

Appendix B: Grenfell Voices: Conversations with North Kensington residents about their health and well-being, May 2019

Background

The project was designed to better understand the health needs of individuals and families and their experiences of health services and more importantly to find out how their needs were developing and changing over time. Our work in North Kensington with communities in the past year had identified concerns articulated as “your services are not culturally appropriate” and “why are you making us into patients” this was scoped further to better understand and it demonstrated that cultural diversity of local communities can be a key issue in how people engage and respond to health services. Therefore, the purpose of the project was also to gain insights, and capture the issues arising from an equalities and cultural perspective to support the development of an inclusive and culturally responsive North Kensington Health and Wellbeing Strategy.

Objectives of the work

- Map experiences of local residents and families affected by the Grenfell fire of health services
- Identify their health needs and find out what could be done to improve to their health and well-being
- Gain an understanding of the issues from an cultural diversity/equalities perspective

Methodology

In depth conversations (qualitative) were carried out with a total of 60 individuals between September and December 2018. This included individuals who were bereaved, survivors and local residents who were directly affected by the fire. The conversations typically ranged from between 1 – 2 hours in length with individuals and families. The participants came from a range of different cultural backgrounds. This included people from Morocco, Caribbean, Bangladesh, Syria, Somalia, Philippines, Eritrea, Sudan and Iraq.

People were invited to take part in the project through community groups, GPs, faith groups and third sector organisations. The conversations were carried out in a number of different settings, which included local cafes, community centres and GP practices. A discussion guide containing a list of key themes and topics was used to facilitate the conversations.

Written consent was obtained from all individuals prior to the start of the conversation using consent forms. Participants were given an information sheet that contained details about the project, how their feedback will be used, confidentiality information and contact details of the Engagement Lead and Programme director.

Issues raised / emerging from the conversations

Children and Young people (CYP)

- Parents were extremely concerned about the long-term psychological effects of the fire on CYP, particularly those living in the vicinity of Grenfell
- Parents had observed a change in behaviour of their older children (teenagers) after the fire, and assumed that this was perhaps a delayed response to the fire.
- They were concerned at the lack of adequate support from certain schools to deal with their children’s emotional issues and behavioural problems.

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Adults (Older people)

- Some older people displayed a delayed emotional reaction to the fire. There were also some who were experiencing possible re-traumatisation.
- Many were unable to understand the reasons for the change in their sleeping patterns, feelings and health condition. They were unsure about how to deal with this change in their condition.
- Those living on their own appeared to be more at risk as they were isolated from the wider community and local services, and remained disenfranchised.
- There were some who were struggling to manage their long term-health conditions. The fire had appeared to have exacerbated their pre-existing health conditions.

Health behaviours and cultural insights

- Culture significantly influenced the way people experienced loss and grief. The language of trauma and the ways in which they expressed these feelings differed across *cultures*.
- The language used by people to express their grief focused more on their emotions and feelings. They talked about the pain in their heart. They did not associate it with the mind and therefore could not relate to the western therapies that appeared to be targeting their thoughts and mind. Therefore health services and related activities to support people's healing need to be culturally meaningful to be effective.
- Cultural issues and health literacy emerged as the key barriers for many BME people not engaging with mental health services.
- Older people and some first generation residents did not consider seeking help from their GP about emotional and mental health issues because in their culture such issues were dealt by a religious scholar or faith leader. The perception was that GPs dealt only with issues relate to their physical health.

Primary care

- Participants reported a difference in quality of service provision across GP practices in the North Kensington area
- Alternative therapies (massage) provided by some GP practices appeared to help people with their well-being.

Self-care

- People were looking for activities that were culturally relevant and based in their local community
- The trauma and emotional upheaval caused by the fire had had an impact on their motivation and willingness to engage in self-care. As a result Grenfell affected individuals appeared to need additional encouragement and support to get involved in activities promoting their health and wellbeing.

CCG responses to issues raised and which work streams has this informed

- Informing the development of the Cultural Competency Framework set up to support commissioning of culturally appropriate health services

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- Contributing to the evidence base for the North Kensington Health and Well-being strategy that is currently in development.

Findings were presented to the following

- North Kensington Recovery Delivery Assurance Programme Board
- North Kensington Health Partnership Board
- Neo Health Team meeting
- Children and Young people's Board for North Kensington
- Robyn Doran, CNWL