious, but also for those for whom religion is part of their

⁹³Marlowe, J., & Lou, L. (2013). The Canterbury earthquakes and refugee communities. *Aotearoa New Zealand Social Work*, 25(2), 58.

⁹⁴ Marlowe, J. (2015). Belonging and disaster recovery: Refugee-background communities and the Canterbury earthquakes. *British Journal of Social Work*, 45(suppl_1), i188-i204; Uekusa, S., & Matthewman, S. (2017). Vulnerable and resilient? Immigrants and refugees in the 2010–2011 Canterbury and Tohoku disasters. *International Journal of Disaster Risk Reduction*, 22, 355-361

culture, faith, and faith leaders, including interfaith gatherings, have provided a critical outlet for connection, support and reflection.

“Understanding the importance of social and cultural influences on patients’ health beliefs and behaviours; considering how these factors interact at multiple levels of the health care delivery system (e.g., at the level of structural processes of care or clinical decision-making); and, finally, devising interventions that take these issues into account to assure quality health care delivery to diverse patient populations.”

Betancourt, J. R., Green, A. R., Carrillo, J. E., & Owusu Ananeh-Firempong, I. I. (2016).⁹⁰

Recovery for many people is interconnected with religious belief and/or notions of justice, and for some people, religion can be an overarching framework for recovery. It can be a deep challenge to largely secular evidence-based treatment and support paradigms. Recognising diversity requires respecting difference and more effectively sharing power between professionals and those they are seeming to help. The Grenfell Tower fire occurred during Ramadan, when many residents and others in the community were at prayers. The first-year anniversary coincides with the end of Ramadan and while that will not always be the case, this important time of in the Muslim calendar will for many people always be associated with the disaster.

It is widely recognised that what is often referred to as *cultural competence* should be at the heart of all approaches to provide services of all kinds, and this is no less so in a disaster context. Different models in the community such as *Together for Grenfell* and other group based therapeutic projects are attempting to develop approaches which can effectively reach out and support those who may have needs but are not accessing other services.

⁹⁵ Betancourt, J. R., Green, A. R., Carrillo, J. E., & Owusu Ananeh-Firempong, I. I. (2016). Defining cultural competence: a practical framework for addressing racial/ethnic disparities in health and health care. Public health reports.

A major piece of qualitative research by Musawa, a consortium of 11 “grassroots” BME organisations working in North Kensington, has highlighted the levels of social isolation and fear in some communities where many have low levels of English, unaware of or unable to connect with many of the aspects of support that have been provided as part of the recovery. The priorities they identify include issues relating to parenting and education; young people; emotional wellbeing; safety and security; language; employment and health problems. However, Musawa argue that all of these issues are underpinned by systemic issues of social exclusion, racism, poverty and inequality.⁹⁶

7. Supporting community-led memorialisation

Appropriate, community owned memorialisation is a vital part of a recovery process. Memorialisation ensures that bereaved and other affected people believe their loved ones have been honoured, their pain has been recognised and gives a place for them to mourn. Any memorial must be sensitive to the range of social, religious and political issues surrounding the disaster. The bereaved should be at the heart of memorialisation processes.⁹⁷

In New Zealand following the Christchurch Earthquake there has been a focus on memorialisation and green space. An initiative called ‘Healthy Christchurch’ has led on creating six gardens of ‘beauty and peace’ that transformed some of the demolition sites across Christchurch. These tranquil spaces are for use by families and the wider community, with spaces designed for both, and have been developed in partnership with the city’s different ethnic communities to include their traditions, cultures and spiritual beliefs.

In flood areas in the USA, new playgrounds brought an education component to the area - allowing science teachers to include storm water management, landscape architecture and rain gardens in their curriculum.

⁹⁶ MUSAWA (2018) “Maybe things can change” – A BME community needs assessment after Grenfell

⁹⁷ Eyre, A. (2006). Literature and best practice review and assessment: identifying people's needs in major emergencies and best practice in humanitarian response. Department for Culture, Media and Sport.

Researchers have also studied post-disaster memorials across the USA, including one created after Hurricane Sandy. This is a tree-like sculpture in where residents contributed salvaged and hand-made materials, messages and mementos to its base and in its crevices, often with prayers and messages of hope. The sculpture draws on the idea of "prayer trees" found in various cultures around the world where trees are specially chosen within a village or town where people express their hopes and prayers by attaching scraps of fabric or other objects to the tree. The tree thus becomes a significant collection of the hopes and aspirations of the community.

In Aberfan, in Wales, part of the appeal fund was used to construct a formal memorial in the shape of a cross bearing the names of the victims at the place where some of them were buried in a mass funeral. They constructed a garden of remembrance on the site where the junior school once stood, its layout reflecting the original layout of the classrooms that had been there.

There are many such projects around the Grenfell Tower fire including Wall of Truth at Maxilla and the memorial garden at St Clements Church. The silent march occurring monthly in the community is a social, rather than physical act of community-led memorialisation. Many of these acts can occur without involvement of the public system. However, at other times working together between communities and authorities is required.

One example of this has been the Grenfell Cultural Heritage Community Working Group. This began with the local community informing the council about the preservation of the artefacts related to the fire and memorialisation. At the heart of this working group is a commitment that the community will lead and guide the Council to support a medium and/or long-term memorial and legacy for the Grenfell disaster as dictated by survivors and local residents. It began work in January 2018 and has met on numerous occasions with attendees including Grenfell United, members of the bereaved, survivors, local residents, Latymer Community Church, St Clements Church, the Notting Hill Methodist Church, museum experts, Grenfell Speaks, 24 Hearts, Working with Men, the Westway Trust, the police and the council. The community took the decision to take ownership of the group and rename it 'The Grassroots Memorial Group' which would

make contact with museum experts, the council and other organisations as and when required. Discussed below, the principles governing the future of the Grenfell site, are also about realising these principles of community ownership and involvement in decisions.



The memorial garden at St Clement's church

8. Supporting a psychosocially resilient community

The combination of the initial trauma and bereavement with the risk factors for depression and anxiety, which are frequently present in many aspects of the aftermath of the disaster, mean that the mental health and wellbeing impacts of a disaster can continue long into the future. It is vital to ensure that there is capacity in the system to provide specialist support where required. At the same time as there is concern around PTSD and other diagnoses of mental ill health it is important not to medicalise all normal human distress, grieving and anger:

A broad based, comprehensive approach to support mental health and wellbeing will be about ensuring that:

- Public campaigns and messages promote offers of support and anti-stigma messaging and are done with a diversity of approaches to speak to different members of the community.
- The central role of community institutions such as schools, local community and faith organisations, and employers in supporting mental wellbeing is recognised. These institutions need to be supported to have a good understanding about how poor mental health may impact on

those they work with, and where necessary given the tools to support recovery.

- Frontline staff working for statutory organisations, voluntary and community groups are supported to understand the potential mental health needs of people in the community, to be able to support them appropriately, refer where necessary, and get support for their own wellbeing.
- The conditions are promoted which foster wellbeing including many of the determinants of good health discussed above, including supporting those institutions which social connectedness particularly with trusted relationships and sources of support.

Recommendations for recovery

Supporting health & wellbeing for the communities impacted by the Grenfell Tower fire disaster

The Grenfell Tower Fire Disaster has had an immense impact on the lives of many people. Some of that impact has been very visible and evident. Other aspects of the impact, both the nature and scale are difficult to grasp in the here and now, let alone fully understanding what the future holds. However, we know enough from the evidence base from elsewhere, and what has been witnessed from the first year since the Grenfell Tower fire that the journey of recovery is a long road ahead. Moreover, there remain major steps in that process. The public inquiry, criminal investigations and the future of the Grenfell Tower site are all likely to impact deeply on many people's journeys of recovery. Many are still not in permanent homes, their futures remain uncertain, and there are new beginnings for those who have been displaced from North Kensington.

There are a vast array of people and organisations concerned with recovery and with vital roles to play. Local and Central Government, the NHS, schools, other landlords, community organisations and businesses and most of all the residents themselves. No future is set in stone. The steps, which are taken over the coming months and years to lay the foundations of an effective evidence-based recovery, will have a very significant impact on peoples' day-to-day experience, health and wellbeing.

Proper statutory Investment in recovery is a matter of social justice, and a key element of any recovery strategy. Alongside this, building capacity in the system to supports peoples' recovery will also prevent escalation of future health and social needs, and the subsequent requirements for far costlier late intervention. While some support should be focussed at individuals where very particular needs, such as housing, bereavement and livelihoods have arisen, other support should build the capacity of those community organisations; local schools, children's centres and youth clubs; health services; community groups which can meaningfully and effectively respond to peoples' needs.

The wider evidence on recovery, alongside evidence of the impact of the Grenfell Tower fire, suggests a broad framework for recovery. Recovery is also about trying to ensure a positive legacy that out of this disaster some of the deep-seated inequalities that are so evident in the borough can be addressed.

Significant resources have been invested in the recovery to date. This needs assessment highlights the importance of all parties investing further in the coming years to ensure as strong a recovery as possible.

While recognising the pressures of ongoing austerity on local authority services, in schools, the NHS and parts of the public system, authorities continue to have vital responsibilities to those with longstanding needs, which predated the fire. Addressing the needs that have arisen out of the Grenfell Tower fire clearly requires additional resources.

Not everything needed is about investment. Several of the recommendations are about ways of working, culture and values.

Foundations for the future

In the latter stages of developing this report we tested out a framework for recovery, based on “Foundations for the Future” rooted in the wider evidence base, the principles discussed previously and the local context (see Appendix 1). We spoke with different groups of residents exploring what worked about the framework, and what did not and what would need to happen to make the Foundations meaningful. Many responded positively about the framework though expressed some significant scepticism about what would be delivered in practice. One issue which came up repeatedly and has been added to the Framework was about being explicit about values and trust, and their overarching importance to every aspect of the recovery. The Foundations are not detailed recommendations; all of these issues are complex where a combination of wider and local evidence, the realities of local context and deep community involvement is required to develop the best most effective approaches on the ground. Much work is already taking place linked to these Foundations and the Foundations can provide the basis of a recovery framework.

Many of these Foundations are interlinked and through effective approaches can be achieved in multiple ways:

- Personalised approaches will by necessity be ones that respect and value diversity and are inclusive of different people's needs.
- Being empowering and respectful means be willing to hand power over to people in the community whether that is at a strategic or personal level.
- Investing in children and young people will involve supporting community capacity where there are the relationships and settings which can connect with many of our young people.
- Putting wellbeing at the heart of recovery means being sensitive and compassionate in all settings.
- Investing in community capacity can support livelihoods for local people and maximise on the inclusivity of service provision.

The Eleven Foundations for the Future are below; under each are some of the ways in which these may be realised.

Eleven foundations for the future:

A commitment to new, improved and more inclusive ways of working

- 1. Ensure the recovery is pursued with a commitment to values including** compassion, sensitivity, empowerment, transparency and respect

These values underpin all other foundations of recovery and will ultimately be the basis on which trust can be rebuilt with people in the community. Achieving this is both about culture and governance. People need to believe that those making decisions are driven foremost by the interests of those who have been affected. There will be undoubtedly be many important issues throughout the recovery where there are significant differences in views, some of which are very hard to reconcile. It will only be by having these values at the heart that these issues can be addressed in fair, collaborative and trust-building ways. People also need to believe that those supporting them, understand the experiences they have been through, and show sensitivity to the individual experiences and journeys of recovery.

2. Ensure that people affected by the fire have control over their lives and can be involved in decisions that affect them

Power means different things to different people. For some it is about meaningful involvement in strategic decision making so that local people are involved in shaping their area. For other it is more personal, about feeling that their expertise, views and aspirations are taken seriously by service providers, that they are listened to and treated with genuine respect; that they have the right to influence decisions, which are made about their lives; “not about us, without us” as the expression goes. There are challenges here for Kensington and Chelsea Council laid out in the report by the Centre for Public Scrutiny, however this is also about cultural change across all of statutory services, which should seek to put the public we are here to serve, increasingly at the heart of decision-making. While the context of North Kensington and the Grenfell disaster put particular emphasis on this issue, it reflects thinking going on much more widely about the changing relationship between citizens and the State.

3. Ensuring services are inclusive including being culturally appropriate, recognising and meeting diverse needs of people in line with peoples’ identities and accessible for all

Much of being inclusive requires altitudinal shifts, challenging assumptions and reaching out to genuinely hear diverse voices within the community and accommodate a pluralism of approaches. The importance of faith in the recovery journeys of many people is an important example of how public systems at times need to challenge their models of effective practice. Similarly are the barriers which exist for the many who have limited English language. Achieving this involves ensuring there is involvement of people from diverse backgrounds in decision making at every level, including seeking to diversify the workforce and frequently checking with residents from diverse backgrounds themselves whether services are being commissioned and delivered in ways which are inclusive and effective. It also involves challenging how effective services of all kinds are at reaching out to

those with limited levels of English language and ensuring there is effective, appropriate language support.

Delivering high quality services and support across sectors

4. Provide joined up, holistic, personalised health and care support to the close family bereaved, survivors and others who need it most

There are many who will need ongoing support for a significant period. Few people want to be dependent on public services. At the same time, the impact of bereavement in the context of major disaster and of displacement and the loss of one's home, possessions and community mean that people have a complexity of physical and mental health, housing, legal, financial and other support needs, which for many will not be resolved quickly and which require particular kinds of support.

There is a need for the NHS to monitor the physical health of those who were directly exposed to the fire on the night of the disaster. There will be significant ongoing need for support around mental health and the role of primary care, outreach services as well as community-based models will be key. The approach to screening for PTSD will need to be smart, targeting those most likely to be impacted in different ways, to maximise the chance of reaching those affected. This is likely to mean different approaches in areas where high incidence of PTSD is anticipated to those in parts of North Kensington where the numbers affected are likely to be lower. Recognising the wide range of reasons why people do not access certain kinds of mental health services means that a diversity of provision will be required, both in the types of services and the kinds of providers, in order to adequately support people across the community.

All mainstream public services such as the NHS, housing management, schools, social work and others (whether they identify as directly part of the Grenfell recovery or not), should have the capacity, the sensitivity, and aim to be sufficiently joined up, to provide the kind of care and support required by a community in recovery. Services should seek to promote autonomy and independence and invest in approaches which promote self-care and holistic approaches to health and wellbeing such as social prescribing.

5. Invest in children and young people, supporting families through children's centres, schools and other community settings.

There is great concern about the impact of the disaster on children and young people's wellbeing, but also a recognition that if anything positive can come from the disaster, more opportunities for young people to fulfil their aspirations should be at the heart of this. There are concerns about young children in families struggling with the impact of the disaster, and older children and young people who may be reluctant to engage with mental health services. It is important that in the settings where children spend their time (including children's centres, nurseries, schools and colleges and youth settings, sports clubs) – the adults working in them – are sensitive to the impacts of trauma on young people. There is important learning from models such as those emerging from the trauma sensitive schools' movement.⁹⁸ These approaches also recognise the importance of people working at the frontline receiving high quality support that enables them to support young people effectively.

The Grenfell Education Fund has been created specifically to identify and support needs of the most affected children and young people. The fund will track outcomes including attainment, attendance and exclusions to help inform the support that young people receive. It is currently supporting 329 children and young people. There are a significant number of children with special educational needs and disabilities who have been impacted and they and their families will need particular support.

In the discussing the Foundations with Grenfell United, they spoke of a great desire to make a better future for young people a positive legacy of the disaster; it is a sentiment shared by many. Approaches like Islington's Fair Futures Commission may be helpful as a catalyst for a wider community conversation and vision about maximising opportunities for all children and young people locally.

⁹⁸ See for example <https://traumasensitiveschools.org/>; Dorado, J. S., Martinez, M., McArthur, L. E., & Leibovitz, T. (2016). Healthy Environments and Response to Trauma in Schools (HEARTS): A whole-school, multi-level, prevention and intervention program for creating trauma-informed, safe and supportive schools. *School Mental Health*, 8(1), 163-176.

6. Prioritise housing and healthy environments for all while maintaining the ties that bind existing communities to the places in which they live

Housing and healthy environments are major priorities both for effective recovery and in the wider population. This will mean ensuring that all those displaced successfully find new homes, where they are well supported by both public services and community. Concerns about safety, quality and affordability of housing override everything for many people in the community. A continued commitment to improvement which is evident to residents is vital. The work on Lancaster West will be a vital first stage of this as well as the wider investment in repairs. There is great concern about how decision making about the future of housing and land in the community may influence the social mix and the ability of local people to remain in the area. How this issue is dealt with is strongly bound up with trust issues which exist locally. There is a desire to improve the environment of the local area, making it feel safer particularly for young people, greener and with improved air quality. There has been a strong focus on this through much of the early thinking about redevelopment of Lancaster West.

7. Support employment and livelihoods, so everyone has the means to manage their own recovery, including support around training, self-employment and access to advice services

The significant numbers of people on low incomes added to the heightened potential of disruption to peoples' livelihoods in the aftermath of the disaster, alongside changes in the social security system which are creating concerns, should represent a significant call to action for different partners involved in recovery. In a diverse community the barriers to secure, decently paid employment vary and therefore a multitude of approaches will be required. Employment support, as well as focussing on helping people into work should support people to sustain employment where health, caring or other issues become a challenge. Employment support should be aspirational, supporting people of all ages including young people to access career pathways to secure, decently paid employment or where appropriate

towards self-employment and entrepreneurship. Wide accessibility to a range of training and learning opportunities is an important part of this. Support is necessary for local business impacted by the disaster. Major employers locally such as the local authority and the NHS as well as those in the private sector can take an active role in the recovery involving local people and therefore supporting livelihoods. As the benefit system changes, and people have complex financial, legal and housing situations, access to high quality advice independent advice services will be vital

Supporting community resilience

8. Support those affected in the ways they wish to commemorate the disaster

In March 2018, Central Government, Kensington and Chelsea Council, Grenfell United and Lancaster West Residents Association agreed Principles Governing Consultations on the Future of the Grenfell Tower Site in which it was agreed that “the Community will lead decision making” with the “the bereaved carrying the most weight”. Over time, there will be a variety of ways in which those affected seek to remember the disaster. The key statutory organisations, which will often be the local authority, such as around land and planning issues, should seek to support the approaches of those affected. However, beyond this, the process of remembering together can build connections as well.

9. Provide support for local community capacity by ensuring there is investment in people and physical spaces where people come together and help each other

The overwhelming evidence is that, in any disaster and clearly in the post Grenfell context, community-based institutions and settings provide a huge amount of trusted support. Having people to connect with is one of the single most protective factors for good health. It is important to ensure that the social value of community assets is realised so that the places where people come together, whether they are faith based, estate based or otherwise, are fit for purpose and the people committed to making community spaces and networks thrive are invested in so they have the

capacity, resources and skills to support others effectively. This includes recognising the needs of people who have been displaced from North Kensington to connect with others and supporting that in appropriate ways. There are so many active in the community, that maximising what is achieved, particularly as resources tighten, means catalysing partnerships through strong network building and approaches to commissioning which encourage collaboration among the many people and groups working in the community minimising insularity and competition.

10. Putting wellbeing at the heart of recovery, ensuring people working in any capacity across the community are well supported and have the right skills and knowledge and settings such as workplaces and schools, promote wellbeing

Implementing a broad strategy to support mental health and wellbeing will include a strong focus on the wellbeing of those working in any capacity on the frontline of recovery, recognising that their ability to help the community is rooted in their own wellbeing. This includes those working out in the community, particularly in small voluntary and community organisations, who are supporting many vulnerable people but with little capacity to meet their own training and support needs. It will mean ensuring that those who interact with residents on a daily basis – landlords, police, school staff, employers and others – are trauma sensitive with an understanding of some of the needs that may be evident now and into the future. Training for a workforce is an important dimension of this, however it is also about recognising that many people do not work in professional cultures which invest in approaches like reflective practice. There is also much to learn from the emerging trauma sensitive school's movement, and models such as trauma sensitive policing, about how environments and policies can become trauma sensitive.

It is important to invest in those things that support peoples' wellbeing such as physical activity, opportunities to connect and reduce isolation, opportunities to learn. Taking effective steps to reduce the stigma around mental health in ways which effectively connect with diverse groups in the community including young people is also an important enabler of peoples' individual recovery.

11. Monitoring the impact of the disaster over time and adapting to meet changing needs involving the affected population in these processes

The uncertainty over the nature and scale of the impact of the Grenfell disaster even now, let alone in the future, means there is a clear need to monitor the impact over time. As other places have done, such as Lac Megantic, Christchurch and Enschede, a dedicated community health and wellbeing study is necessary. Alongside this it is vital to try and understand if the approaches being taken to support recovery are reaching those they need to having a positive impact. Bringing together community members, independent academics with key stakeholders and utilising community members as paid researchers could build capacity in the community and build trust in the process.

Beyond the need to ensure that a strategy responds to these 11 Foundations, this report makes the following specific recommendations.

Specific recommendations:

1. A long-term commitment to recovery from all partners

Partners including Kensington and Chelsea Council, the NHS and Central Government, as well as local schools, housing associations and others at all levels need to commit to a long-term recovery. In terms of both investment and different ways of working, the journey needs to be thought about in terms of years, not months, and is about supporting both individual and community resilience over the long term.

Those responsible for supporting community recovery at different levels need a long-term strategy that addresses these overarching recommendations and builds a practical response to the 11 Foundations of the Future, against which recovery can be measured.

These approaches are not fixed however and, based on learning from other disasters, will need to be adapted over time to reflect evolving need and further insight and understanding.

2. A commitment to addressing long-standing needs locally

There was significant need in North Kensington and also more widely, prior to the fire. Those needs have not gone away, some may have stayed the same; others exacerbated and other needs emerged that may be unrelated to the disaster. In meeting the new needs which have arisen out of the disaster it is vital not to underserve those whose health, social and welfare needs are ongoing. This is both about those who have been affected, for whom meeting their pre-existing needs will be part of their recovery, as well as those who have not been directly affected. Addressing issues such as those relating to young peoples' opportunities, housing and health inequalities are vital. Recovery can provide an opportunity to build a positive legacy out of tragedy, addressing past failings, recognising, and seeking to address inequalities in the borough.

3. Permanently rehousing survivors.

Rehousing survivors is critical to recovery and ensuring they are well supported in their new homes with appropriate support to re-establish networks of social support.

4. Ongoing monitoring of the physical health of those impacted on the night of the fire

There needs to be ongoing monitoring and support for physical health, particularly for survivors who were exposed on the night of the fire. This should include access to regular physical health follow-ups, and effective joined up work across primary and secondary care.

5. A diverse and well-resourced strategy to support mental health and wellbeing across the community

There will be a significant need to support mental health across the community. This will require a plurality of approaches including identification of and treatment for PTSD, access to different psychological therapies, delivered in ways which recognise diversity in the ways people want to be supported, which effectively reach all different parts of the population as well as community settings, such as schools, which are sensitive to trauma and mental health. Support, including training and specialist mental health and

wellbeing support, will be required for professionals across a range of frontline roles, for those who have been impacted directly themselves and for those who continue to support others.

6. Establishing the future of Grenfell Tower and the site

The future of the Grenfell Tower and the site is critical to recovery. The process around this needs to ensure that those most affected are deeply involved in decision making as the agreed principles for the site are articulated and that the wider community is well supported through the process. This is in line with an approach to community-led memorialisation.

7. Putting community at the heart of recovery

National and international guidance makes it clear that a successful, sustainable recovery must be community-led. This means public bodies working in partnership with communities towards a better future. It means investing in local services and community assets which allow communities to support themselves and help residents to lead happy, healthy lives.

8. Continuing to understand emerging need and adapt the strategy with high quality data

There is a need for high quality qualitative and quantitative data to understand the ongoing scale and nature of the impact and recovery and ensure we understand how effectively peoples' needs are being met. As part of this it is vital to have high quality equalities data (including as related to protected characteristics) to ensure we have this understanding for all parts of the community. This insight will inform our ability to adapt the approach to recovery over time.

Conclusion

The Grenfell Tower fire has had a deep, wide and lasting impact. The full nature and scale of that impact remains uncertain. The effects have rippled out across different aspects of peoples' lives and across the area of North Kensington, affecting many people, for many years to come.

The journey of recovery is not determined.

Many aspects of peoples' recovery have little to do with the state, institutions or the wider public system. People's faith, their relationships of support, the acts of love, friendship, creativity, community and solidarity which help people get through bad days, solve challenges, maintain hope and find joy are central to people's individual journeys.

For many, as well, the search for justice and accountability will be vital too.

However, the state and wider public system clearly has an important role too. The state provides homes, social workers, teachers, youth workers, police officers, doctors and psychologists; the state has funding, makes decisions about land, use of community assets and the nature of public services.

Decisions in all these areas can positively promote recovery. This is particularly so when they are made collaboratively with the people who are affected by them, and they create the conditions which promote autonomy and control, support health and wellbeing and where relationships of trusted support can thrive.

"When friends, strangers, neighbours near and far come together in the spirit of love and generosity beautiful things can emerge even from the most trying of circumstances."⁹⁴

Abdurahman Sayed, Al Manaar

⁹⁹ Abdurahman Sayed, Al Manaar Muslim Cultural Centre, June 14 2018.

At the ceremony marking the first anniversary of the fire at Grenfell Tower, unveiling a floral tribute in memory of those who lost their lives.

Appendix 1: Summary of journey of recovery discussed in community conversations in May-June 2018

A Journey of Community Recovery

Supporting health & wellbeing for the communities impacted by the Grenfell Tower fire disaster

"If there is an emergency to respond to, there is something to recover from"
Kate Brady (2010) Best Practice in Psychosocial Recovery

Draft for Discussion

Produced by Public Health in Westminster/Kensington & Chelsea Councils, April 2018

Developing Our Understanding

- What were the characteristics of the area pre-fire
- What can we learn from other places' journeys of recovery?
- What are public services and community organisations seeing on the ground?
- What matters to local people?

"Sometimes it seems as though the adverse consequences of an extreme event radiate out almost seamlessly, like the ripples in a pond when a stone is dropped into it"

Lucy Arendt & Daniel Alesch (2014)

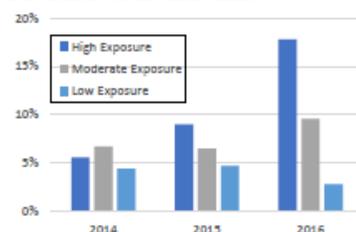


"Our experiences have taught Disaster Action members that social, practical and emotional needs are very much linked"

Anne Eyre and Pam Dix (2014)
Collective Conviction

The impact of disasters on many of those affected is long-lasting:

Evidence from the 2013 Lac Megantic Train Disaster: Proportion experiencing depression and related mental health issues



Source: Genereux and others (2017)

Primary Impacts

Fatalities
Displacement
Trauma and bereavement
Loss of trust
The community response
The statutory response
The site

Secondary Impacts

Mental health & wellbeing
Physical health
Family relationships
Children's development and education
Livelihoods
Community cohesion + / -

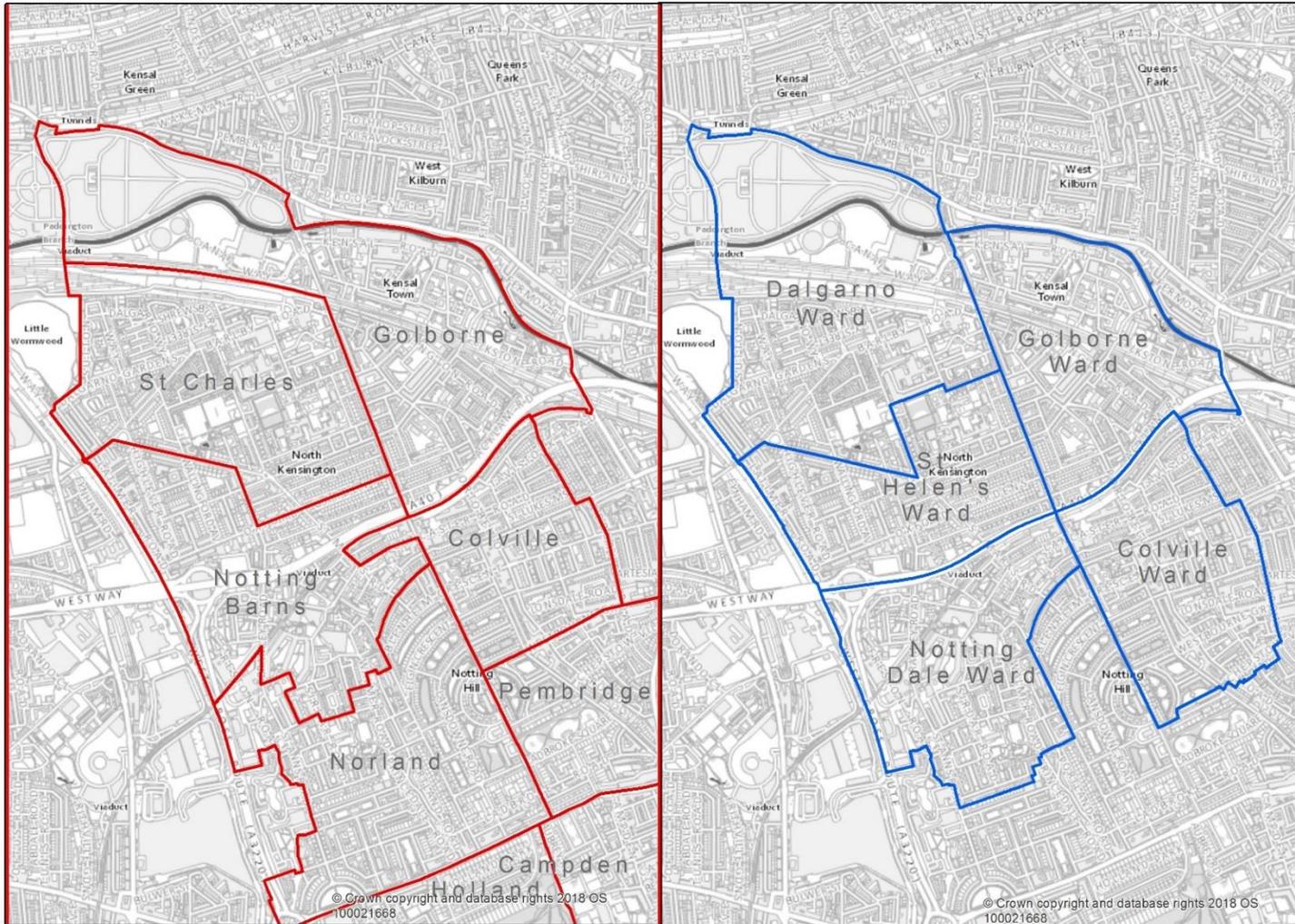
Foundations for the Future

1. Provide joined up, holistic, personalised health and care support to the bereaved, displaced and others who need it most
2. Support the community to remember the Grenfell Tower fire as it wishes to
3. Transfer power to the people affected by the fire so that they are better able to shape their lives
4. Invest in children and young people, supporting families through children's centres, schools and other community settings
5. Prioritise housing and healthy environments for all while maintaining the ties that bind existing communities to the places in which they live
6. Support employment and livelihoods, so everyone has the means to manage their own recovery, including support around training, self-employment and access to advice services
7. Provide support for local community capacity by ensuring there is investment in people and physical spaces where people come together and help each other.
8. Ensuring services are inclusive including being culturally appropriate recognising and meeting diverse needs of people in line with peoples' identities and accessible for all.
9. Putting wellbeing at the heart of recovery, ensuring people working in any capacity across the community are well supported and have the right skills and knowledge and settings such as workplaces and schools, promote wellbeing.
10. Monitoring the impact of the disaster over time and adapting to meet changing needs involving the affected population in these processes.

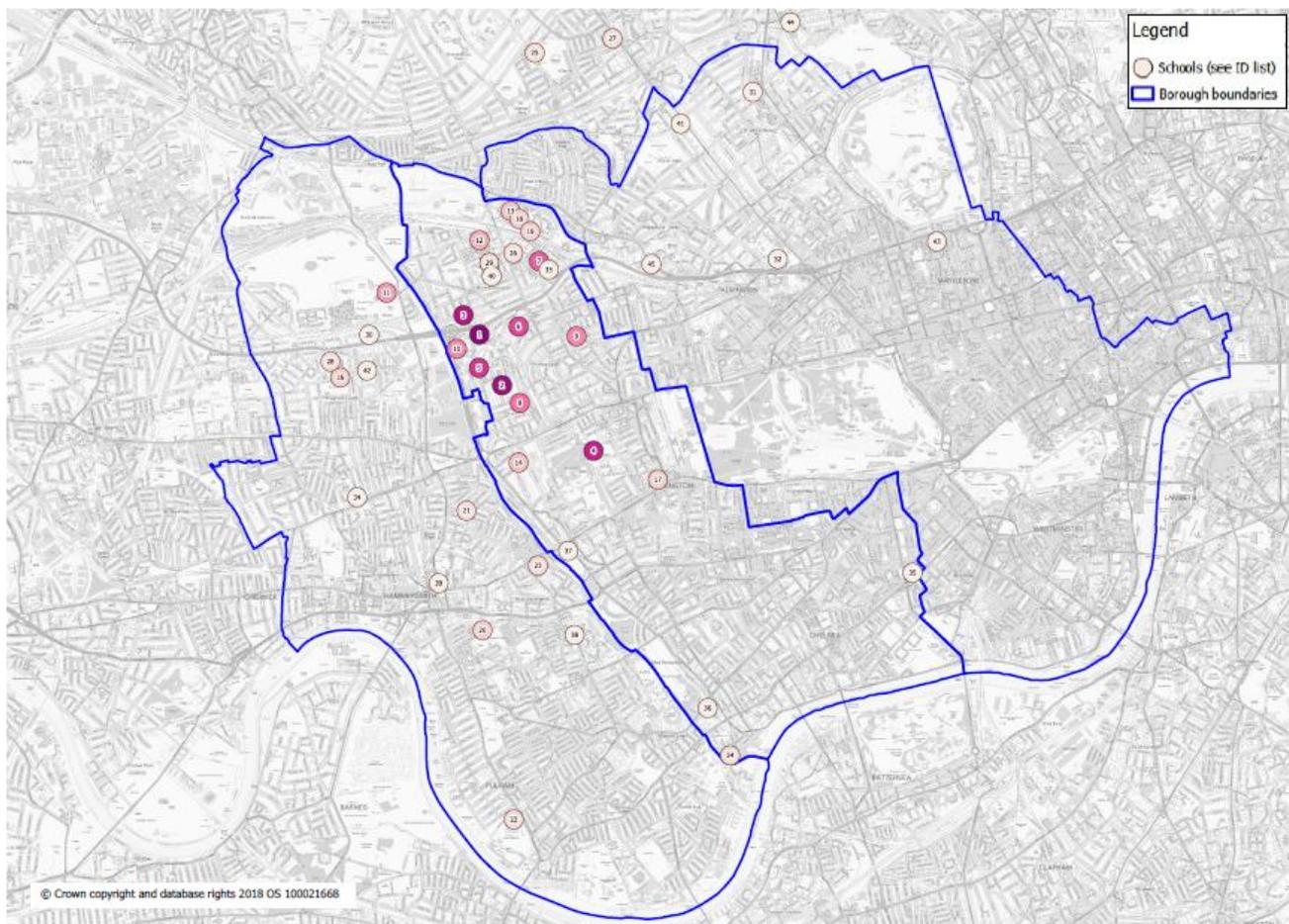
Appendix 2: North Kensington ward names and boundaries

Pre 2014

Post 2014



Appendix 3: Map of schools with children affected by the Grenfell Fire



Map ID	School
1	Kensington Aldridge Academy
2	Avondale Park Primary
3	Oxford Gardens Primary School
4	Holland Park School
5	St Francis of Assisi Catholic Primary School
6	Thomas Jones Primary
7	Bevington Primary School
8	St Clement and St James CE Primary
9	Colville Primary School
10	St Anne's Nursery School
11	Ark Burlington Danes Academy
12	Barlby Primary School
13	Ark Brunel Primary
14	Cardinal Vaughan Memorial School
15	St Charles RC Primary
16	Cambridge School
17	St Mary Abbots CE Primary
18	St Mary's Catholic Primary
19	St Thomas' CE Primary School
20	William Morris Sixth form
21	Addison Primary
22	All Saints Primary
23	Avonmore Primary
24	Chelsea Academy
25	Islamia Primary School Brent
26	Lloyd Williamson
27	Marylebone Boys
28	Phoenix Academy
29	St Charles Sixth Form College
30	Ark Bentworth Primary
31	Beachcroft AP
32	City of Westminster College
33	Golborne and Maxilla Nursery
34	Hammersmith Academy
35	Holy Trinity Primary School
36	Kensington and Chelsea College
37	Kensington Primary Academy
38	Queensmill School
39	Sacred Heart High School
40	Sion-Manning / All Saints Catholic College
41	St George's Catholic School
42	St John's XXIII Catholic Primary
43	St Marylebone CE School
44	UCL Academy
45	Westminster Academy

Glossary

Health

Anxiety Anxiety is a feeling of unease, such as worry or fear, that can be mild or severe. Generalised Anxiety Disorder is a long-term condition that causes you to feel anxious about a wide range of situations and issues, rather than one specific event.¹⁰⁰

Depression Most people go through periods of feeling down, but when you're depressed you feel persistently sad for weeks or months, rather than just a few days. Depression affects people in different ways and can cause a wide variety of symptoms. They range from lasting feelings of unhappiness and hopelessness, to losing interest in the things you used to enjoy and feeling very tearful. Many people with depression also have symptoms of anxiety.

Grief & Complicated Grief It's normal that grief will place a strain on day to day living, and it will usually take a long time after bereavement to start to adapt to life after loss. Even long after accepting loss, there may still be days that can leave the person who is grieving feeling like they had in those early days after the bereavement. Although these days can feel overwhelming, over a period of time, people gradually learn to cope and bounce back. Where grief becomes complicated is if people feel unable to bounce back. There is usually something about the experience that leaves the person who has been bereaved feeling stuck and, in a struggle, to cope with the emotional impact of their grieving.¹⁰¹

Health Inequalities The systematic differences in physical or mental health outcomes between different groups. These differences are

¹⁰⁰ See, www.nhs.uk/conditions/clinical-depression/; <https://www.nhs.uk/conditions/generalised-anxiety-disorder/>; <https://www.nhs.uk/conditions/post-traumatic-stress-disorder-ptsd/>

¹⁰¹ www.cruse.org.uk/complicated-grief

largely preventable and are connected to wider social inequalities.

Post-Traumatic Stress Disorder Post-traumatic stress disorder (PTSD) is an anxiety disorder caused by very stressful, frightening or distressing events. Someone with PTSD often relives the traumatic event through nightmares and flashbacks, and may experience feelings of isolation, irritability and guilt. They may also have problems sleeping, such as insomnia, and find concentrating difficult. These symptoms are often severe and persistent enough to have a significant impact on the person's day-to-day life PTSD can develop immediately after someone experiences a disturbing event or it can occur weeks, months or even years later.

Screening A process to identify those at risk of a particular health condition utilising a form of brief diagnostic test. Diagnosis typically follows a more extensive investigation for those who screen "positive" for the particular condition.

Trauma Trauma is defined deeply disturbing or distressing experience. In the classification DSMV, being exposed to a traumatic event means "The person was exposed to: death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence, in the following way(s): Direct exposure; Witnessing the trauma; Learning that a relative or close friend was exposed to a trauma; Indirect exposure to aversive details of the trauma, usually in the course of professional duties (e.g., first responders, medics).

Post Disaster Literature

Community The concept of community is frequently used in the disaster literature. At times it is used as a synonym for place but is

also used to refer to the common ties which connect people which may be about place but may also be rooted in bonds of culture, religion, interests or other factors.

Disaster Action An organisation created by survivors and bereaved families of several disasters who developed a strong evidence base about the needs of survivors and bereaved in post disaster contexts. (disasteraction.org.uk).

Recovery The post disaster journey is often described in terms of recovery. It typically is used to describe a process in which things improve over time. The literature recognises that recovery will be very different, for different people, and it should never be assumed that individual people have “recovered”. Most places post-disaster do not return to their previous state but are changed forever.

Resilience Resilience means the ability to withstand adversity. It is used both in the context of disaster preparedness and in terms of recovery. Both individual and community resilience are discussed in the literature. Resilience in recovery is not simply a character or personality trait but factors such as social connectedness and resources which all people require to get through difficult periods.

Grenfell

Recovery

Care and Support team Kensington and Chelsea Council key worker service instituted post disaster to support the needs of the most effected by the Grenfell Tower fire.

The Curve Community Centre in Notting Dale which began operating after the disaster to act as a community support and meeting place and a hub for a wide range of support services around issues such as health, housing, legal and employment.