Grenfell recovery: voluntary groups still need urgent support to meet local needs

Two years on from the Grenfell Tower tragedy, the recovery is far from over and there remains a ticking time bomb in mental health.

Our June 2018 report, ‘Mind the Gap’, concluded that local civil society must be valued and supported more in emergency relief efforts both at Grenfell and beyond. The official response initially fell well below expectations and community organisations filled the gap. We recommended that more Grenfell response funds should be directed to ‘key actors…reflecting core needs.’ We are disappointed that one year on, this has often not happened.

Faith and cultural support was provided by Muslim community organisations to affected families, in both emergency services such as food and burials and in long term advocacy. This is a significant example of why a broad mix of voices rooted in the local community should be involved in a recovery that provides justice, closure and a chance to heal.

In partnership with Kensington’s Al Manaar mosque we fund a faith based psychotherapy programme. This helped inform our 2018 report’s conclusion that the mental health response should do more to capture some groups “such as older men who are culturally uncomfortable airing their feelings, Muslim youth who do not attend the mosque, or smaller minority communities.”

Our programme has shown the scale and deepening extent of the Grenfell legacy on individual and community mental health. As well as survivors and bereaved people, our therapist’s patients include those daily reliving the graphic horrors they witnessed on the night. Many suffer severe depression and anxiety, often accompanied by suicidal thoughts, panic attacks and heart constrictions.

Issues with the response such as people being rehoused away from friends and family, or in unsafe or unpleasant environments, has worsened people’s conditions. The perception of abandonment or disregard by authorities has exacerbated other cases. Former refugees have had multiple traumas from earlier conflicts including Somalia and Syria re-triggered.

Community services should complement, not replace mainstream services which also do valuable work. Nonetheless, the voluntary sector has a unique role in supporting the people of North Kensington, which deserves recognition and support.

Recommendation

Community mental health provision that is tailored to linguistic, religious, cultural, physical and psychological needs is essential, and should be provided through central government and local council funding allocated to Grenfell recovery. There is additional need for services that cater to specific at-risk groups; such as men, young people and new mothers. On the second anniversary of the Grenfell Tower fire we are reiterating our call for recovery efforts to be extended, and to account fully for the North Kensington community and its diversity.

Notes
1. Muslim Aid’s report *Mind the Gap: A Review of the Voluntary Sector Response to the Grenfell Tragedy*, published before the first anniversary in June 2018, identified three main challenges under **long-term response and recovery**: mental health, livelihoods [jobs and Employment] and Housing. As we approach the second anniversary, Muslim Aid is reviewing progress on recommendations on mental health as made in the report, commissioned by ourselves in partnership with the Al Manaar Cultural Heritage Centre and mosque, the Clement James Centre, Notting Hill Methodist Church and the Rugby Portobello Trust. A full copy of the original report can be found here: https://muslimaid.storage.googleapis.com/upload/www.muslimaid.org/media-centre/news/11-12-18_14-08-55_grenfell_report-cc_no_bleed%20%28copy%202%29.pdf

2. The report illustrates how the need for culturally and faith sensitive emotional support to the large number of people affected by the trauma of the fire, was there from the outset, and began to take different forms in the ensuing weeks and months. The report recommended that ‘…it is now time to take stock and plan for the future. ... the focus on particular minority groups needs to be protected, there is probably now a need to channel the majority of support to key actors that have proved their value over time and to initiatives reflecting the core needs of the community, if change is to be achieved at scale. One of the most widespread and deep-seated challenges is around mental health and its multiple complex manifestations including reported increased drug abuse, anti-social or violent behaviour, particularly among young people, and acute depression across ages groups. There is concern that certain groups may be overlooked, such as older men who culturally not comfortable airing their feelings, Muslim youth who do not attend the mosque or people from smaller minority communities.’