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



See <u>www.jsna.info/grenfelltower</u> for the full report & other reports which sit behind it

July 2018

This report

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

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

Report authors and contributors

Jason Strelitz, Chris Lawrence, Clare Lyons-Amos, Tammy Macey

Acknowledgements

We would like to thank all the residents and those working across North Kensington who have contributed to this report in many ways, and in particular to Natasha Elcock and Bilal Elguenuni from Grenfell United for sharing their insights and reflections. We would also like to thank many colleagues in Kensington and Chelsea Council, West London Clinical Commissioning Group and Central and North West London (CNWL) NHS Foundation Trust who have helped developed this report.

Thank you also to Shane Ryan from Working with Men, for his support in reaching out to young people to inform this work, Rajaa Bouchab and Hamza Taouzzale who led the young people's peer research project, and William Degraft Johnson and Tayshan Hayden Smith, who carried out the interviews for the boys and young men research.

We are grateful to Fatima Elguenuni, Michael Ashe, Dr Lucy Easthope, Kate Cochrane, Dr Kevin Fenton, Julie Billet, Dr Yvonne Doyle and Dr Deborah Turbitt for their comments on earlier drafts of this report.

We would also like to thank Lucy Knight from the Henry Dickens Community Centre and Abraham Ackah for the photos used in this report.

About the Public Health Department

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

Public Health Department 5 The Strand 4th Floor London WC2N 5HR

For any enquiries or copies of this report please contact: Publichealthdepartment@westminster.gov.uk or see <u>www.jsna.info/grenfell-tower-fire-disaster</u>

Background & Purpose

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

The past year has seen a large-scale response from a wide range of organisations: local and central government, the NHS, voluntary and community



organisations, schools, and the community itself. This response has focused primarily on rehousing survivors, meeting health and wellbeing needs, and memorialisation. There has also been a focus on justice and accountability through the ongoing work of the Grenfell Tower Inquiry and the criminal investigation.

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

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

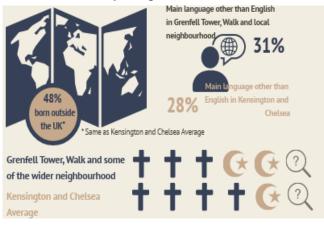
The report brings together the following to give an assessment of the initial impact of the fire and make recommendations for the approach to long-term recovery:

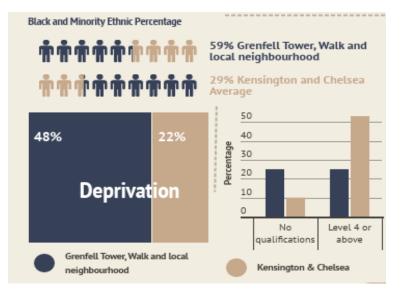
- Evidence about the characteristics of the communities of North Kensington before the fire
- Evidence from other disasters in the UK and across the world
- Analysis of existing socioeconomic and health data on the impact of the disaster
- Evidence from local communities about what matters most to those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

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

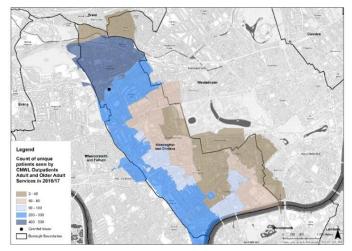
The Context: Grenfell, Notting Dale and North Kensington

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





- The diverse social make-up of the area includes significant differences in income, education and employment experience and the area has higher numbers of people on low incomes or with no qualifications than the rest of the borough.
- Education outcomes for young people from disadvantaged backgrounds in the area are good, compared to many other areas.
- There are significant pressures on housing in the area and a longstanding history
- of community tensions around housing policy and practices. There are high levels of social housing relative to other areas in the borough, overcrowding and concerns about housing quality and land use.
- There are above average levels of poor health, both physical and mental compared to other parts of the borough.
- The area is rich in assets including excellent schools, diverse and active community, and voluntary organisations, which pre-dated the fire.



Map indicating higher rates of mental health need in the north of the borough pre Grenfell fire

Ripples across peoples' lives – Primary impacts

- The tragic loss of lives has left a great number of people bereaved and has had a significant impact across the local community.
- Many people lost their homes in the fire and have been displaced from Grenfell Tower and Walk. They have had the challenge of dealing emotionally and practically with the aftermath of the disaster compounded by living in emergency accommodation.
- The council is finding permanent homes for 373 people including 82 children.
- The fire was a traumatic experience for many people in the local population beyond those directly affected.
- Some of the characteristics of the local population, such as the large numbers of people with previous experience of trauma, will have increased the impact of the disaster.



- There has been a large scale and diverse response to supporting the mental health needs of those affected including by the NHS, a range of specialist voluntary services and local faith and community organisations.
- There is a need to follow up the physical health of those who left the building on the night of the fire and were directly exposed.
- The Tower remains standing in the heart of the community, though this has been covered, since just before the first anniversary of the fire.
- The work of survivors, the bereaved and wider faith, community and voluntary sector organisations has provided critical support for the community over the past year. Many survivors and bereaved are represented by Grenfell United, which has been a critical voice in shaping the recovery.
- There has been a collapse of trust in public authorities, particularly the Council. This matters, given the role that public authorities have in supporting recovery.

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

Source: Local parent

Ripples across peoples' lives – Secondary impacts

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



Ongoing uncertainty

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

Ripples across geography

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

Ripples across time

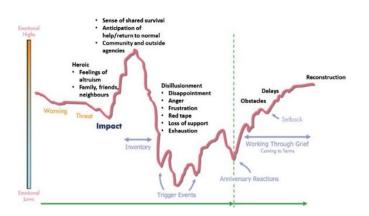
 While all places experience recovery, they never return to the way they were before; disasters on the scale of Grenfell leave an indelible mark. The challenge is to support people to recover a sense of hope and confidence in the future.



Individual journeys of recovery vary significantly. For some, life may return to

The Edward Woods Estate, ½ mile from Grenfell Tower

normal; others will struggle with health, wellbeing, work, relationships and other aspects of everyday life.



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

Overall the evidence from other disasters suggests that there will be a significant impact on health and wellbeing for many years. Policymakers will need to prepare for that.

Foundations for the Future

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



The memorial garden at St Clements' Church

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

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

Delivering high quality services and support across sectors

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

Supporting community resilience

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

Recommendations

The report makes eight specific recommendations

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

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

2. A commitment to addressing long-standing needs locally

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

3. Permanently rehousing survivors.

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

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

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



The kids club at Henry Dickens Community Centre

5. A diverse and well-resourced strategy to

support mental health and wellbeing across the community

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

6. Establishing the future of Grenfell Tower and the site

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

7. Putting community at the heart of recovery

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

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

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

Next Steps

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