Grenfell community insight research 2023

Key Findings Report

Prepared by SMSR Research
on behalf of The Royal Borough of Kensington and Chelsea

September 2023

Contents

1.0 SMSR Ltd. Overview

Established in 1991, SMSR Ltd. is a dynamic and innovative social research agency with over 30 years' dedicated consultation and evaluation experience. Conducting both public interest and social policy research for over 200 organisations, SMSR has operating divisions that design and deliver research projects on behalf of the public sector across the UK, Europe, and the Far East.

As a full-service agency we offer a suite of quantitative and qualitative solutions in addition to dedicated project management, data processing and analysis functions, from research design to data collection, analysis, and interpretation. Based on technical excellence and social science our data produces opportunities for clients to build insight and make confident operational and strategic decisions.

SMSR supports public agencies to understand the populations they serve and specialises in connecting organisations to communities that are often seldom heard which are often less likely to be engaged. SMSR has been successfully engaging, consulting, and collaborating with often marginalised, underrepresented and minority groups for over three decades. We challenge the term 'hard to reach' by operating effectively in the community, representing its many demographics with equality and efficiency.

Our methodologies are demonstrably effective across the UK, where we have developed relationships with community services, not as a single-serving resource for research but working relationships for long-term sharing of information and ideas. We support approx. 25 UK police forces and OPCCs across the UK in addition to our support of Local Government, health services, education, and the charitable sector.

Examples of our consultancy assignments include: • Essex Police – Understanding public perception • Merseyside Police – Increasing diversity within recruitment • Humberside OPCC – Understanding vulnerability • Great Ormond Street Hospital – Patient pathway re-engineering • Dove House Hospice – Public & Stakeholder perception • West Yorkshire OPCC – VAWG evaluation • Greater Manchester Combined Authority – Understanding knife violence & young people

Alongside our Information Commissioners Office registration, SMSR Ltd. is a Market Research Society Company Partner and holds the Fair Data accreditation and Microsoft Cyber Essentials assurance. The SMSR workforce is vetted through UK police forces to a NPPV3 level.

2.0 Introduction and research brief

The aftermath of the 2017 Grenfell tragedy continues to echo in the lives of survivors, bereaved families, and the broader North Kensington community. Half a decade later, The Royal Borough of Kensington and Chelsea (RBKC) council seeks to revisit its 2018 assessment, *"A Journey of Recovery",* with the intent of capturing the evolving dynamics of its impact and formulating the next recovery chapter.

Initial assessments, supplemented by data from the Population Health Monitoring and North Kensington Health and Wellbeing Survey, gave an initial glimpse into community well-being. However, with time, new challenges and complexities have surfaced, necessitating a more nuanced exploration.

All communities have been prominently affected by the tragedy and the research sought to build a better qualitative understanding of individual residents' health and wellbeing journey, the support that they have found helpful in their recovery, and any ongoing support that they may need. Based on the data and insights gained to date, a number of key groups were identified where it is considered beneficial to know more about their recovery needs (arising from the findings of the survey, and NHS engagement).

Firstly, those in close proximity to the Tower have continuously reported negative impacts, ranging from anxiety and reluctance to socialise to more profound relational problems. Secondly, women, particularly from diverse backgrounds, face a delayed processing of trauma, having initially prioritised their families' well-being over their own. This delay, possibly accentuated by external factors like the pandemic, has now started manifesting in both mental and physical health repercussions. Children, especially under the age of 11, present a distinct challenge due to cultural and familial influences which might restrict their access to support services. Lastly, residents aged 70 and over, particularly those with socioeconomic disadvantages, exhibit health management challenges, resulting in repeated emergency healthcare interventions.

To achieve a comprehensive understanding of these complexities, the council is initiating a research endeavour. This initiative emphasises personal stories, feedback, and experiences. Through intensive 1:1 interviews with residents near the Tower and focus group discussions encompassing the broader demographics, the council aims to dissect multifaceted aspects of post-tragedy experiences.

The research probes into the impact of the Grenfell tragedy on individuals' lives, their utilised support mechanisms, interactions with health services, and recommendations for enhancing existing services. To ensure the research resonates authentically with the community and captures unfiltered experiences, there's an emphasis on adopting a peer-led methodology. This approach, fostering community involvement, ensures participants feel understood, valued, and more likely to share genuine insights.

SMSR Ltd, an independent research agency was commissioned by RBKC to deliver this project which was carried out July and August 2023. The qualitative data is anticipated to compliment future Population Health Monitoring strategies and wider Joint Strategic Needs Assessment, supporting the trajectory of North Kensington's recovery.

The approach was tailored for the individual communities with a focus on age, gender, ethnicity, health status, and proximity to the Tower. The main aims and objectives of the research were as follows:

- The impact of the Grenfell tragedy
- Evaluate the impact over the last six years (any changes)
- Levels of support accessed/ offered
- Support providers
- Current health support
- Future support needs
- Barriers and challenges

3.0 Methodology/ sample

Twelve focus groups and twenty-two one-to-one interviews were recruited and conducted with residents from across North Kensington. Focus groups and interviews were facilitated in two community venues, Bay20 community centre and North Kensington Community Kitchen.

The research requirement was for the delivery of ten focus groups and twenty interviews. Interest, demand, and appetite to participate from within the community generated the increased output with fledgling evidence there was an opportunity to increase this further.

The initial recruitment mechanism intended to capitalise on existing relationships and introductions from RBKC and partners to community services, combined with direct approaches from the research team. Response to this approach was considered low and the uptake nil, with the exception of the North Kensington Community Kitchen (NKCK) based at Acklam Village. NKCK agreed to advocate the research, based on its ambition to incorporate the resident voice and support both focus group and interview recruitment.

In parallel to the engagement with NKCK, the recruitment process evolved to reach residents through local venues and events, and supplemented by door knocking to ensure the required resident demographic was accessed. Door knocking was undertaken at random, by identifiable independent researchers, to support the interview engagement of residents living within 200m - 500m proximity of the Tower. Focus groups and interviews were recruited utilising a non-probability approach, incorporating purposive and convenience sampling.

Participants were identified based on the research need and the requirement for RBKC, and partners to understand the experiences, perceptions, ongoing need, and utilisation of services from the following resident cohorts:

- Residents aged 70+
- Female residents from the global community
- Parents of/ children age <11years
- <200m - 500m proximity to the Tower (one-to-one interviews)

Owing to the inclusive ambition of the research, residents which were not within the desired demographic cohorts or should resident interest outweigh research capacity, an additional resident survey was created. The survey provided opportunity for those not able to participate in qualitative consultation to contribute lived experiences, perception, and opinions.

Approximately twelve residents were recruited for each group to ensure a healthy attendance and account for the natural attrition and dropout when recruiting public groups, creating a net attendance of 8-10 residents in each group. In total 133 residents attended the groups and interview process. All residents were recruited at least one week before the group commenced and received a reminder call the day before the group, prompting date, time, and venue location.

Each attendee was provided with a £50.00 payment to compensate them for any expenses incurred in attending the group and as a thank you for their participation. Incentives were distributed in line with the Market Research Society Code of Conduct.

At the conclusion of both focus groups and interviews, participants were provided with an opportunity to receive a directory of support services, developed in conjunction with RBKC, partners and residents during the previous 4 years delivery of the Health and Wellbeing survey. The directory of services was distributed via email, from SMSR Ltd. to residents which requested it, to support with any ongoing recovery needs.

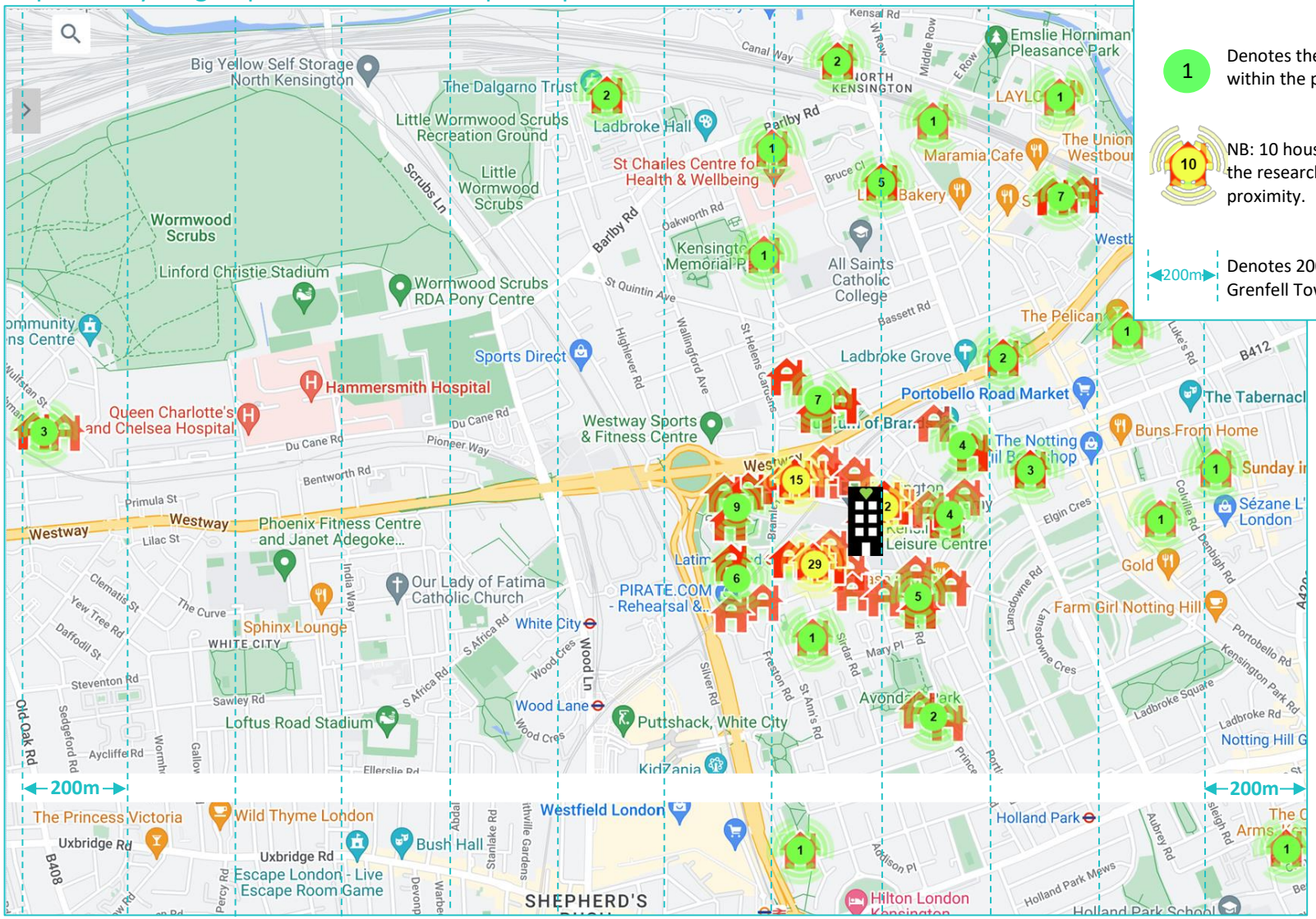
Report Structure

Key themes are highlighted throughout the report and verbatim from the groups/interviews are shown in "*italics*." Confidentiality and anonymity have been respected throughout the project.

The groups were held across a two-week period in July-August 2023. The details of the groups are as follows:

1	Residents of North Kensington North Kensington Community Kitchen 26 July 2023 1.00pm
2	Residents >70 years Bay20 community centre 27 July 2023 1.00pm
3	Parents of children <11 years Bay20 community centre 27 July 2023 3.00pm
4	Women from the international/ global community Bay20 community centre 27 July 2023 5.30pm
5	Residents >70 years Bay20 community centre 31 July 2023 1.30pm
6	Parents of children <11 years Bay20 community centre 31 July 2023 3.00pm
7	Women from the international/ global community Bay20 community centre 31 July 2023 5.30pm
8	Women from the international/ global community Bay20 community centre 01 Aug 2023 10.00am
9	Residents from the Lancaster West estate North Kensington Community Kitchen 02 Aug 2023 2.00pm
10	Women from the international/ global community Bay20 community centre 02 Aug 2023 5.00pm
11	Parents of children <11 years Bay20 community centre 03 Aug 2023 12.00pm
12	Women from the international/ global community Bay20 community centre 03 Aug 2023 2.00pm

Resident proximity - Fig1: qualitative research participation location data



4.0 Executive summary

Research methodology and sample

Twelve focus groups and twenty-two one-to-one interviews were conducted with residents in North Kensington, exceeding the original requirement of ten focus groups and twenty interviews; 133 residents participated in the consultation in total. Recruitment initially aimed to capitalise on existing relationships, but the response was low, leading to a more evolved process. North Kensington Community Kitchen (NKCK) played a key role, advocating the research, and the wider recruitment which included door knocking and attending local events to reach the target demographic.

A non-probability approach with purposive and convenience sampling was used, focusing on specific resident cohorts including the elderly, female residents from the global community, and families living in proximity to the tower.

Impact of the tragedy

The research explores the profound impact the tragedy has had on physical and mental wellbeing in the community. The effects include diagnosed or self-diagnosed anxiety, depression, panic attacks, paranoia, anger, loneliness, trauma, sleep problems, and Post Traumatic Stress Disorder (PTSD). Children have been particularly affected, expressing fear and anxiety about another fire. Parents have noticed visible mental health effects on their children, and some have expressed anger over perceived lack of support.

Mental health

Residents argue that mental health support has been significantly lacking over the past six years, and the demand for increased and improved support is high. Existing services are underutilised, and many residents are unaware of their availability. Fears among residents also include long-term trauma, community cohesion, and potential recurrence of tragedy. There is a pressing need for ongoing, tailored support.

Residents expressed a complex picture of mental health needs, with some sceptical of support effectiveness and others feeling guilt over accessing services, when considering their needs against those of residents of the tower. The community has grown dependent on support like day services and community hubs but mistrusts locally commissioned services. The closure of community support centres has exacerbated feelings of isolation and left a disconnect with authorities; residents feel there is a lack of care and a lack of value in what is now considered a broken relationship.

Physical impact

The physical health impact is complex but described as less prevalent than mental health needs. It includes experiences with healthcare systems like the NHS and Primary Care, focusing on respiratory complaints in particular. Residents' interactions with health services have been mixed, with growing concern about future diagnoses related to smoke toxicity and prevalent fears regarding potential health issues like asthma, cancer, and asbestosis. Improvements in specialised care and information on long-term effects are needed.

Living conditions, such as '*damp*,' '*mould*,' '*rats*,' and '*cold, drafty flats*,' are also raised as concerns comparable to the fire's impact on physical health. There were frequent examples of residents living in properties that were considered unsafe and damaging to their physical and mental wellbeing. Many were frustrated with the time taken or even the lack of a response, especially in light of the tragedy.

Perception of service provision

The sentiment among residents resonates with discontentment regarding support availability and effectiveness. Few felt their emotional needs were considered, and many voiced frustration and distress in finding the right assistance. Access points included local GP services and St. Charles Hospital, with mixed opinions on effectiveness.

Parents and women emphasise the need for better facilities and activities. There is a strong call for services that are more attuned to the community's unique cultural context and situation post-tragedy. A lack of leadership and a feeling of abandonment pervade, with dissatisfaction towards the council.

Services like Midaye, Dale Youth Boxing Club and the North Kensington Community Kitchen (NKCK) were valued and trusted by residents. This value also invites concern, particularly in younger services such as the NKCK that without statutory support and a sustainable model, they are vulnerable, despite the community's dependence on their services. The extent to which community services have evolved in response to changing needs, increased demand, or the absence of alternative provisions remains unclear.

Improvements

Communication within the community is largely done through word of mouth, considered more fluid and effective than formal channels. There's a palpable distrust of communications from local authorities like RBKC, NHS, or other known partners. Residents suggest that these authorities' inability to provide support or even properly communicate support services is indicative of a lack of care.

Residents feel that the council can reach them quickly for matters like rent but fails to apply the same approach for support services. The suggested scepticism in communication reinforces a feeling of not being cared for, leading to a broader mistrust of those 'running the borough'.
The engagement reveals a multifaceted landscape for improvements, with challenges including a lack of personalised care, ineffective outreach, disconnection from the healthcare system, stigma, cultural barriers, and influences from demographic factors. These insights suggest ways to create a more inclusive, tailored mental health support system.

Residents voice a coherent need for support that aligns with daily realities, transparent communication, inclusive decision-making, and preventative measures to avert future tragedies. The outcome of the pending inquiry remains crucial, with demands for transparency, unbiased process, understanding of root causes, and community healing.

Dependencies on recovery

The most dominant theme in external influences on recovery was Grenfell Tower's future, opinions vary, but there's consensus that the community's voice must be central. A significant majority of residents favour its demolition and the erection of a memorial, while a minority opinion prefers its preservation. Despite diverse views, there's consensus that the community's voice must be heard in the decision, as it influences their daily lives, memories, and identity. The tower is a constant trigger to many of the mental health challenges discussed and a lack of transparency and perceived action is compounding the ongoing tensions that seem to exist.

Community involvement in recovery, ongoing support, and programs promoting resilience, unity, and empathy are also emphasised. Recovery is seen as a shared journey, reflecting resilience and determination to learn from the disaster.


GRENFELL COMMUNITY INSIGHT RESEARCH 2023
KEY FINDINGS REPORT SCRIBE
MENTAL WELLBEING
PHYSICAL WELLBEING
PERCEPTION of SUPPORT
COMMUNITY SERVICES
COMMUNITY SUPPORT
COMMUNITY FACILITIES
SERVICE IMPROVEMENTS
BARRIERS
DEPENDENCIES ON RECOVERY
PRIORITY ROAD
MOTIVATION to ENGAGE in SUPPORT
COMMUNITY HUBS
STIGMA
LACK OF AWARENESS
MENTAL HEALTH
DEEP ROOTED
LACK of SUPPORT
MOVE ON
FOCUS GROUPS
PEOPLE DON'T NEED MEDICATION, they NEED SUPPORT
PRIORITY ROAD
ISLAMIC AID were the FIRST Service on site AFTER the FIRE.
The Community have COME TOGETHER
WE FEEL WHAT the other PERSON FEELS BECAUSE WE'VE BEEN THERE.
CLOSURE of COMMUNITY HUBS has left a VACUUM.
There is NOWHERE for the children to GO.
EROSION of TRUST
PERCEPTION and EXPERIENCE DON'T ALIGN = MISTRUST
THEY JUST want to PRESCRIBE something and SEND US AWAY.
The OLDER GENERATIONS are NOT USED to COUNSELLING. OFFERING THERAPY to EVERYONE IS NOT SOMETHING that CAN RESOLVE the ISSUE.
The COMMUNITY'S CULTURAL DIVERSITY has created SIGNIFICANT BARRIERS to ACCESS.
"HOW CAN WE TRUST SOMEONE with our THOUGHTS"
is they DON'T SPEAK OUR LANGUAGE?"
It FEELS LIKE THEY are our SOMEONE ELSE.
DETATCHMENT from MENTAL HEALTH Services
The TOWER stands as a SCAR it SHOULD COME DOWN.
Preserving it as a MEMORIAL is IMPORTANT.
Decision over the FUTURE of the TOWER
WE NEED ANSWERS and we need them to be HONEST The FUTURE should be OURS to DECIDE.
JUSTICE must be Served but with ... ACCOUNTABILITY HEALING ...CARE and COMPASSION
RECOVERY is a PROCESS not a PROJECT.
COMMUNITY INVOLVEMENT in RECOVERY

5.0 Key Findings

5.1 Impact on Health and Wellbeing

Mental Wellbeing

Through conversation, residents consistently emphasised the impact on their mental well-being, highlighting a common thread in their narratives of a perceived lack of support and general awareness of mental health services. Attendees were asked about the impact of the fire and how it had affected residents physical and emotional wellbeing, and how that had changed, if at all over the preceding six years. The question also extended to their family members where relevant, especially when consulting parents with younger children with an awareness of the tragedy.

Many suggested that the impact was as significant now as it was six years ago and for many *'not a day goes past'* without the memory and pain of the tragedy.

"It's all part of the triggers, we're still living here, we're still dealing with it. We've not stopped dealing with it and who knows, we may never, it may never end, it's like grief doesn't end, it's different for everyone."

It was evident across all groups and interviews that the overarching and dominant health issue cited by nearly all respondents was the impact on their mental health. Residents used the term '*mental health*' frequently when asked this initial question and often explained that it was a constant.

"It is affecting me mentally, when I think, it could happen to me as well in the future [another fire] so if I go for example for the flat or if I leave the flat, it affects me. It could happen, I could die and that's why it's affecting me mentally. I'm feeling I'm a victim of it all the time."

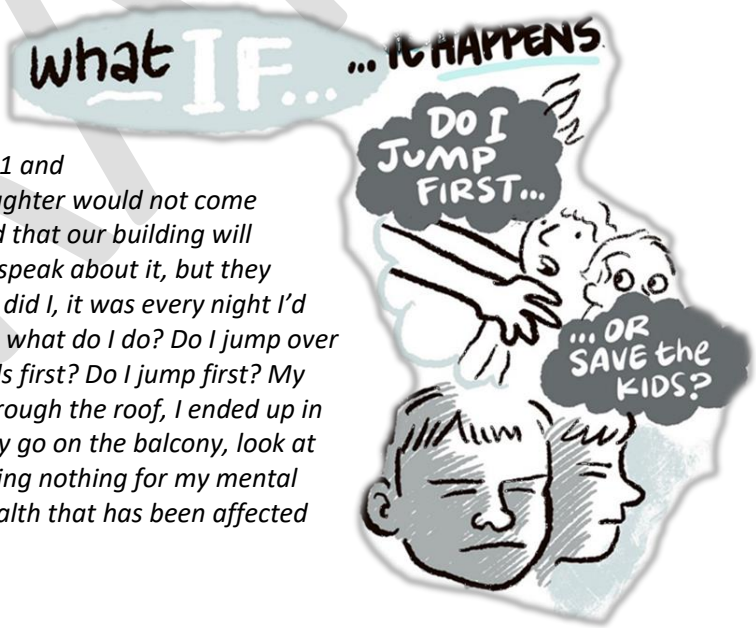
"…and the mental health issues of course, is affecting people severely for those people who have seen it or those people who were saved, a few of them were saved and it will remain in their memory for all of their lives."

All attendees across all groups and interviews either struggled personally with mental health issues since the fire or knew someone locally who suffered. Many mentioned the impact the tragedy had had on children and young people and their mental wellbeing.

"The most challenging is really helping the young people, that's Where the challenge is and I'm still finding that really."

The vast majority said that they had suffered with mental health issues since they witnessed the fire and that most of these residents personally admitted that they were still suffering now.

"I live in a Tower block and my bedroom, balcony, everything just faces the building. So, my daughter, she was 10 and my son was 11 and the other was 12, and my daughter would not come home because she was scared that our building will catch fire. My sons wouldn't speak about it, but they had really bad anxiety and so did I, it was every night I'd go to bed and if there's a fire, what do I do? Do I jump over the balcony? Do I save the kids first? Do I jump first? My alcohol consumption went through the roof, I ended up in rehab because I would literally go on the balcony, look at the building you know it is doing nothing for my mental health or anyone's mental health that has been affected by it, at all."



"I live in the Walkways very close so just coming here today I walked through where Maxilla is and that was a bit of a tigger for me because there's flowers, the memorial, I haven't been there for a long time. So, it's always there, it's sort of like we're meant to push through and get on so where is the support? I don't think it's there; you know if I was to go to my doctors and make an appointment and said, 'I'm really still struggling and I think I'm having flashbacks or PTSD', I'm not sure how that would be responded to. Again you'd be pushed back for further counselling but you know, it's deep routed and you've got to get on with life and I think now I think a different sort of community health care needs to be in place to deal with the aftermath as time has travelled because

triggers are still there, the memorials, it's still on the news, yesterday, the money has been spent, billions and billions of pounds, so where?"

"A lot, it's impacted our living. Even until now, the council hasn't told us about fire exits in our block where we live, and they still haven't come back to make sure that if something were to happen that how the firefighters could come in quickly. There's no fire escape and not much cross ventilation either so if a fire was to happen it would spread again quickly. It's a constant worry."

The range of mental health issues identified across the groups and interviews varied with the most common symptoms resulting in diagnosed [either self-diagnosed or clinically diagnosed] anxiety, depression, panic attacks, paranoia, anger, loneliness, trauma, sleep problems and Post Traumatic Stress Disorder (PTSD).

"It gives us anxiety every day. When I see the building, it gives me anxiety."

"…but the last 5 years every week the conversation is 'if anything was to happen like that, you get out and don't worry about us because there's no way you're going to get us out' and that's a kind of psychological affect witnessing the fire has had on them."

"Yeah, I'm still seeing those people up there whilst the fire is going around, so sometimes I can't sleep."

"I stood there watching great big balls of flames just falling off the top of the building and falling down. It was just big balls of flames and people screaming, it was dreadful. I still don't sleep at night properly over it."

"My health has never been A1 anyway, I don't know. I get scared at home because I live on my own, I'm worried about plugs, I'm worrying about silly things that I never worried about before. I have to make sure things are turned off"

"It suffocates me when I think about it, you know, I think about it, and it takes my breath away."

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"If I pop to that shop, that anxiety in my chest is thinking 'oh my god'. It's only 5 minutes to the shop and he's an adult but it worries you [leaving him]. I think, obviously I don't know because I haven't experienced him being that age and me not worrying, but your worry is completely different. You just worry, they're not ridiculous things because they're real, aren't they?"

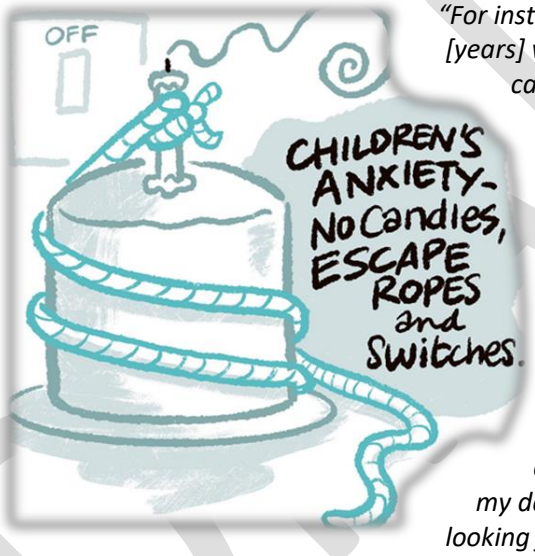
In the case of parents with young children, the mental health impact was still just as significant and many naturally talked about the concern they had for their children and their mental wellbeing, fear, anxiety and struggling to understand what and why the tragedy happened were mentioned frequently.

"The most challenging is really helping the young people, that's where the challenge is and it's still finding that really."

"I think they should have more things available for children as well as parents because I think with my daughter, like she was 10,11, she's 16 now but I know she has mentally been affected because she's one of those people that are like 'the switches are off mum', you know all them things but there was no support available for her back then, or now or anything, you know. So, to me I'm quite angry about that because you know, for some people there was quite a lot of help but for others like myself I'd say I don't know what help is available and to this day I still don't know what help is available and what help is not available."

"I think it's better to do something for young people in the area, to help the children, therapy for example. Or a table with games, that's very important for the children now with technology, but a corner for children to speak, some activity. It's better than nothing."

"So, my doctor when I did go and when I explained to her how I was feeling, I did get help, she did offer me like counselling, but I still feel like it wasn't enough, I feel like we should have had more, especially for the young ones. I think that's what's really lacking, there isn't really anywhere for them to go…"



"For instance, my youngest, they were maybe 5 [years] when the fire happened, they don't want candles on their birthday cake. I'm not allowed to light a candle in my house, they panic, and they'll blow it out instantly. It took me a while to be able to light the candle, you know, to finish your cleaning and you light your candle or an anniversary or something or birthday cake, that panic. They shouldn't have to feel like that, so it's the little things that are just normal day to day normality that they worry about. I guess it's so exhausting. I found my daughter Googling or looking on Amazon looking for ropes that could go from, because we live in a high Tower block too, so to get to the ground floor and how to get out and she was young at that stage, she was 7. They shouldn't be having to do things like that."

Residents argued that there has been a significant lack of support in this field over the last six years and there is a need for increased and improved mental health support, specifically. Support which many feel needs to be delivered at a community level and must meet the demand of residents, which was considered high.

"Communities been better, as in people that I know, not like the council, I don't find them to be of any use if I'm quite honest, I'm not going to lie. I just think it's like 'it's done, it's happened, get on, move on with it' and that's the reality and it's very, very sad and it's also disrespectful to those that were there, people that passed away and people that still have to live with it."

Not only is demand and need for this level of support high, but attendees also suggested that need has increased over the last six years due to a lack of any previous support.

"We're all different, some people have already recovered, some people still haven't, you know. Some people haven't processed it."

"I haven't stopped, I had the first treatment last year and I couldn't continue, it was too much for me. I mean I was off work for 8 months afterwards, 8 months like, it was like there's a tunnel and you're going through it but there's no light and every time you go a little bit further in you think it's going to get a little bit brighter, it doesn't. It's just sad that I feel people should be offered more. Okay give them a home, I get that, but give them something to look forward to, they're not getting nothing to look forward to, it's just the same thing."

"The support, at first, I didn't go anywhere because I was numb and then they came door to door, the people from NHS England and then every time I tried to talk, I got goosebumps and started to cry, and I haven't stopped crying, so it didn't help me. My children, one of them, she changed completely, she doesn't talk, another one she was going to Holland Park, she wanted to commit suicide from the top roof. My husband and me, our marriage is broke, 25 years and the marriage is broke because he suffered more, every time he smelled the skin burning so they moved him separately. To be honest my life has gone upside down, whatever therapies I do doesn't help, it only helps when I talk to people like this, when we share the problem. So, when I talk to this lady or this lady, I know what she goes through, and I know how she feels because it's the same. That's helped me."

It was clear that whilst the service offer or provision may be available within the Grenfell footprint, residents from all groups were unaware of availability and access. Therefore, participation among residents in existing services is considered low.

"No, no support. Nothing. No one came to my door 'do you need help or something?'. I just live next to the Grenfell Tower and this we can smell the smoke as well. If you want a gym membership'. Rather than having to go through, I think you can have a gym membership if you go to your doctors, GP's and get therapy and stuff. It should just be offered. That's why people don't access the services because you have to jump through hoops to get them."

Subsequently, residents described needs ranging from low-level support/ intervention to severe and enduring mental health and in-patient requirements. In many cases residents were unaware of what their particular needs are yet were able to vocalise their symptoms.

The anxiety and worry about the ongoing impact of the tragedy and the future loom large among residents. They expressed fears about long-term trauma, family well-being, community cohesion, and potential recurrence of a tragedy, again reinforcing the influence of perception on mental health and the ability to recover.

"We have grown old now and our hearts are weak. We are always stressed that if this were to happen again, what will we do. So many times, I check the stove, the iron, everything. I don't trust myself with it. My daughter asks me why I put the TV off by the mains, but I make sure I turn it off before going to bed because I'm so scared."

"I have the same Hotpoint appliance as what was in the incident, a faulty washing machine, which I'm always worried about. I'm scared of the cooker too, but I can't live without it. I feel scared leaving the house. If something happened at the entrance where the metre is, I'm afraid of how I'd run because there is no fire escape. There are other leakages in the block and if there is a short circuit what do we do?"

They also voiced a need for continued support, focusing on individualised care, family counselling, and community healing programs.

"I'm scared for my family's future; we need ongoing support."

"What if it happens again? How can we heal as a community?"

"Yes, of course. People have developed anxiety, my daughter suffers as well, diagnosed by the doctors."


MON FRI WED SUN SAT THU
14th JUNE 2017
THUR TUES SAT FRI WED MON
NOT a DAY GOES BY without the MEMORY & PAIN of the TRAGEDY
IT COULD HAPPEN to ME
It will REMAIN a MEMORY for ALL of THEIR LIVES
The BIGGEST CHALLENGE
NO SUPPORT
is HELPING the YOUNG PEOPLE
Nowhere to GO...
MAJORITY SUFFER MENTAL HEALTH ISSUES
GRIEF
DOESN'T END
MENTAL WELLBEING
DEPRESSION
PANIC ATTACK
NUMB
PTSD
LONLINESS
SLEEP ISSUES
TRIGGERS
"YOU HAVE to JUMP THROUGH HOOPS to GET HELP"
ANGER
what IF... ...it HAPPENS
DO I JUMP FIRST...
... OR SAVE the KIDS?
It SUFFOCATES me when I THINK ABOUT IT.
OFF
CHILDREN'S ANXIETY- No Candles, ESCAPE ROPES and Switches.
We FACE the BUILDING...
ANXIETY
ALCOHOL
My DAUGHTER Wouldn't come HOME...
...my SONS Wouldn't SPEAK.
COMMUNITY
INDIVIDUAL
HEALING
DEEP ROOTED
LACK of SUPPORT

Physical Wellbeing

The physical health of the residents following the Grenfell Tower tragedy is a multifaceted issue. This theme seeks to provide an exploration of the experiences, fears, desires, and overall health trajectory of those affected. It delves into the specifics of their engagement with healthcare systems, primarily the NHS and Primary Care, and considers various aspects of physical health from respiratory complaints to concerns about living conditions that might aggravate health problems.

Residents have accessed varying levels of support to cope with ongoing impacts. While some have sought professional care through the NHS, others relied on community support or self-care; '*Community supporting community*' was a consistent resident observation through the consultation.

"The Community Kitchen. I would do anything for them, they are saving lives. Without the community kitchen I wouldn't have support and people that understand and for food, I would have pasta and water, or be hungry."

"I think the residents help each other more than the NHS and council and police help us. I can be wrong, there could be help I don't know. I would be pleased to be shown it."

The majority of support seems to be focused on respiratory complaints, with the GP being the most pronounced service consulted. However, these requirements appear less prevalent than the need for mental health support, which may indicate a prioritisation of mental health over physical concerns.

"My asthma has worsened since the fire, and the GP seems overwhelmed."

"…I have a good doctor and they help with my thyroid, but I think they help with the physical, more than the mind. I don't think there is help for mental health."

"I tried going to the GP, but the wait was too long; I rely on my community now."

Interactions with health services, including the NHS and GPs, reveal mixed experiences. Some residents reported satisfaction, while others expressed frustration with delays and perceived inadequacies.

The fledgling concern for future diagnosis, specifically centred on the toxicity of the smoke and concerns related to "*asthma*," "*cancer*," and "*asbestosis*," has led to increased reliance on GPs. There seems to be an underlying fear that more health issues might arise in the future.

"My GP has been helpful, but I worry about cancer in the future due to the smoke."

"I've been diagnosed with asbestosis, and it's been a nightmare dealing with the system."

Many residents shared their thoughts on how health services could be improved. This included the provision of more specialised care for respiratory issues, streamlined access to GPs, and increased information about potential long-term health effects.

Living conditions were also raised as a comparable concern to the fire's impact on physical health, with consistent references to "*damp*," "*mould*," "*rats*," and "*cold, drafty flats*."

"I need more specialised care for my asthma; the GP is doing their best, but it's not enough."

"My flat is damp and cold; it's aggravating my respiratory problems. Something needs to be done."

"I had breathing problems, so I go to emergency services, and I get given antibiotics. Before they gave me Amoxicillin. They do X-rays for me too. Because of my housing situation things have been worse. I'm living in damp which is making it worse."

The findings reveal deep-seated fears and needs for future support. Concerns over chronic health issues and the toxicity of substances in the fire are prominent, alongside dissatisfaction with living conditions that may contribute to ongoing health problems.

Residents expressed a need for more proactive and preventive care, especially in managing new or exacerbated respiratory symptoms. The desire for improved accommodation to foster better health was also strongly voiced.

"I'm scared that my children will develop cancer due to the smoke. We need more regular check-ups."

"My flat has mould, and it's making my cough worse. Why is nothing being done about it?"

The physical health conversations unveil a complex panorama of experiences, needs, and concerns in the aftermath of the tragedy. While mental health support seems more prevalent, the physical health issues—particularly respiratory complaints—are emerging as a critical area of focus. The emphasis on GPs as the primary service for consultation, combined with concerns about living conditions and future health problems related to the fire's toxicity, offers a comprehensive perspective on the physical health landscape.

The residents' voices underline the urgency for specialised care, improved living conditions, and long-term support to alleviate their fears and enhance overall well-being. Their insights contribute to a deeper understanding of the interplay between physical health, environment, and recovery, thereby offering valuable cues for shaping future interventions.


The MAJORITY of SUPPORT seems to be FOCUSED ON RESPIRATORY COMPLAINTS, with GPs being the MOST USED SERVICE.
PROFESSIONAL CARE
SELF-CARE
COMMUNITY
PHYSICAL WELLBEING
My Asthma seems WORSE since the FIRE & the GP is OVERWHELMED.
LIVING CONDITIONS
My FLAT is DAMP + Cold
It makes my COUGH Worse
FUTURE?
CANCER
Asthma
ASBESTOSIS
my children
NEED
PROACTIVE and PREVENTATIVE CARE
SPECIALISED CARE
IMPROVED LIVING CONDITIONS
LONG TERM SUPPORT
Community
Supporting
Community

5.2 Support offer

Perception of support

The majority of residents across the groups and interviews said they had not received any tangible offer of support or been asked how they were feeling and what needed support might look like. This despite living within close proximity of the tower and for most witnessing the tragedy unfold, which for many included the loss of friends and family. A minority of residents referenced the offer of an enhanced NHS service; few had taken up this offer.

"I personally have not got any inch of help, I don't know what help is available, I don't know what's not available. I've only had one lady a couple of years after who came and knocked on my door and asked me how I've been impacted by the fire and now that it's covered up, you know, does it make a difference? That was it. My children have been affected by it, the only thing is, I'll go to the GP to seek therapy, now only therapy is not going to work for kids that have literally mentally being affected and with myself, like I said, I had to go through social services to get help because I didn't know what other help was available for me and I still to this day to not know what help is available out there for me that is being affected and my children that have been affected by Grenfell. So, you know, and I suffer from anxiety so for me to actually go out there and ask people, it's difficult."

"I'm currently living in Barandon Walk, I've been decamped from there because they're doing the block up. We've always been a part of it, but no one ever knocked on our doors in the whole 6 years, no one. We've just been left."

"No, I've never had a knock on my door from an RBKC worker and I live directly across the road from the Tower. So, we're 6 years over, at the end of last year I just had my fire alarms fitted. That's 5 and a half years later."

"No. If you want to find out about a project or a service, it's your friends and your neighbours and you see it on posts like community residents or workers from the

projects. In all of that time I haven't had a knock on my door to say 'are you okay? Do you need help?"

"People from the NHS [visited]. I think I had at least two people in my flat to talk to and they were quite good."

Again, it should be noted that awareness was low, which many argued was due to a lack of attention and offer of support following the tragedy and this covered all ages from young children through to the elderly. Subsequently this added to the lack of access of support.

"I actually went to my doctor because I couldn't sleep, for sleeping pills, I just couldn't sleep. My son as well, we didn't sleep for about a couple of months. I had no sleep, every time I used to go to sleep I'd run downstairs and check the washing machine, if I turned it off, if I turned the cooker off, if everything is off downstairs because I used to have that fear within me that something is going to happen, something is going to bust and then my kids won't be able to climb out. I used to measure from my window, if there was any incident, if we could go down and survive. I used to tell my husband 'If we just go to the second floor and if we jump from there, do we think we'll survive if there was a fire?' because the fire would start from downstairs as that's where my kitchen stuff is. My husband used to say I was being ridiculous and things like that, but I'd never be able to sleep because my son's teacher died. I don't know if you know #####, her and her kids and everyone died and I spoke to her just the day before, we had a good laugh and everything and even my son, he was realty affected by it because it was his teacher. It really affected him, but we didn't have someone come to our house and say 'is everything okay? Are you suffering? What's happening?"

"There should be a family social support worker dedicated to each family, to check which families are suffering, what are they feeling etc."

Those that had accessed services in the aftermath of the fire mainly cited local GP services and to a lesser extent St. Charles Hospital. St. Charles Hospital was discussed in just less than half of the groups and whist the service delivery and frontline staff were described favourably there were recurrent weaknesses described in relation to access, and to a lesser extent, awareness of delivery.

"I haven't been, but I've been to the St Charles one and it was less than half an hour, just a basic, basic routine."

"Nothing really, they don't even take blood. They just talk about your health and wellbeing and how you've been feeling. 'Has your health changed after the fire?', basic, basic things but you don't get anything more."

"In some schools we have therapy for children for that. It's very nice. If you go to the school, instead of taking them to St Charles to a stranger."

"So first of all, at that time of the tragedy, it was my GP, I didn't get any support maybe I didn't request for it because I was in a cycle that you know, I don't want to get out of that picture every day, that picture in my head. I heard people go to the GP where they can get tablets for depression and everything, but people don't need medication, they need support, they need somebody to talk to, a group gathering to share the emotional and feelings. I don't really get help from the GP, but however, there is a small organisation that is a charity that is called One UK, it's a small charity, this one they give some help, some support but it's not like a big, big service. They used to bring some GP online, it's based at St Charles, they just have a small office there. So, they bring some GP, they go on Zoom meetings, we share our feelings, the advice they give us that we need to be strong, to move on with it or if we really can't come out from that picture, we can go to the GP and they can give us medication to help us, but we don't really need that, we need action"

"…we get calls from Health and Wellbeing centres who talk to us and ask us how we're doing. They haven't helped to improve my health and wellbeing."

It was noted that the focus groups and interviews themselves were considered beneficial by many attendees', particularly in the context of their wellbeing. The mechanics of the qualitative research appeared to reflect the preferences residents described in support structures; they were approached, by an independent organisation and provided space within a community venue to talk and be listened too, without condition or promise.

"I think it was nice talking about it."

"It's like therapy."

"It was nice coming out and talking to you about it."

"We haven't sat and talked for a long time. It's inside us all the time but I've never actually sat down like this and talked about it, so I think it's really good. I felt really good that I'm actually doing this."

"They should do some group discussions."

"Thank you for what you are doing for us. I feel like you cared about what we were saying, and it felt very nice".

"What you said about not promising anything to us, is important, I appreciate that. If something good comes from this research, great, but I appreciate you saying what your part is, that's how trust starts to form."

"I know this might sound funny but the researcher who invited us today was more caring and more interested than people who are supposedly the community, dropping leaflets in letterboxes. She came and even when I came out, she said, 'oh is your mum here?', I said, 'my mum' and she had a conversation with me, it wasn't just oh 'we've got a focus group do you want to join'. She actually asked questions and I actually felt she cared, and care is something you can't put a figure on, you can feel it and when someone cares you can tell and when they don't."

GPs were the most frequently mentioned service in terms of awareness and access to support services and were considered the gatekeeper and first point of contact for resident triage, referral and/ or signposting. GPs were praised at times for their ability to diagnose and refer into specialised services.

"No, we didn't have any of that. The doctor did offer me if I wanted to get therapy done because of this. I thought about it, and you know, I just thought no, it's not going to do me anything."

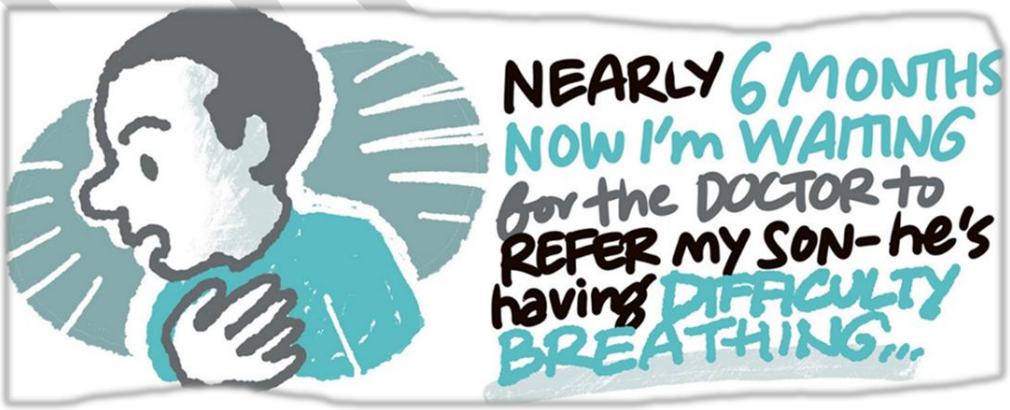
"I think I was in therapy for one year and it was a little bit painful, I recommend for the people to go to the therapy for Grenfell. I was there one year, and my son was there in therapy for one year. Yeah, I think it's a little bit helpful."

"I can't really rubbish my doctors because they've always been good to me. But if you haven't got an in, it's a nightmare, a nightmare. And as the lady said, it's all phone calls, you've got to wait for them to phone you back."

However, awareness of GP services didn't always lead to accessing appropriate support and many levelled a frustration at local partners as they argued that GP provision had not developed or become more accessible following the fire, in fact if anything, the service had become less accessible as a consequence of the recent pandemic and national public health challenges.

"So that's why we worry. We don't know what's going to happen, what to do and where to go. You go to your doctor and your doctor does nothing, so where else do we go?"

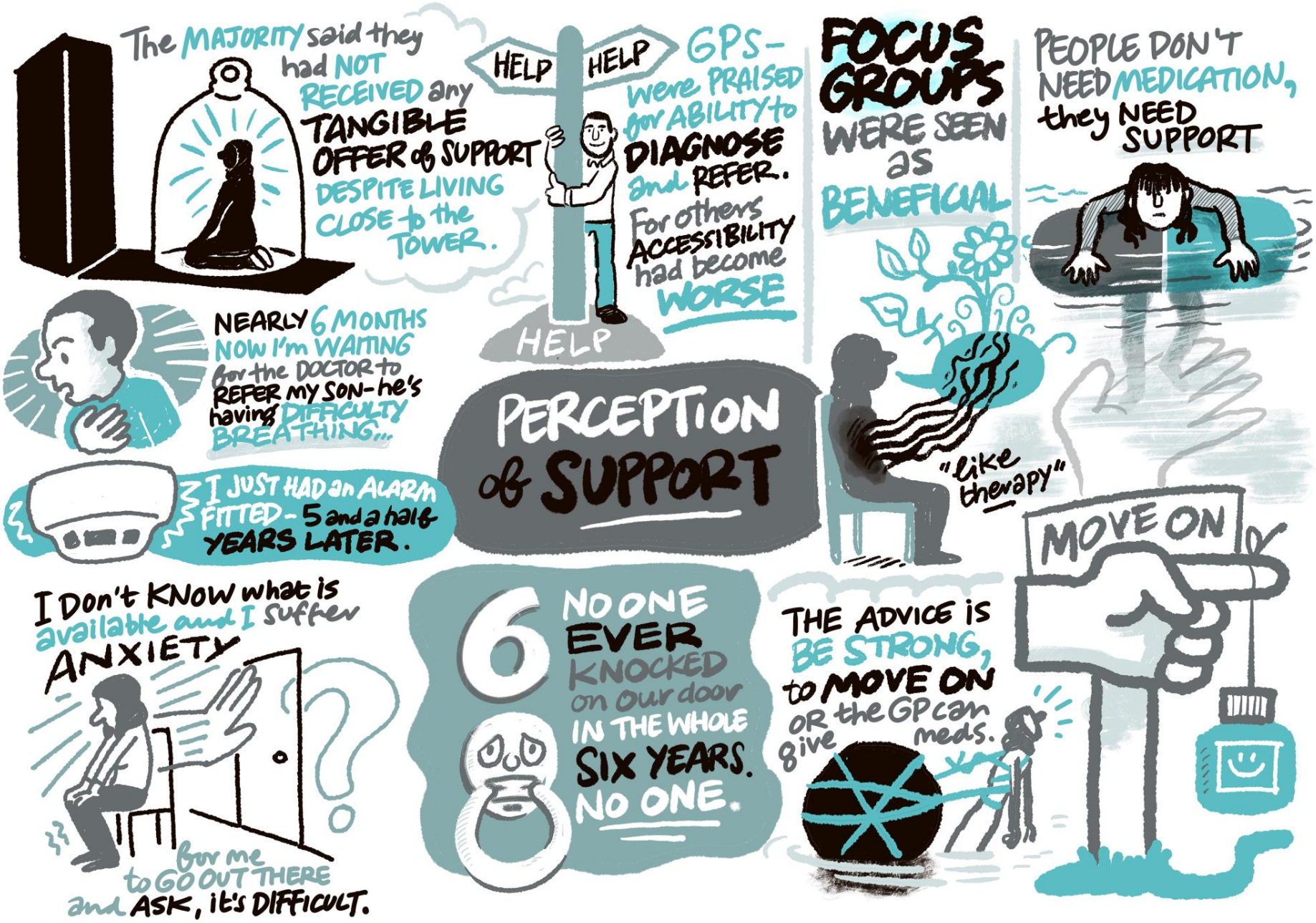
"Nearly 6 months now I'm waiting for the doctor to refer my son because he's having difficulty breathing. The referrals gone and I'm still waiting. There's no special like service for the people that have been directly affected by the fire."



It is important to note that there are residents that simply do not feel they needed any support and therefore did not seek it. Additionally, there are residents which were unable to define what support they felt they required. These residents also indicated it was likely their GP that would have been their first response, if required.

> *"I haven't sought support so I can't say there's a lack of support. I know that obviously if I did need to talk about it, there's a GP and other alternatives available. I haven't sought that kind of help, but obviously there are other side effects like not expecting something like that to happen, you hear about all the stuff on the news, you go past it and things of that nature, but I can't really complain too much about not getting support because I haven't sought that."*

> *"For me I don't know if at the time or even now I'd know what I'd need to help me, do you know what I mean? I really don't know what they can give me to help, seeing what I saw and what smelt and the people that perished. What can they do? How can they make that any better? It's a dreadful situation."*


The MAJORITY said they had NOT RECEIVED any TANGIBLE OFFER of SUPPORT DESPITE LIVING CLOSE to the TOWER.
HELP
HELP
HELP
GPs - were PRAISED for ABILITY to DIAGNOSE and REFER. For others ACCESSIBILITY had become WORSE
FOCUS GROUPS WERE SEEN as BENEFICIAL
PEOPLE DON'T NEED MEDICATION, they NEED SUPPORT
NEARLY 6 MONTHS NOW I'm WAITING for the DOCTOR to REFER my SON - he's having DIFFICULTY BREATHING...
PERCEPTION of SUPPORT
"like therapy"
I JUST HAD an ALARM FITTED - 5 and a half YEARS LATER.
MOVE ON
I Don't KNOW what is available and I suffer ANXIETY
for me to GO OUT THERE and ASK, it's DIFFICULT.
6
NO ONE EVER KNOCKED on our door IN THE WHOLE SIX YEARS. NO ONE.
THE ADVICE is BE STRONG, to MOVE ON OR the GP can give meds.

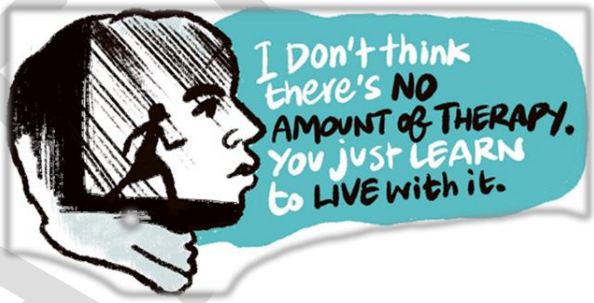
Motivation to engage in support

Despite experiencing the tragedy and being affected by what had happened, several residents were unconvinced by the impact support may have or simply did not know what support they needed. Ultimately these residents simply felt that no level of support or health interventions would be able to enhance their quality of life and wellbeing.

> *"I didn't really find it like, anything that is given to me is going to help me because it was right there, the memories there, I can still hear the voices of the people. I was seeing [it] from when it was just a small fire on the window to when it all caught fire, all of it and all of the screams and smoke and even some of the fire, it was like exploding so it was coming next to my flat. I was even scared in my flat and I was in the balcony, so I don't think anything that was offered would ever help so I didn't take it."*

> *"Of course, I would take it but I just, if I see that I am going to get help, I don't know how it will help me to be honest but if I thought it would help me then I would take it. But how would it help?"*

"I don't think they even know how to. Personally, I don't think there's anything, no amount of therapy, NHS sessions, meetings, anything that's ever going to, you just need to learn to live with it now."



There was, from a significant number of respondents, a perception that there had been a more effective offer of support for survivors of the tragedy and a reduced service for everyone else. In addition, there was evidence that residents themselves felt guilty about accessing services they felt they were less worthy of receiving often placing survivors and family members of the deceased in front of them in terms of perceived entitlement. This had been a barrier for some in terms of accessing support.

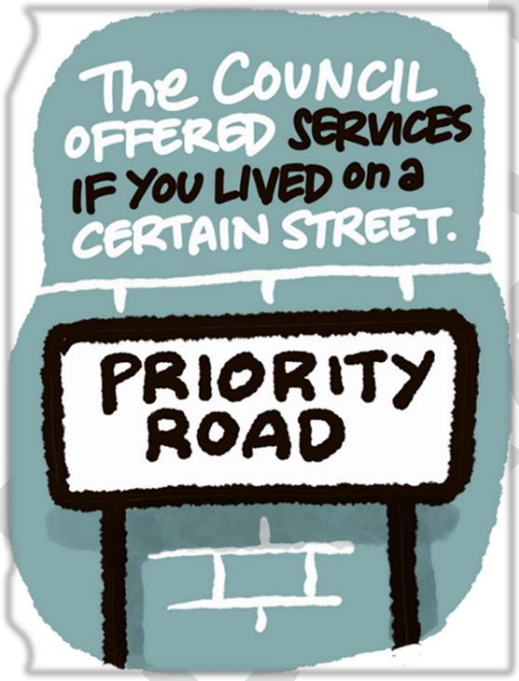
"I think a lot of it lies within ourselves because we shut the support out at first because as I say, we were more worried about all these people that died, the ones who have survived it, they needed help, not us. You know, we're alive."

"My friend died. How can I ask for any help. I am still here, he isn't."

"…what I know, survivors are treated very differently than the residents. The residents are treated basically like shit and the survivors are treated like the golden children."

To add to this further several residents communicated the challenge in describing concerns when it can be considered a criticism of survivors.

> *"You don't like to say what you need, or your family needs sometimes, because it sounds like you are putting yourself in front of them poor victims. They should get everything, but that doesn't mean everyone else should get nothing."*



"In my personal opinion, obviously nothing overtakes the bereaved and the survivors, they're top tier, they are the most important but then I think it's very filtered out. You know, so as much as our community is very close, the council decided that too by offering services if you lived on a certain street for instance, it's not, everybody was affected, regardless of where you live, everybody was affected. But I don't think the council understand that. After the fire if you needed something repaired in your house and you called the council, the first thing they'd say was if you lived on a certain estate press 1 and you'd be fast tracked through to repair."

The difficulty residents had in articulating a distinction between survivor's support needs and their own was understandable and apparent. Many residents described friends, family and acquaintances which sadly passed away in the fire, leading to an understandable and emotional response within conversations.

Through discussion with the North Kensington community, the research asked for guidance from residents in defining if non-Grenfell residents can be considered victims. While the response was mixed, there was an understanding that the wider community considered themselves to be a victim of an event, but of more relevance, they considered themselves to have support needs as a consequence of what had happened.

Residents again referred to the changeability of support needs, describing how '*need has increased, not gone down*' since the fire. This suggested a requirement for a dynamic offer of help to mirror the dynamic of the need.

"I understand that people were knocking around doors right after the fire, I don't know about anybody else, but we weren't in a position to have those conversations then. I guess I could probably seek out that information for my parents and my auntie but they're also the generation of they don't really like to talk about it, especially to somebody else if I'm completely honest about it. So, their loved ones get that burden, that emotional burden a little bit. I guess I could reach out to their GP's, and I don't know if you're familiar with 'My Care My Plan' where they look at over 60's, over 70's and they give them a bit more attention which is rightfully so. But yeah, I think there was a lot of attention right on the onset, no one was ready to have a conversation then and it's kind of whittled down and you have to seek it out and you have to be mentally prepared to seek something like that out. For them to talk to me is great but for me to say, 'would you like me to do something for you?', they say no."

"Then there was the Red Cross that visited door to door and also the NHS, what I can't remember is whether it was the Red Cross or the NHS referral that I took on board and I got some counselling and I did the counselling for maybe just over a year also which was helpful initially, for a time. Then it's really weird, I found the counselling triggering, almost like a knock-on effect kind of going over events as time goes on. Then I think the pandemic happened so that then put a break in the sort of sessions face to face, it was much more remote, telephone and it didn't have the same impact and again you felt like you needed to push through."

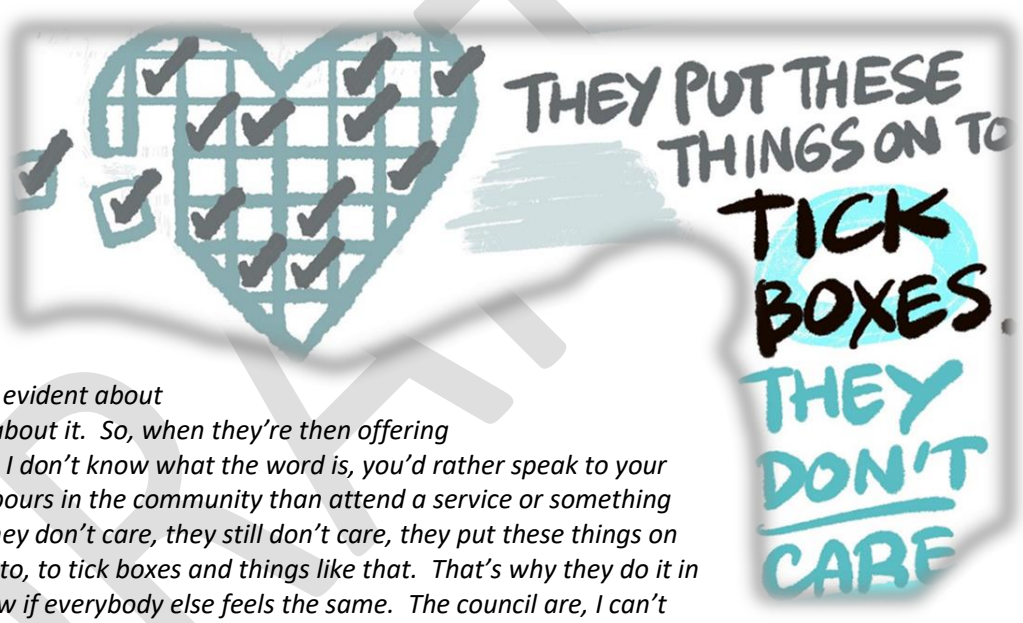

I Don't think there's NO AMOUNT of THERAPY. You just LEARN to LIVE with it.
I FOUND the counselling TRIGGERING
RESIDENTS FELT LESS WORTHY - PLACING SURVIVORS in FRONT OF THEM.
The COUNCIL OFFERED SERVICES IF YOU LIVED on a CERTAIN STREET.
PRIORITY ROAD
MOTIVATION to ENGAGE in SUPPORT
MY FRIEND DIED. HOW CAN I ASK for HELP. I'M HERE, HE ISN'T
There was a LOT of ATTENTION at the OUTSET When NO ONE was READY. Now you have t SEEK IT OUT.
NEED HAS INCREASED NOT GONE DOWN

5.3 The Local Community

Community Services

There was evidence of a greater reliance on community support services in particular day services, the Curve (previously) and Baseline were mentioned as effective community hubs where service provision had helped with mental health challenges. Often based around cultural backgrounds or age specific activities both women from the global community and the over 70's had utilised these day services citing therapeutic massages and talking shops as beneficial.

There was a general lack of trust within the community of locally commissioned services and RBKC or NHS lead services were more likely to be avoided. Subsequently there was a call for more community spaces to deliver health and wellbeing services, providing more independence and trust. It was apparent that had proved to be a barrier to access previously.



"I think it was quite hard, I don't think anyone around here trusts the council as far as you can throw them literally, so when they're putting on services it's very hard to know it's not their fault why the fire happened. Everyone is evident about that, there's no doubt about it. So, when they're then offering their help, you feel like, I don't know what the word is, you'd rather speak to your friends and your neighbours in the community than attend a service or something that the council did. They don't care, they still don't care, they put these things on just because they have to, to tick boxes and things like that. That's why they do it in my opinion, I don't know if everybody else feels the same. The council are, I can't really use the word I want to use. They don't care."

Resident feedback emphasised a strong feeling that mental health services were not designed with their individual or community needs in mind, interpreted as a lack of personalised support. This sense of detachment from the services was pervasive, leading to the overall mistrust in the support being provided. Personalised support, tailored to the unique needs, preferences, and experiences of each resident, was largely considered absent.

This lack of individualised care has led to a reluctance to engage with services, hindering the ability to provide effective mental health support. More personalised outreach and support, based on a clear understanding of the unique challenges and needs of the community, may help bridge this gap.

"It feels like these services are for someone else, not for us in our community."

"…so, for me I don't think it will ever go away but we have to learn to live with it, it's like grief, it doesn't go away, it stays with you but it's learning to cope with it and it's not so easy, especially when you have mental health issues, it can be really detrimental. I mean I was off work for 8 months afterwards, 8 months like, it was like there's a tunnel and you're going through it but there's no light and every time you go a little bit further in you think it's going to get a little bit brighter, it doesn't. It's just sad that I feel people should be offered more."

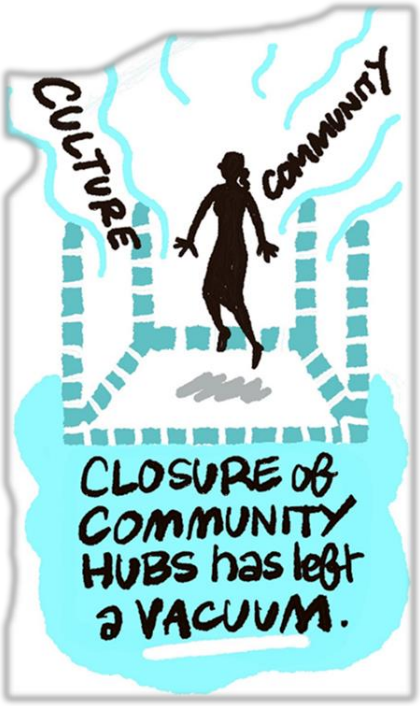
An emerging trend within the resident data was a theme of mistrust in statutory services, notably RBKC and local NHS provision; this likely extends to the wider landscape of partnerships and supply chain when there is a distinct absence of what residents consider to be 'community' services, for example, when commissioned services are not delivered in community venues.

It is of importance to consider that resident misgivings are not considered in the context of front-line delivery initiatives and the associated staff, but rather in their wider association with local authority and local health providers. There appears to now be a degree of erosion in trust which introduces a general scepticism in services when they are considered to be simply '*council*' or '*NHS*'.

The issue of mistrust can be traced back to a lack of transparent and open communication. A sense of exclusion and lack of community engagement is another underlying factor. Involvement in decision-making processes and respecting diverse perspectives within the community would foster a sense of ownership and inclusion.

Community Facilities

The closure of community support centres, such as The Curve, where residents previously found support, has added to feelings of isolation and abandonment. These centres often provided culturally sensitive support that resonated with the diverse needs of the community. The absence of such spaces has created a vacuum, leaving residents with fewer options to seek mental health support that is culturally attuned and community focused.



"Mental health services don't understand our culture. It's like they are speaking another language entirely."

"I think all services, people access different services. We had The Curve which a lot of people liked it, a lot of people didn't like it. But if it helps just one person. Not everybody liked it, but some people did. We used to get there. 8am until 8pm, in the hotel there was nothing to do so we'd sit in there, do some activities, art, cooking, just playing with other kids and then go back to the hotel. It's very important."

"I was able to access that [The Curve] and my work was aware of the situation as well so they were supportive in that way, but I didn't necessarily know where the support was so it was just me thinking the first port of call would be my GP and then when I realised there was a bit of a waiting list and then the hours won't be flexible because I still had to work, then I accessed support through work and then there was a centre, I think RBKC sold the building called The Curve. So, I used to go there with my children as well, used to go there and there was lots of support there as well, activities for children, there was food as well."

"They sold the building because they wanted to build some fancy flats or something there. But yeah, so as time passed on all the support kind of disappeared that was available. But like you said, the community support was definitely there, and I benefited more from the community support rather than services. For me, maybe others will view it differently, but I wasn't quite sure where support was and especially right after the tragedy, it took a while for support to be provided and be clear where that is basically."

"I have been offered no support. We used to go over to The Curve, and you'd talk to someone and have a massage and you could sit there for as long and have something to eat but you were coming back to the same thing. You weren't going away from it, it was there and even if you're not there, it's still in the back of your mind because I lost friends there, her and her family were so nice, lovely people and the whole family, I just wonder, you know."

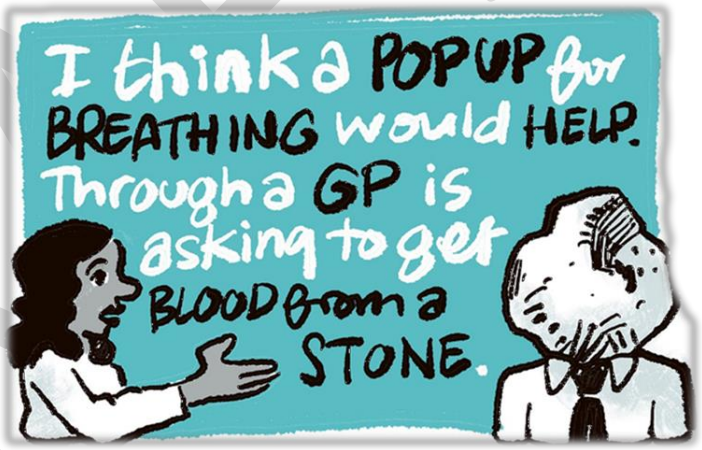
"Yes. It should still be there because it was somewhere to get away, you'd just go and sit and chat or read your paper or something, then you're not looking at it [Grenfell Tower]."

The lack of community facilities tended to be more of a prominent issue amongst parents and women from the global community who argued there was a need to provide better facilities and activities to help residents recover and heal.

"The only place that's left now that you can go for counselling is St Charles Hospital, that's where my son goes. Everything seems to have gone out the window."

"There's a lot of people still going to counselling because of the fire but what I want to concentrate on now, this was 6 years ago, and everything seems to be forgotten, on the estate, the local council, and the ones in Downing Street, all of them seem to forget everything. They're shutting down all the places, the kids got nowhere to go, there's no community centre, 1975 I moved down here, we had community centres, children had somewhere to go in the evening, now there's nowhere for the children to go. Everything seems to have gone out of the window, it's very hard at the moment, children are home from school, there's nowhere for them to go and we need a proper community centre in this area. There's a lot of people that died, we have no centre to have a reception, nothing."

In essence residents suggested that increased and improved community spaces supported a desire for greater low-level intervention delivered from community and not authority or NHS assets. The preference for services delivered in this way was thought to promote increased access to services such as talking therapy and respiratory testing services to help recovery and to align any fears of future health concerns.



"I personally think that having a pop up especially for breathing would help a lot because I know my sons got asthma, because if you go to a doctors and you say 'check my breathing' they just make an excuse and send you off, but if there's a special pop up place, especially to check our breathing and you know, the level of pollution you know, I think that we would benefit a lot from that because I know my sons have asthma, but then like I said to go through a GP and ask them to do it, you're literally asking to get blood out of a stone. That would I think would benefit a lot, if they just had it every so often, just a little pop up you know."


COMMUNITY SERVICES
SERVICES are NOT DESIGNED with the COMMUNITY IN MIND.
THEY PUT THESE THINGS ON TO TICK BOXES. THEY DON'T CARE
NO!
MISTRUST
STATUTORY SERVICE
COMMUNITY HUBS
COMMUNITY DELIVERED
SERVICES
ERODION OF TRUST
CULTURE
COMMUNITY
There is NOWHERE for the children to GO.
CLOSURE of COMMUNITY HUBS has left a VACUUM.
I think a POPUP for BREATHING would HELP. Through a GP is asking to get BLOOD from a STONE.
COMMUNITY FACILITIES

Community Support

It was clear that the community feels isolated and that there has been a perceived lack of care and lack of help in terms of bringing the community together, with no outside agency driving any meaningful recovery package. Despite this consensus across residents from all groups, the one '*silver lining'* was the community cohesion that has developed since the tragedy.

"We all share the same sort of because we've been there, we've witnessed it so when we sit down and talk about it, we feel what the other person is feeling because we've been there, and we've actually experienced what happened. So, I think in a way we do feel really strong about it because we were there to witness and we saw people and we knew those people that passed away, so it really hurts."

"We've lost friends, their entire families. We've got each other, we're okay, we don't need anything. At a time like that we had one knock on the door, it was only one, it was at the same time the area was infested with journalists and we didn't know who was at the door and they were very much taking advantage. And the support was at the very beginning, and it felt very overwhelming and then it disappeared and even that support at the beginning, like you said, we needed someone to take the lead and there was no one to take the lead there. There were communities taking care of communities, absolutely, I've lived here my entire life, I've felt that every day but there was no one taking overall ownership."

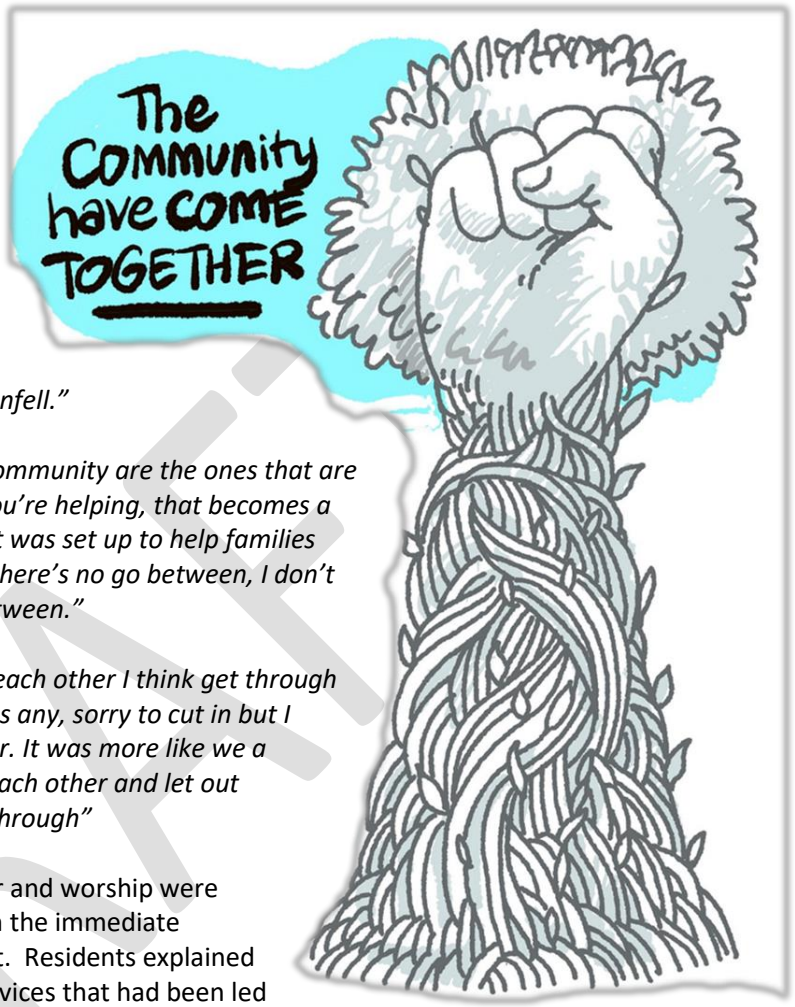
"Do you feel like when the council do offer services it's mostly around the anniversary? Oh definitely. They know that date is just coming up, but we think about it Monday to Sunday, it's not just once a year"

Many residents said that the lack of external support resulted in the community supporting each other and that it was the residents themselves that had offered support to other residents starting on the day of the fire and despite this not feeling as strong today, it is still present. Residents felt that a state of unrest exists as does an '*us against them mentality*' that is recognised by most residents that engaged in the consultation.

"Saying that, I don't know if there's a positive spin but the fire went on for days, seeing people going in and carrying bottles of water, blankets, just that the community, the

little things people were doing, I thought that was one of the amazing things but I think what made it even worse is, it's your house, it's supposed to be your safe space, you don't expect that kind of tragedy and I think that's kind of why people have a lot of anxiety around different things of that nature. Watching the community come together, that was nice in that regard."

"I would totally agree with you, that was the only positive thing of what's come about. The community have come together, and I think everyone is friendly with each other, whereas before there was a major difference in the community before the Grenfell."



"I think a lot of us in the community are the ones that are helping, so I think when you're helping, that becomes a big part of the project that was set up to help families and children. It was that there's no go between, I don't know, there was no go between."

"I think we sort of helped each other I think get through this. I don't think there was any, sorry to cut in but I think we helped each other. It was more like we a community, we spoke to each other and let out whatever we were going through"

Faith based services or places of prayer and worship were described positively, in relation to both the immediate response and ongoing resident support. Residents explained a number of initiatives and support services that had been led by local places of worship including children and young people's counselling, mentoring and spaces to contemplate and meditate.

"…we're using the theatre because we can't use the church. At least I don't feel lonely or something. My friend died as well on the 16th floor."

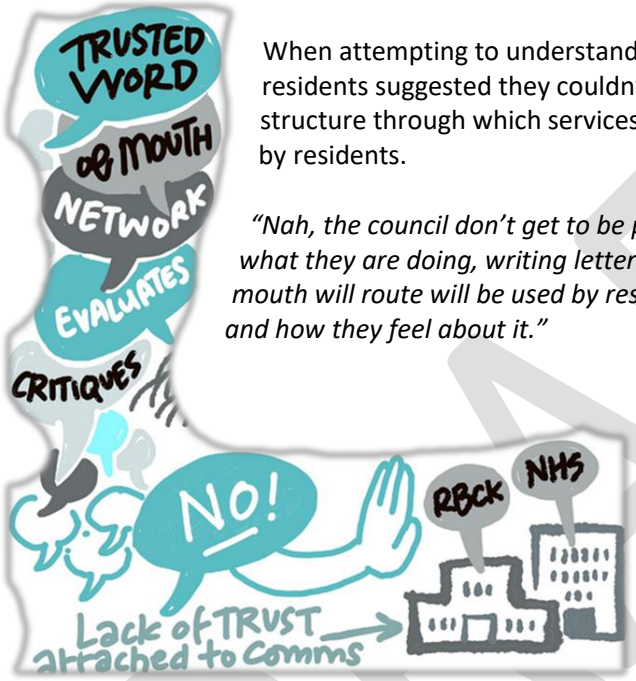
"Islamic Aid was the first service on site after the fire, not council, not NHS, not Red Cross. It was Islamic Aid, handing out water and clothes and bedding."

There were examples within at least three groups of an awareness of community driven initiatives, whose main aim and objectives were to provide an outlet for residents to improve their health and

wellbeing through activities such as music, boxing, and exercise. However, all were referenced as under supported and therefore unlikely to succeed, adding to the frustration and angst held towards RBKC and partners.

Baseline Studios and the Dale Youth boxing club on the Lancaster West Estate were examples of recent, under supported community initiatives. These were seen as important opportunities for young people in particular.

Awareness of these service, like most activity within the community was perpetuated by '*word of mouth'*. Although supplemented at times by social media and neighbourhood WhatsApp groups etc. word of mouth was the likely the most fluid and effective.



When attempting to understand how 'services' could penetrate this network, residents suggested they couldn't, and word of mouth was a community structure through which services would be evaluated, validated, and critiqued by residents.

"Nah, the council don't get to be part of that chat. They should carry on doing what they are doing, writing letters, and ringing people and thing. The word of mouth will route will be used by residents to make their mind up about things and how they feel about it."

"It's like this research, I wanted to be part of it, but I had heard about it before you even spoke to me. Someone had already told me about it on the estate and said it sounded like a good thing."

"What I don't get, yeah, is the council can reach me when they want, when it's about rent and council tax. Easy. And they do it quick, you know, and they don't let up either, they chase you down. How come the same approach isn't applied to telling residents about support services?"

The suggested scepticism in what is communicated prompted residents to reinforce a fledgling message of not being cared for, or as an indication of an absence of services.

"If they aren't getting on top of residents about support services, like they would about rent, it's because they don't care, or the services don't exist."

"…if the services don't exist, then they don't care either way. You can see why people think the way they do about the people that run this borough."

A clear message from all residents was any communications from RBKC, NHS or other known partners had a potential lack of trust attached to it by residents and the likelihood of it penetrating enough people within the community due to its diversity, was low.

"[I heard] just through a friend, people are sharing the information within the community so that's how I hear about it."

"The council should treat every interaction with a resident, regardless of what its about, like the whole community will hear about it. Because they will. Good or bad."


WE FEEL WHAT the Other PERSON FEELS BECAUSE WE'VE BEEN THERE.
The Community have come TOGETHER
Community wellbeing initiatives have been under supported.
COMMUNITY SUPPORT
ISLAMIC AID were the FIRST Service on site AFTER the FIRE.
LOCAL Support Services led by places of WORSHIP were RESPONSIVE.
RENT!
SERVICES!
THE COUNCIL REACH ME when they want.
How come the SAME approach isn't applied to services?
TRUSTED WORD of MOUTH NETWORK
EVALUATES
CRITIQUES
NO!
RBCK
NHS
Lack of TRUST attached to Comms

5.4 Service improvements/ removing barriers

Service Improvements

The community's interaction with mental health services reveals a multi-dimensional landscape, marked by both complexities and opportunities for enhancement. A deep exploration of resident feedback unveils a series of challenges that profoundly affect their perception, engagement, and trust in mental health support within their community.

These challenges encompass aspects such as lack of personalised support, ineffective outreach, disconnection with the healthcare system, closure of support centres, stigma, cultural and linguistic barriers, feelings of detachment, and demographic influences. Together, they provide insight into the experiences and sentiments and shed light on the unique challenges and needs of the community, thereby pointing towards paths for fostering a more inclusive, relevant, and responsive mental health support system, one that responds equally to resident perception and experience.

> *"I don't know because I have one neighbour who's got 3 kids and she wouldn't let them do anything with mental health [services] because she didn't want anything on their record. She said, 'I'm not having my children go into that', so there are a lot of people that are afraid of mental health. I personally think and it's very much a racial thing, I think. Lots of African Caribbean people are very averse to mental health things and I don't know how you can reach them, it's very, very challenging. And the other thing, this area is so mixed, you've got Portuguese, Afro Caribbean, then you've got North Africans, there's tonne of Moroccans, there's a few of us, like 3 of us, so you're getting such a mix. Spanish, that it's very hard and you've got all these different religions as well so it's very hard to get anything."*

Many residents have sought various support mechanisms to cope with the emotional weight of the tragedy. This includes professional counselling, group therapy, community support, and personal coping strategies. Some have engaged with NHS mental health services, while others have looked to alternative channels.

Residents' experiences with these services were varied, with some finding comfort and others expressing frustration.

> *"I found solace in group therapy; it helped me understand I was not alone."*

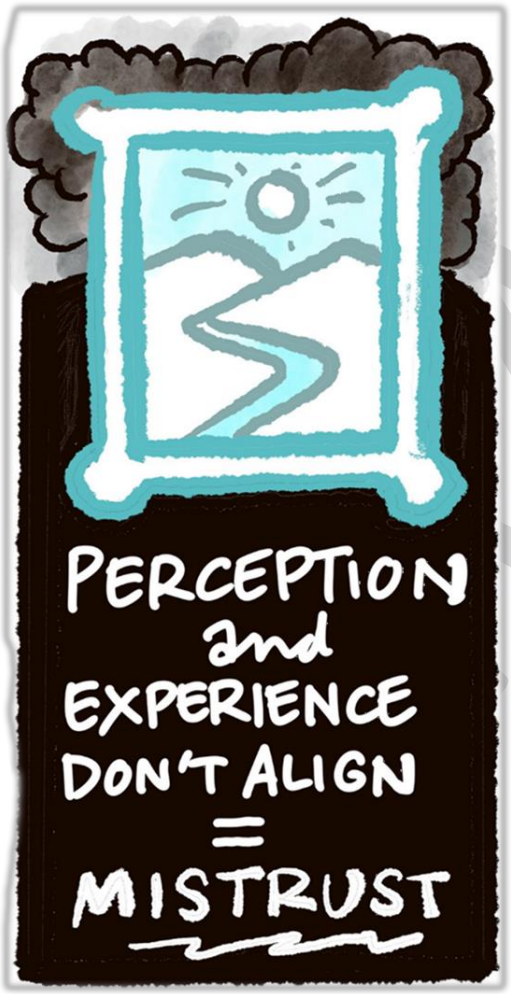
> *"I tried to get counselling through the NHS, but the wait was unbearable."*

Residents' interactions with NHS mental health services have been both positive and negative. While some have appreciated the support, others have found barriers such as long waiting times and impersonal care. This inconsistency has led to mixed emotions regarding the NHS's role in mental health recovery.

"The NHS therapist has been my lifeline, truly understanding my pain."

"I needed help, but the NHS made me wait months. It was devastating."

Many attendees frequently mentioned the poor housing standards that exist within their local area, often describing their own challenges, indicating these compounds both negative mental and physical wellbeing. Addressing housing issues such as dampness, mould, and poor living conditions also stands out as an urgent need. Residents' physical and mental health is intertwined with their trust in statutory services.



There is also an apparent interplay between resident mistrust and the notion of perception versus experience. The perception and experience of residents represent two facets of understanding that may not always align. A discrepancy between the two can contribute to frustration, misunderstanding, and mistrust.

While residents may expect clear communication, prompt action, and genuine engagement from statutory services, their experiences often reflect a perceived lack of transparency, delays in responses, and exclusion from decision-making processes.

The gap between what is anticipated and what is delivered creates a fertile ground for disillusionment and scepticism. It underscores a feeling that the voices of those most affected are marginalised and that the statutory authorities are disconnected from the very community they serve. This dissonance amplifies distrust and fosters a sense of alienation, making the path to rebuilding relationships even more complex and challenging.

Several residents expressed their thoughts on improving mental health services. The key areas identified were the reduction of waiting times, provision of more personalised and empathetic care, and increased availability of specialised therapists.

Additionally, support for children and the elderly, as well as culturally sensitive approaches, were mentioned as necessary improvements.

"We need therapists who understand our culture and pain; it's not just a job."

"My child needs support too; there should be more services for children."

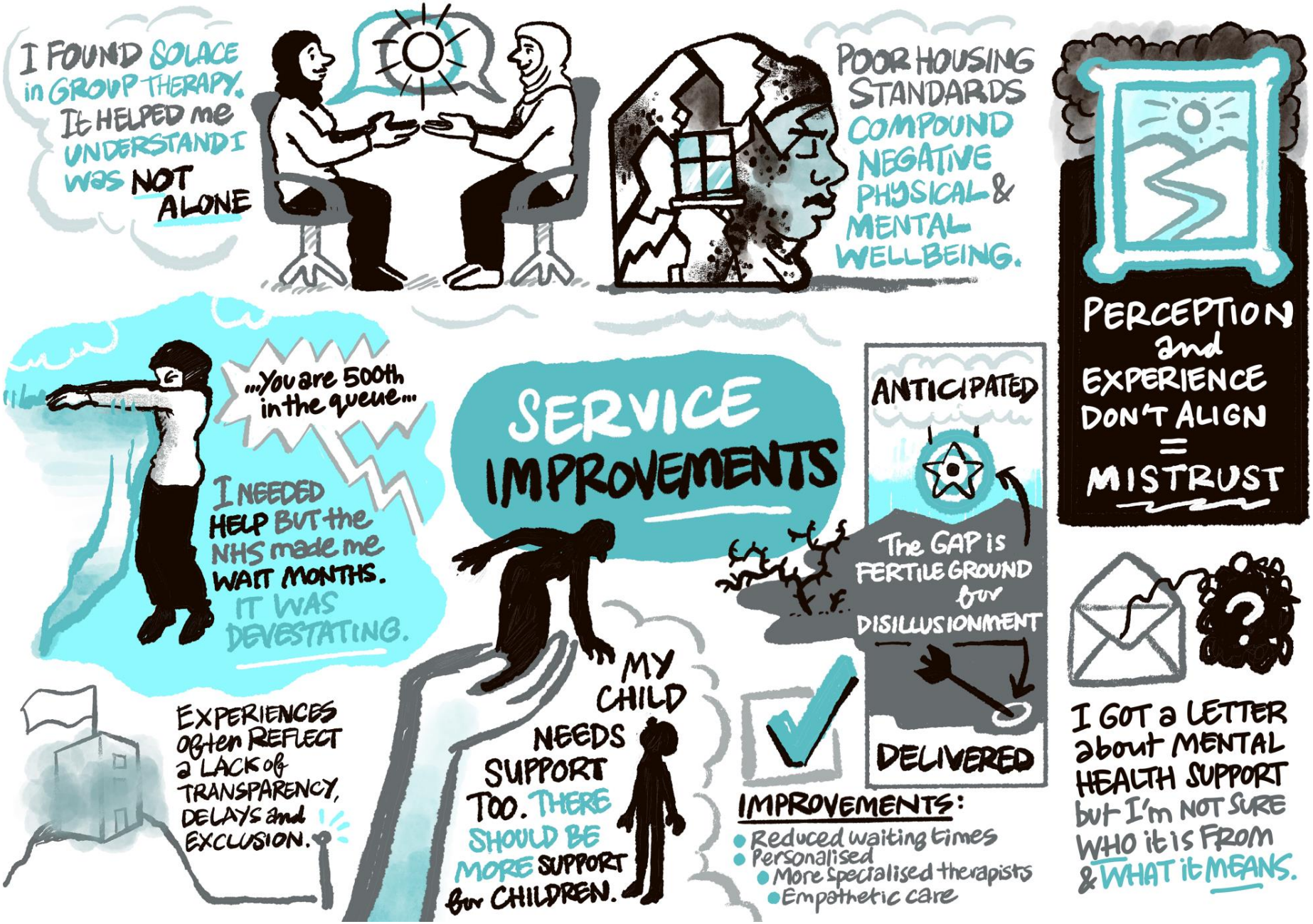
"I got a counselling, they called it CBT, so you only get small sessions. I went through my GP to get it, so there was a wait for me, I think. I think I may wait longer because I needed a speaker of Arabic. The person was very nice, I think, but they did not speak my Arabic, so something they could understand, and some things were confusing. It is hard you know, to deal with these things, but you need to be able to speak free. We had to do some things in my Arabic, some in their Arabic and try some in English. It was not so good in the end."

Inadequate outreach has led to confusion among residents regarding the availability and nature of mental health services. As mentioned previously many residents reported being unaware of the support options available to them, while others found the information provided to be unclear or irrelevant to their situation. This lack of awareness has been further exacerbated by inconsistent communication channels such as letters, phone calls, or in-person contacts, often leading to further confusion. Ineffective outreach has thus created barriers to access and participation.

"My GP listens, but I wish there were other options for mental health support."

"I got a letter about mental health support, but I'm not sure who it's from or what it means."

General Practitioners (GPs) are often the first point of contact for residents seeking mental health support. While some residents found GPs to be attentive, there was a strong sentiment that other mental health support options were lacking. The lack of other support avenues, combined with no discernible change in GP access following significant events, contributed to a feeling of disconnection from the healthcare system. Some residents expressed a preference for more community-based support, which emphasises a disconnect between the medical interventions offered and more empathetic, understanding approach desired by the community. Addressing this disconnection may require a shift towards more community-centred secondary mental health support and clearer communication around the role and limitations of GPs in mental health care.


I FOUND SOLACE in GROUP THERAPY. It HELPED me UNDERSTAND I WAS NOT ALONE
POOR HOUSING STANDARDS COMPOUND NEGATIVE PHYSICAL & MENTAL WELLBEING.
PERCEPTION and EXPERIENCE DON'T ALIGN = MISTRUST
"You are 500th in the queue"
I NEEDED HELP BUT the NHS made me WAIT MONTHS. IT WAS DEVESTATING.
SERVICE IMPROVEMENTS
ANTICIPATED
The GAP is FERTILE GROUND for DISILLUSIONMENT
DELIVERED
EXPERIENCES often REFLECT a LACK of TRANSPARENCY, DELAYS and EXCLUSION.
MY CHILD NEEDS SUPPORT TOO. THERE SHOULD BE MORE SUPPORT for CHILDREN.
IMPROVEMENTS:
Reduced waiting times
Personalised
More specialised therapists
Empathetic care
I GOT a LETTER about MENTAL HEALTH SUPPORT but I'm NOT SURE WHO it is FROM & WHAT it MEANS.

Barriers

Stigma surrounding mental health is a deeply entrenched issue within the community. Some residents described feeling ashamed or fearful to discuss mental health concerns, viewing them as weaknesses. This stigma is compounded by a lack of awareness about the mental health services available. Residents' comments highlight a critical need for targeted education and awareness campaigns that address the underlying misconceptions about mental health. By promoting open dialogue and providing information about available support, the community can work towards creating an environment where mental health is discussed without judgment or fear.

"People are afraid to talk about mental health. They don't even know what help is out there."

"I think for the new generation and things like that, counselling might work but for the older generation they're not used to counselling. Everyone comes from different backgrounds, different cultures, everyone's got different ideas of you know, some people feel closer talking to family and friends and like, some people like counselling which works for them. Just offering therapy to everybody is not something that can resolve the issue at all."

The community's cultural diversity and linguistic differences have created significant barriers to accessing mental health services. Resident feedback emphasises a lack of trust in services that are not linguistically accessible or culturally sensitive. Many residents feel that mental health professionals are disconnected from their cultural realities, leading to mistrust and reluctance to seek help. To address this, there must be an intentional effort to develop mental health services that respect the community's linguistic needs and cultural nuances. Employing professionals who understand and connect with various cultural backgrounds can foster trust and make mental health services more approachable and relevant.

"How can we trust someone with our thoughts if they don't even speak our language?"

"Mental health services don't understand our culture. It's like they are speaking another language entirely."

A pervasive feeling of detachment and alienation from mental health services underscores a reluctance among residents to engage. This sense of detachment manifests in different ways, including a perceived lack of empathy and understanding from mental health professionals and a feeling that services are not tailored to meet specific community needs. Resident comments highlight a need for mental health services that are designed with empathy, sensitivity, and a true understanding of individual needs. This is considered to extend to the delivery of services within existing community facing services, already attended by residents.

"It feels like these services are for someone else, not for us in our community."

"They don't seem to care about what's happening in our lives; they just want to prescribe something and send us away."

Participation in mental health services is influenced by demographic factors, particularly age. Older residents are often less likely to engage with mental health services due to various reasons, such as stigma, language barriers, mobility issues, and reliance on younger family members to explain and advocate for them. Resident feedback emphasises the importance of recognising and addressing these demographic variations in mental health service design and delivery.

"My grandmother would never seek help; she doesn't understand it, and she relies on us [younger family] to explain everything."

"Why don't you focus on something different, more important or a little bit more health focused and having someone communicate with them. Even if it's just group sessions where they can get together, have a cup of tea, someone who speaks their native tongue or close to the native tongue, I understand there's many dialects, where there's a bit more conversation or option of conversation. Sometimes it's nice to just listen and I know they're [parent and grandparents] listening to me very intently and they do understand but just take a while to respond. Sometimes it's nice to listen and they listen to everybody else and they're nodding and saying things under their breath and they're like 'oh yes, absolutely'. That feeling of community, that feeling of support is missing."

The analysis of resident participation in mental health services uncovers the multi-layered challenges and intricacies affecting mental health support within the community. It emphasises the importance of personalised support, effective outreach, connection with the healthcare system, and the need for culturally sensitive community spaces. Resident feedback illuminates the critical need for community-wide education to combat stigma, the creation of linguistically accessible and culturally sensitive services, trust building through empathy, and an understanding of demographic influences on mental health service utilisation. The component parts, as described by residents provides a lens which makes sense of the existing, highly valued services in the community, such as Midaye; considered a service which has evolved in response to need and retained community trust and attendance throughout its development.

> *"Actually, there was support from my GP and as a community. During my time living in England, I got support from the foreign community but the special one is Midaye, [they] helped me with a lot of things."*

Similar sentiment was expressed in a resident description of the North Kensington Community Kitchen, describing the service as '*a life saver*' and indicating it has developed over a period of several years. What is not clear is the ratio community services have evolved in response to changing need, increased demand, or the absence of alternative provision – or a combination of the three factors.

> *"I have been coming for some years, it saves my life, it saves my family's life. It is more than just food here, if you come in, you see friends, family, and hope, you see futures. People maybe think it is just [a] food share. It is this and more. So much more. Now, you the council should help it and protect it but help the residents by bringing other help, nurses, or housing or counsellors. These are just my thoughts."*


MENTAL
STIGMA
LACK OF AWARE-NESS
HEALTH
THEY JUST want to PRESCRIBE something and SEND US AWAY.
The OLDER GENERATIONS are NOT USED to COUNSELLING.
OFFERING THERAPY to EVERYONE
IS NOT SOMETHING that CAN RESOLVE the ISSUE.
BARRIERS
The COMMUNITY'S CULTURAL DIVERSITY has created SIGNIFICANT BARRIERS to ACCESS.
SERVICES
It FEELS LIKE THEY are for SOMEONE ELSE.
"HOW CAN we TRUST SOMEONE with our THOUGHTS
if they DON'T SPEAK OUR LANGUAGE?"
EDUCATION
TRUST
EMPATHY
PERSONALISED
OUTREACH
CONNECTION to the SYSTEM
CULTURALLY SENSITIVE SPACES
DEMOGRAPHICS
CULTURE
DETATCHMENT from MENTAL HEALTH Services

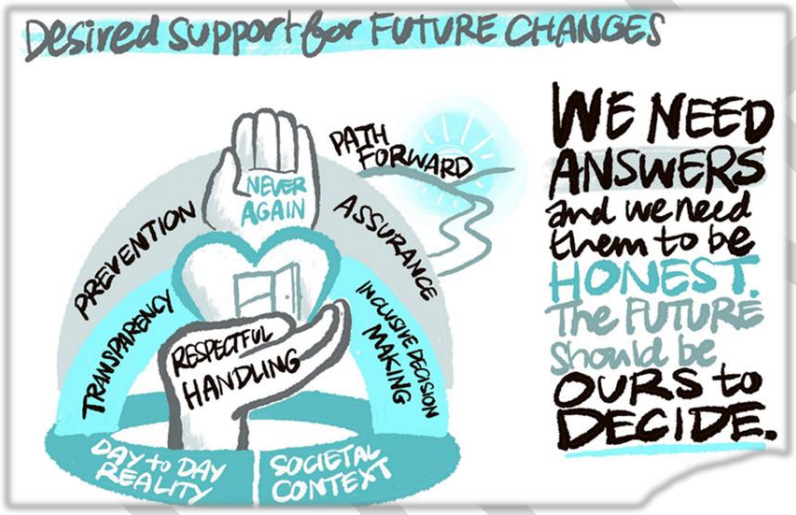
5.5 Dependencies on Recovery

Resident and community feedback underlined that recovery from the tragedy requires more than just physical rebuilding; it requires a thoughtful approach that takes into consideration the emotional, psychological, and social complexities involved. This section explores the various dependencies on recovery from different angles, understanding what the residents want, need, and fear, and how these factors play a crucial role in a well-rounded recovery journey.

Desired support for future challenges

Residents have expressed an articulate need for support that resonates with their day-to-day reality and the larger societal context. Their desire for transparent communication, inclusive decision-making, and respectful handling of sensitive issues like potential criminal prosecutions, and the tower's future are paramount.

This support also extends to seeking assurance that preventive measures are taken to avoid similar tragedies in the future. Their emphasis on learning lessons from the disaster and implementing change reflects a community's resilience and determination to forge a positive path forward.



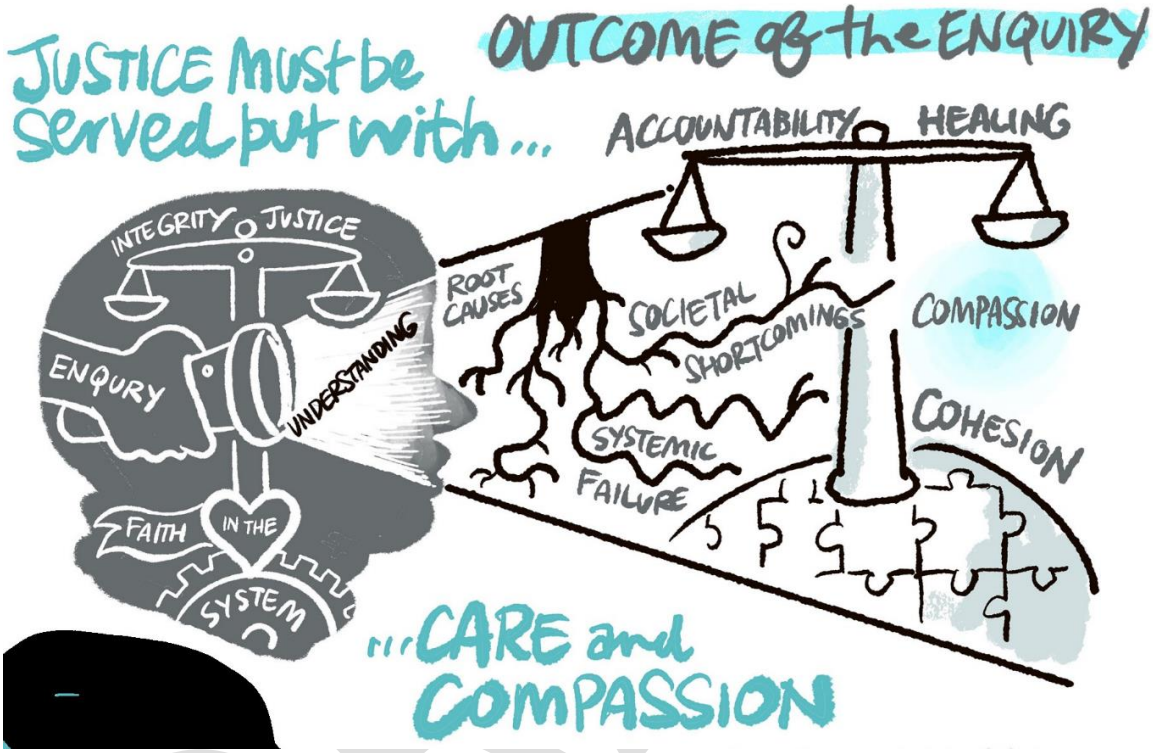
"We need answers, and we need them to be honest. The future should be ours to decide."

"What happened should never happen again. We need to know that lessons have been learned."

Outcome of the Inquiry

The pending inquiry's outcome is at the forefront of residents' minds. They express an urgent need for a process that is transparent, unbiased, and comprehensive. The inquiry's integrity is seen as crucial to their faith in the system, reflecting a deep need for justice, understanding, and closure.

They emphasise that the inquiry must not only assign responsibility but also uncover the root causes, systemic failures, and societal shortcomings that contributed to the tragedy.



> *"The inquiry must be more than blame; it must be a search for the truth, the whole truth."*

> *"We need justice, but we also need to understand so that no one else suffers like we did."*

While there's a strong call for legal accountability, there's also an understanding of the possible ramifications on community relationships, societal harmony, and the healing process.

This complex issue raises questions about legal justice, moral accountability, community cohesion, and the delicate balance between them.

> *"Criminal prosecutions are needed, but we must also think of our community's healing."*

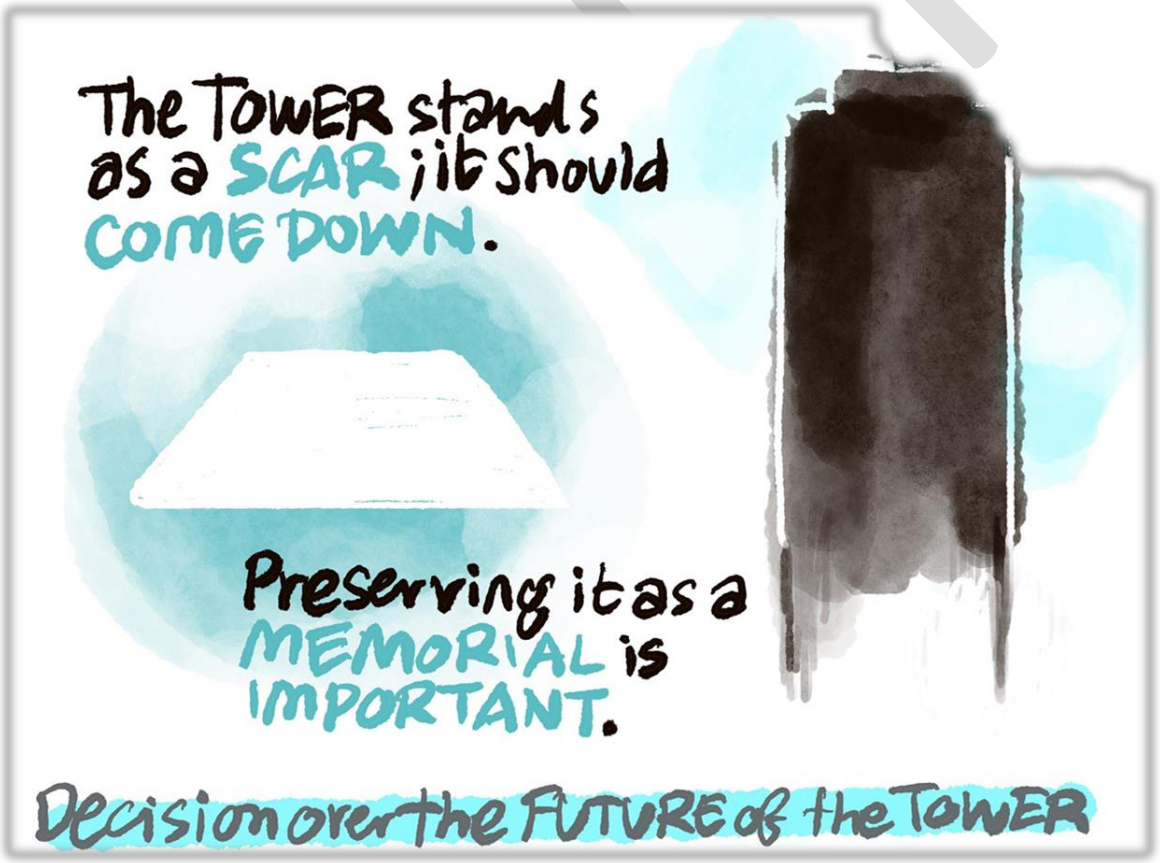
> *"Justice must be served, but with care and compassion."*

Decision over the future of the tower

What to do with the Grenfell Tower stands as a deeply symbolic and contentious decision, data indicated it is likely the most pervasive external factor influencing resident recovery. The majority opinions sought its demolition as it is considered a painful reminder, in its place was the desire for a memorial and commemorative space. There was a minority view advocating for its preservation (in its current form) as a memorial.

In the interest of balance, it was noted that although an almost unanimous opinion was for the tower's removal, it was suggested that the 'survivors' position was more likely to support the towers current state being maintained. Regardless of the diverse views, there's a consensus that the community must have a voice in this decision, as it directly impacts their daily lives, memories, and collective identity.

> *"The tower stands as a scar; it should come down. But we should have a say in what happens next."*
>
> *"Preserving it as a memorial is important, but it has to be a decision we all agree on."*



Community Involvement in recovery

The findings reveal a community deeply invested in collective recovery. They emphasise the importance of ongoing support, counselling, and community programs that foster resilience, unity, and empathy.

Residents stress that recovery is not just a physical process but a communal journey that requires time, effort, understanding, and a shared vision.

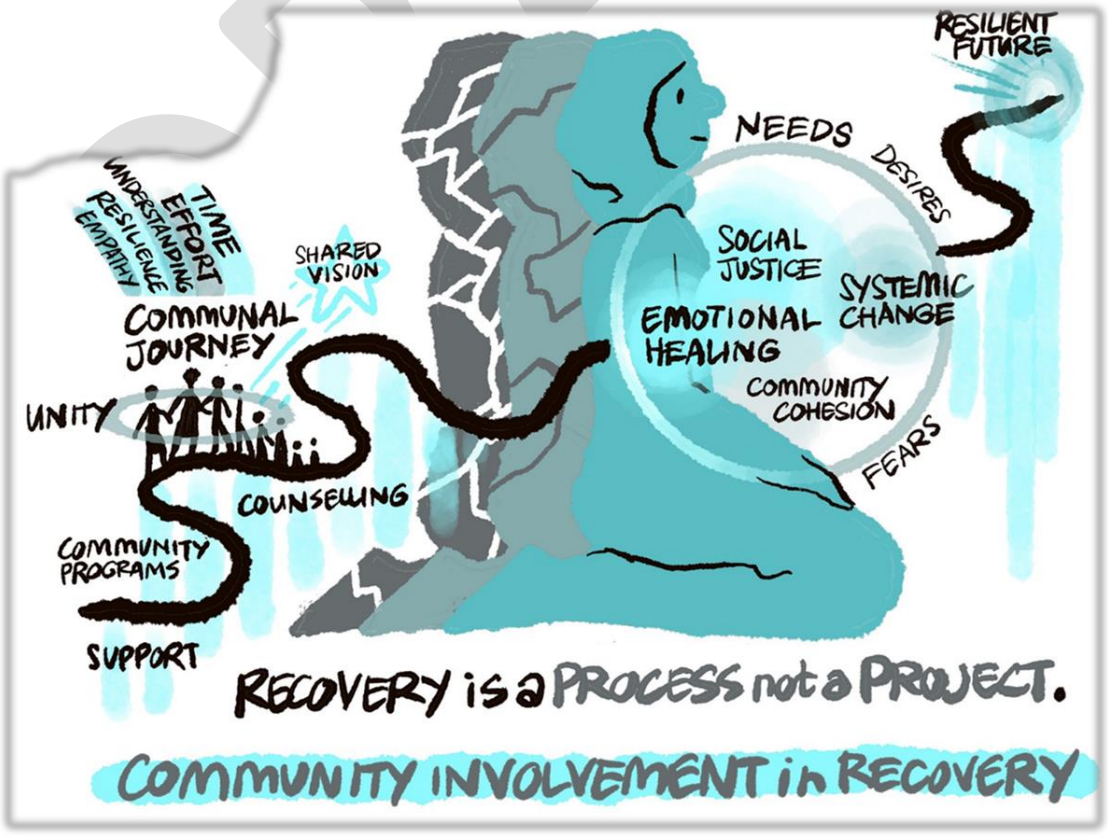
> *"We need to heal together; our community needs support, compassion, and inclusion."*

> *"Recovery is a process, not a project. It's about people, feelings, and rebuilding trust."*

The dependencies on recovery outline a nuanced picture of a community's complex needs, desires, and fears in the aftermath of the tragedy. It reveals that recovery is a multifaceted journey that transcends physical rebuilding, extending into the realms of emotional healing, social justice, community cohesion, and systemic change.

The residents' voices provide valuable insights into the unique challenges and opportunities that lie ahead. They emphasise the importance of empathy, transparency, inclusiveness, and respect in shaping a recovery process that honours their experiences, values their contributions, and builds a stronger, more resilient future.

These findings affirm that true recovery from the Grenfell tragedy requires a comprehensive and compassionate approach that addresses not only the physical scars but the deeper emotional, psychological, and social wounds that continue to impact the lives of those affected.



Desired support for FUTURE CHANGES

WE NEED ANSWERS and we need them to be HONEST. The FUTURE should be OURS to DECIDE.

JUSTICE Must be served but with ... OUTCOME of the ENQUIRY

... CARE and COMPASSION

DEPENDENCIES ON RECOVERY

The TOWER stands as a SCAR it should COME DOWN.

Preserving it as a MEMORIAL is IMPORTANT.

Decision over the FUTURE of the TOWER

RECOVERY is a PROCESS not a PROJECT.

COMMUNITY INVOLVEMENT in RECOVERY

6.0 Appendices

6.1 Interview script V3.0

NB: Remember to conduct this interview with empathy and respect, allowing the participant to take breaks or stop the interview at any point if they feel uncomfortable. Always assure them of the confidentiality of their responses.

Interview Introduction

Good day. My name is _____, and I'm part of an independent research team, called SMSR Research, working on behalf of the Royal Borough of Kensington and Chelsea Council.

We're hoping to understand the ongoing impacts of the Grenfell tragedy and how we can improve Council and NHS services to support those who have been affected.

You have told us that the tragedy is still having an impact on you, so we wanted to hear directly from you about this. What you tell us will help shape the picture of the needs of those in the local community and inform future provision of services.

We understand that remembering the events of that day can be difficult and upsetting. The NHS provide extra health services in the local area to help support the health and wellbeing of those affected by the tragedy. The easiest way to get seen by the Grenfell Health and Wellbeing Service is to complete the self-referral form on the website www.grenfellwellbeing.com. You can also ask your GP or another professional to refer you, phone 020 8637 6279 (everyday 8am to 8pm) or email grenfell.wellbeingservice@nhs.net.

During the interview you can also take breaks, or we can stop the interview at any point if you feel uncomfortable. During our work with residents, we have developed a directory of local and national support services which some residents have found useful, we can provide a copy of this at any time. Additionally, if you have accessed a service which you have found useful, and you would like us to include that information for other residents, lease let us know; your contribution would be anonymous.

May we proceed with this interview?

Section 1: Personal Impact of the Grenfell Tragedy

1. Can you share your personal experience following the Grenfell tragedy?

2. How has your daily life continued to be impacted by the tragedy and its aftermath?

3. How has the impact of the tragedy changed over time?

Section 2: Specific impacts of the tragedy on health and wellbeing

4. How does the Grenfell tragedy continue to affect your physical* health? Has this changed over time?
5. How has the Grenfell tragedy continued to affect your emotional and psychological wellbeing? Can you share any specific emotional reactions or feelings you have experienced?

a. Are there any particular triggers in your environment or community that heighten these feelings or reactions?

6. Does the tragedy continue to have wider social impacts on you and your family (e.g., on work, school, family, or community life etc)?

7. In which area of your life do you still feel the impact of the tragedy most?

Section 3: Coping mechanisms and support from community and services

8. Could you describe the different ways you have been coping with the impacts of the Grenfell tragedy?

9. Have there been any particular types of support that you've found most helpful?

a. (IF YES) Why were these particularly effective? How did they help to improve your health and wellbeing?

10. Are there any specific community activities or groups that you have accessed as a result of the tragedy?

a. (IF YES) Which?
b. (IF YES) How did they help to improve your health and wellbeing?
c. (IF NO) Why not?

11. Have you accessed any NHS (health) services as a result of the tragedy?

a. (IF YES) Can you describe your experiences with these services?
b. (IF YES) Have they helped to improve your health and wellbeing?
    i. (IF YES) how?
    ii. (IF NO) why?
b. What, if any, changes to these services do you think would make them more helpful in improving your health and wellbeing?

12. Have you accessed any other services following the tragedy?

a. (IF YES) Can you describe your experiences with these services?
b. (IF YES) Have they helped to improve your health and wellbeing?
    i. (IF YES) how?
    ii. (IF NO) why?
c. What, if any, changes to these services do you think would make them more helpful in improving your health and wellbeing?

13. Were there any types of support or activities that didn't meet your needs or made things more difficult?
a. (IF YES) Could you explain why?

Section 5: Future Support and Services

14. Based on your experiences and your current health needs, what kind of support or services do you think would be helpful to support those affected by the Grenfell tragedy in the future?

15. Who would you feel comfortable with delivering these services?

16. Where would you like these services to be located?

17. Are there any other areas of your life or the community that you feel need more attention or support in relation to the tragedy?

18. How can we make sure these services are known about and accessible to those who need them most?

Section 6: Closing

19. Thank you for sharing your experiences and insights. Is there anything else you'd like to add or emphasise that we haven't covered during this interview?

20. Is there anyone else you think we should talk to, who might have valuable insights or experiences to share?

6.2 Focus Group 1 structure: Women from the global community

Introduction

Good day, everyone. My name is _____, and I'm part of an independent research team, called SMSR Research, working on behalf of the Royal Borough of Kensington and Chelsea Council.

Today we aim to understand your experiences following the Grenfell tragedy and how we can better meet your needs through recovery and support services. We value your insights and appreciate your willingness to share.

Questions

1. Could each of you share briefly how the Grenfell tragedy has personally affected you or someone you know?
2. As women, have you found any unique challenges or experiences in dealing with the aftermath of this event?
3. Could you discuss the types of support or activities that have been most beneficial to you in coping with the impact of the tragedy?
4. If you accessed NHS services, what has been your experience?
    a. What could make these services more accessible or beneficial to you?
5. If you accessed any other services, what has been your experience?
    a. What could make these services more accessible or beneficial to you?
6. How challenging was it to discover information about the available support?
    a. How did you hear about the services that you accessed?
    b. What measures can be taken to enhance this process?
7. What additional resources or services do you believe would be helpful for women impacted by the Grenfell tragedy?
8. Is there anything else you'd like to add or emphasise that we haven't covered during this session?

6.3 Focus Group 2 structure: Parents of/ children age <11years

Introduction

Hello, everyone. My name is _____, and I'm part of an independent research team, called SMSR Research, working on behalf of the Royal Borough of Kensington and Chelsea Council.

Today we'd like to understand your experiences following the Grenfell tragedy and how we can better support you in the recovery process. Your input is extremely valuable, and we're grateful for your time.

Questions

1. Can you share a bit about how the Grenfell tragedy has impacted your life?
2. How has this event affected your relationships with friends, family, and education? (school/ college/ university etc.)
3. Can you describe any support or activities that you found most helpful in dealing with the impacts of the tragedy?
4. Have you had to support other people, families, friends?
5. If you have accessed any health or therapeutic services, could you share your experiences?
    a. What improvements, if any, would make these services more beneficial?
6. If you accessed any other services, what has been your experience?
    a. What could make these services more accessible or beneficial to you?
7. How challenging was it to discover information about the available support?
    a. How did you hear about the services that you accessed?
    b. What measures can be taken to enhance this process?
8. What additional support or resources would you find most helpful in continuing to cope with the impact of the Grenfell tragedy?
9. Is there anything else you'd like to add or emphasise that we haven't covered during this session?

6.4 Focus Group 3 structure: Residents aged 70 and over

Introduction

Good day, everyone. My name is _____, and I'm part of an independent research team, called SMSR Research, working on behalf of the Royal Borough of Kensington and Chelsea Council.
We want to learn about your experiences following the Grenfell tragedy and how we can improve the recovery and support services available to you. Your perspectives are incredibly important to us.

Questions

1. Can you share how the Grenfell tragedy has affected your day-to-day life?

2. Have you found any unique challenges in dealing with the aftermath of the tragedy?

3. Do you have any health conditions?

    a. (IF YES) How do you feel your ability to manage your health condition has been impacted following the tragedy?

4. Could you describe any support mechanisms or activities that have been particularly helpful in your recovery?

5. Have you utilised any health services since the tragedy? What has been your experience?

    a. What improvements would make these services more effective for you?

6. How challenging was it to discover information about the available support?

    a. How did you hear about the services that you accessed?
    b. What measures can be taken to enhance this process?

7. What additional resources or services do you think would better support older residents in coping with the ongoing impacts of the Grenfell tragedy?

8. In what ways has the community transformed, and how has it impacted your overall health and well-being? Are residents' content with living in a community that has undergone such changes?

NB: Remember, always ensure that the focus group is conducted in a comfortable and respectful environment, allowing participants to express their thoughts and feelings openly. Assure them of the confidentiality of their responses and allow for breaks if needed.

6.5 Grenfell Tragedy Impact (online) survey V3.0

Introduction

This survey is part of a research initiative by the Royal Borough of Kensington and Chelsea Council. We are aiming to gain a broader understanding of the impacts of the Grenfell tragedy and how we can better support the community.

This survey is administered by SMSR Research, and independent social research agency. Your input is very important, and we appreciate you taking the time to complete this survey. Please be assured your responses will remain confidential.

You can view our Privacy Statement, here

Section 1: Personal Impact

1. How has the Grenfell tragedy affected you or someone you know? [Open Box]

Section 2: Specific Impacts of the Tragedy on Health and Wellbeing

2. How does the Grenfell tragedy continue to affect your physical and mental health and wellbeing? [Open Box]

3. Does the tragedy continue to have wider social impacts on you and your family? [Open Box]

4. What are your primary concerns about the ongoing impact of the tragedy in the future? [Open Box]

Section 3: Coping Mechanisms and Support from Community and Services

5. Have you accessed any support or services following the Grenfell tragedy? This could include support from community groups and activities, or services provided by the NHS and other providers. [Multiple Choice]

    - Yes
    - No
    - Prefer not to say

6. If yes to the previous question, could you share which services you have accessed and how these have helped you cope with the tragedy's ongoing impact? [Open Box]

7. If no to the previous question, could you share why you haven't accessed these or why they have not been helpful to you? [Open Box]

8. Based on your experiences, what improvements to the services would you like to see to better help you and other residents affected by Grenfell cope with the ongoing impact of the tragedy? [Open Box]

Section 4: Future Support and Services

9. Based on your experiences and your current health needs, what kinds of services do you think would be helpful to support those affected by the Grenfell tragedy in the future?

10. How can we make sure these services are known about and accessible to those who need them most?

Section 6: Closing

11. Thank you for sharing your experiences and insights. Is there anything else you'd like to add or emphasise that we haven't covered during this interview?

End Note

Thank you for your time in completing this survey. Your insights will help us to better understand and respond to the needs of our community.

Physical health prompts

Low-level physical health symptoms often manifest in subtle or minor ways that may not immediately suggest a serious illness but can still have a significant impact on a person's daily life. These symptoms can be indicative of various conditions, from minor health issues to potentially serious disorders. Here are some examples:

Fatigue: This refers to an ongoing state of tiredness or exhaustion that doesn't improve with rest. It can be a symptom of numerous conditions, including anaemia, chronic fatigue syndrome, or thyroid issues.

Headache: Occasional headaches are common and can be caused by various factors like dehydration or tension. Frequent or severe headaches, like migraines, however, may require medical attention.

Digestive Issues: These can include symptoms such as constipation, diarrhoea, bloating, or stomach pain. They can be indicative of a range of digestive disorders, such as irritable bowel syndrome (IBS) or gastroesophageal reflux disease (GERD).

Muscle or Joint Pain: Occasional pain or discomfort in muscles or joints can be a result of overexertion, stress, or physical activity. Persistent or severe pain could be a symptom of conditions like arthritis or fibromyalgia.

Weight Fluctuations: Unexpected weight loss or gain can be a symptom of several conditions, including thyroid disorders, diabetes, or depression.

Sleep Disturbances: Difficulty falling asleep or staying asleep, frequent waking, or excessive sleepiness can be symptoms of sleep disorders, like insomnia or sleep apnoea.

Minor Respiratory Issues: Symptoms such as shortness of breath, coughing, or wheezing could be indicative of respiratory conditions like asthma or allergies.

These are all low-level physical symptoms that, while not immediately life-threatening, could potentially indicate a need for medical evaluation or treatment. As always, anyone experiencing persistent or concerning physical symptoms should seek medical advice.

Demographics

1. What gender do you identify as?

- Male
- Female
- Transgender
- Non-Binary
- In another way
- Prefer not to say

2. What age were you on your last birthday?

- 16-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75 or above
- Do not wish to say

3. How would you define your sexual orientation?

- Bisexual
- Gay/Lesbian
- Heterosexual
- Do not wish to say

4. How would you describe your ethnicity?

- Asian or Asian British - Indian
- Asian or Asian British - Pakistani
- Asian or Asian British - Bangladeshi
- Asian or Asian British - Any other Asian Background
- Black or Black British - Caribbean
- Black or Black British - African
- Black or Black British - Any other Black background
- Chinese
- Mixed - White and Black Caribbean
- Mixed - White and Black African
- Mixed - Any other mixed background
- White - British
- White - Irish
- White - Gypsy or Irish Traveller
- White - Any other White background
- Do not wish to say
- Other

5. The Disability Discrimination Act defines a person as having a disability if he or she 'has a physical or mental impairment, which has a substantial and long-term adverse effect on his or her ability to carry out normal day to day activities'. Do you have such a disability?

- Yes
- No

6. How would you describe your religious belief?

- Christian - Roman Catholic, Church of England, Catholic, Methodist etc.
- Hindu
- Muslim - Islam
- Sikh
- Jewish
- Bahai
- Buddhist
- Jain
- Spiritualist
- Pagan
- Jehovah Witness
- Agnostic - Sceptical but not a non-believer
- Atheist - Doesn't believe in any religion
- Don't wish to say
- Other
- Please state other

7. How many people, including yourself, currently live in your household?

- 1
- 2
- 3
- 4
- 5
- 6
- 7+
- Prefer not to say

8. Of the people who live in your household, how many are adults (age 18 or older) and how many are children (under 18)?

- Adults _____ Children _____

6.6 Resident support service directory

Contact details for local charities, organisations & support services:

- Anxiety UK Helpline – 03444 775 774 (Open 09:30am – 5:30pm
- BEAT - Information for people affected by eating disorders – 0808 808 7777 (Open Monday – Friday 12pm-8pm |Saturday 4pm-8pm)
- Bipolar UK Helpline for people with bipolar disorder – 0333 323 3880 (Call Back Service)
- CALM Helpline for men at risk of suicide or wishing to talk to someone - 0808 802 5858 (Open 5pm-Midnight Every Day)
- Carer's UK – 0808 808 7777 (Open Mondays and Tuesdays 10am-4pm)
- HopeLine UK For people up to the age of 35 – 0800 068 41 41 or text 07786209697
- Mind Info Line Information – 0300 123 3393 (Open 9am-6pm Monday-Friday except Bank Holidays)
- Grenfell Helpline – 020 8637 6279 or email Grenfell.wellbeingservice@nhs.net
- Primary Care Liaison Nurses – 020 3317 4200 or email cnw-tr.clw@nhs.net
- Muslim Community Helpline – 020 8908 6715 or 020 8904 8193 (Open Monday to Friday 10am-1pm)
- Rethink Advice and Information Service – 0300 5000 927 (Open Monday to Friday 09:30am-1pm)
- Samaritans – 08457 90 90 90 or Helpline number 116 123 (free to call) or email jo@samaritans.org
- Sane Line – 0300 304 7000 (Open every day of the year 4:30pm-10:30pm)
- Single Point of Access (SPA) – 020 8206 6969/Redirecting calls to the SPA: 0800 0234 650 or email cnwtr.spa@nhs.net