

## 1. Exec Summary

This report brings together what **Grenfell-affected communities shared** through engagement led by Kensington & Chelsea Social Council (KCSC) about the future **of community-based (non-clinical) health and wellbeing support**. This engagement was commissioned by NHS West & North London Integrated Care Board (ICB) North Kensington Recovery Programme. The insights provided in this report **should be applied to any future commissioning decisions** and not be viewed as advisory feedback.

The engagement reached **around 307 people** affected by the Grenfell Tower fire (236 adults and 71 children) through **22 community conversation sessions** hosted by 13 Voluntary, Community & Social Enterprise (VCSE) organisations. The engagement was further supported by one-to-one conversations, written feedback received by email, and the North Kensington VCS network meeting that overall reached **29 unique VCS organisations** and **6 Health & Social Care stakeholders**.

The approach was intentionally trauma-aware, recognising the impact of asking the community to revisit difficult experiences since the fire. Wherever possible, the engagement has attempted not to repeat historic conversation but also importantly not to forget what has been heard. Therefore, the approach taken builds on what communities have already shared, focusing conversations on what support should be provided in the future.

Across conversations, there was a clear and consistent message that community-based support is essential to recovery and everyday wellbeing. People spoke about **the importance of trusted, familiar spaces; activities that are regular and flexible; being with others who understand the Grenfell experience;** and having **access to practical support** alongside wellbeing activities. Time and again, it was the relationships, trust and long-term presence of organisations that mattered most — **more than any single activity**.

People were also clear that this support works best when it **is provided by trusted community organisations, in local settings**, rather than in clinical environments, and when it is easy to find and access in different ways. Barriers such as **cost, transport, confidence** and **lack of information** continue to get in the way, while **welcoming spaces, trusted relationships** and **support being available in their neighbourhood** help to overcome these challenges.

The report ends with a clear call for the NHS North Kensington Recovery Programme to go beyond engagement and to share decision-making power with Grenfell-affected communities.

## 2. Purpose

Decisions are being made about the future of community-based (non-clinical) health and wellbeing support for Grenfell-affected communities. To inform those decisions, the North Kensington Recovery Programme, NHS West & North London Integrated Care Board (ICB), commissioned Kensington & Chelsea Social Council (KCSC) to lead engagement with Grenfell-affected communities.

This work was undertaken on the clear understanding that what communities shared would be used directly to shape commissioning decisions. As such, the evidence in this report should not be viewed as purely advisory or informal. It represents a clear body of community experience including children, young people, and adults that must be acted upon, including decisions about:

- **What support is commissioned?**
- **How it is delivered**
- **And who is funded to deliver it?**

The insights presented here reflect the experiences and views of Grenfell-affected communities reached directly, including survivors, bereaved family members, local residents (including those who previously lived in the area), and people who have worked in the area.

For the purposes of this work, community-based (non clinical) health and wellbeing support is defined as:

*‘The local, community-based health and wellbeing offer provided by voluntary and community groups. It is rooted in everyday community life and usually takes place in friendly, familiar community spaces. It helps people feel more connected, more confident and better able to look after their health. This sits alongside the clinically led care provided by NHS services, and together these form part of the North Kensington Recovery Programme.’*

## Resources & Spend

During the 2025–26 financial year, Kensington & Chelsea Social Council (KCSC) received £88,252 through a variation to its existing commissioning agreement as a commissioned partner supporting the North Kensington Recovery Programme. Funded by the NHS West & North London Integrated Care Board (ICB), the variation extended KCSC’s role to enable the organisation to close down the Healthier Futures service, complete end of service reporting as well as to plan, coordinate and deliver this engagement activity. The funding covered staff salaries and organisational overheads required to plan, and delivery this engagement.

Within this work:

- **£3,000** of staff salary budget was allocated to VCSE organisations to host and facilitate community engagement conversations, covering staff time, vouchers for involvement, event costs and resources.
- An additional **£250 per organisation** (for up to ten VCSE organisations) was provided by the North Kensington Recovery Programme to support basic participation costs.
- Individual VCSE organisations received between **£250 and £750**, depending on the number, size and associated costs of sessions delivered.

- At the time of writing, a total of **£4,950** has been paid to VCSE partners for the delivery of this engagement.

### A Call for Shared Power and Accountability

Given the longstanding experience of Grenfell-affected communities being consulted without seeing meaningful change, this report makes a clear call to the accountable person(s) within the West & North London ICB North Kensington Recovery Programme to:

- Formally acknowledge this report and set out how its findings will be applied.
- Provide transparency about decision making processes and who holds accountability.
- Commit to share decision-making power with Grenfell-affected communities.

Community voice is not an add-on to recovery. It is essential to trust, legitimacy and effective support. For this work to be meaningful, power must be placed in the hands of the community.

## 3. Approach to Engagement

Kensington & Chelsea Social Council (KCSC), working with the North Kensington Recovery Programme, agreed a mixed-methods approach to engagement, with a strong emphasis on community-based conversations following a shared conversation guide adapted by each host.

Engagement was carried out through a combination of community conversations hosted by VCSE organisations (either independently or co-hosted with KCSC), following a flexible topic guide created by KCSC which was flexed by each host to suit the community and setting the conversation took place. During the engagement, an adult-specific paper-based questionnaire was created (based on the topic guide) by a VCSE partner organisation and which was later adopted by others (for example, to be used in an online poll). This resulted in **70 responses**, which have been included in this report. It should be noted that the questionnaire was adapted by individual host organisations and, as a result, **not all questions were asked in every session.**

This was further supported by individual one-to-one engagement and written feedback received by email. KCSC also convened the North Kensington VCSE Health Network to gather insights and shared digital surveys for VCSE, Health & Social Care staff connected to Grenfell-affected communities.

The approach was shaped by clear historical feedback. Since the fire, we know many people have been surveyed and consulted repeatedly; for some, this has been re-traumatising, and for many it has contributed to low trust in consultation processes particularly where it is unclear how input leads to real decisions or change. Alongside this, community members and VCSE organisations raised long-standing concerns about limited transparency in decision making and few opportunities to meaningfully influence outcomes.

In response, KCSC designed an approach that prioritised safety and trust by working in partnership with local VCSE organisations. Conversations were held with trusted local people, in familiar settings, and where existing relationships already existed. Drawing on the extensive body of previous consultation with Grenfell-affected communities, KCSC also brought together existing engagement and research so people were not asked to repeat their needs. This kept the focus on the types of community-based (non-clinical) wellbeing support people want to access, and how they want to access it.

Engagement with children, young people and families was undertaken through age-appropriate, activity-based methods, often within existing groups. This included facilitated conversations, creative and play-based activities, and group discussions supported by trusted adults and youth workers. This group were not asked to complete written questionnaires or demographic forms, however, over 35 children and young people wrote down the types of activities they would like which have been included.

### Key Challenges and Limitations

This engagement was delivered within several practical constraints:

- **Compressed timescales** — Although proposed in summer 2025, approval to begin engagement was confirmed in February 2026, resulting in a shorter delivery window.
- **Timing during Ramadan** — Initial deadlines fell during Ramadan, limiting participation for some communities. Where possible, engagement continued after Eid.
- **Participation profile** — Engagement was most attended by women, people over 55 and local residents, reflecting patterns of community participation and the available timeframe.
- **Settings** — Conversations in trusted VCSE spaces inevitably reflect the communities connected to those organisations. To mitigate this, engagement was hosted across a range of providers and settings, and insights were analysed collectively to develop a more balanced view of need.

## 4. Who We Engaged – Participation and Reach

Through this approach:

- **22 sessions** delivered across **13 VCSE organisations** working with Grenfell-affected communities in North Kensington.
- **70 community questionnaires** (include online poll) completed.
- **9 pieces of written feedback** were received by email/WhatsApp.
- A **total recorded engagement of around 307 people** (236 adults and 71 children/young people)
- **29 unique VCSE organisations** were directly involved through hosting sessions, sharing survey or email feedback, or attending the North Kensington VCSE Forum.
- **6 completed Health & Social Care stakeholder survey responses**

## 5. What Grenfell-Affected Communities Told Us

Across community conversations, surveys and individual feedback, people of all ages were clear about what helps them feel well, connected and able to cope — and about what gets in the way. While people's circumstances and experiences differ, there was strong consistency in the themes heard across settings and engagement methods.

### 5.1 What Types of Support People Said They Want

People described a wide and varied set of support needs, with more than 40 unique types of activity raised in the community questionnaires alone – see box below for examples. Rather than focusing on

a single type of provision, people spoke about wellbeing support in terms of what helps them cope day to day, feel connected and feel safe over time.

Massage, walking groups, yoga, meditation, art therapy, sports/football, exercise, music activity, sound therapy, community counselling/therapy, seaside trip, outings to cinema, social dancing, peer support groups, food-bank, transport facility, cultural cooking class, karaoke, poetry, story-telling etc.

Across many conversations, people emphasised that it is not the activity alone that matters, but the space, relationships and consistency around it. Activities were often described as the reason people come together, while a sense of belonging and trust was described as what keeps people engaged.

During the community conversations, people most often talked about:

- Being with others who **understand the Grenfell experience**;
- **Wellbeing activity** that feels non-clinical
- **Non-verbal, creative approaches** such as art and music activities for people to express themselves;
- **\*Accredited community-led therapy** (e.g. counselling and art therapy) and alternative therapies (e.g. community massage);
- **Regular, consistent activities** that provide routine and purpose;
- **Familiar, welcoming community spaces** where people feel safe;
- **Practical support** alongside wellbeing activity (for example help with benefits, housing or forms);
- **Trips and outings**, particularly opportunities to spend time outside London.

Many people described this support as helping them “get through the week”, reducing isolation and enabling them to take part at their own pace, without having to explain or justify themselves. Trusted local community organisations were described not only as places for wellbeing activity, but as spaces where different challenges in people’s lives are noticed and supported.

People gave practical examples of how everyday issues are picked up in these settings — when a fridge breaks, when a letter arrives that they do not understand, or when they are unable to get an appointment or resolve a problem on their own. One group described having “brown letter fear”, explaining that official letters relating to benefits, health or housing cause anxiety because they are difficult to understand. In these situations, people said they bring letters or concerns to their local community organisation, where trusted staff help them make sense of the issue and support them to take the next steps.

As one participant explained, when problems arise “we come here and they help us to sort it out”. This kind of informal, practical support was described as inseparable from wellbeing activity itself. Regardless of whether people came together for yoga, sewing, creative activity or social time, what mattered was having a safe, familiar space with people they trust, where support for the realities of daily life could be offered alongside opportunities to connect.

Trust and relationships were central throughout engagement. People consistently said they value long-standing, hyper-local support and VCSE organisations embedded in the community. Many reported only engaging with one or two organisations they trust, and not attending support elsewhere.

*For the purposes of this report, and for future commissioning decisions informed by it, the term “**accredited community-led therapy**” is used to describe a range of therapies including counselling, psychotherapy, art and other creative-based therapies, delivered by community organisations through registered and trained professionals. These therapies are provided in community (non-clinical) settings and are grounded in community-based models of health, rather than relying solely on a clinical model.*

## What we heard from Children, Young People & families

Across engagement with children, young people and families, there was a clear emphasis on feeling safe, calm and connected, and on support that is relational, creative and part of everyday life, rather than formal or clinical.

Children under 12 who took part most often described wellbeing in simple, sensory and relational terms. They talked about wanting spaces where they could play, be with friends and family, feel calm and relaxed, and enjoy activities such as **drawing, music, movement, storytelling and time outdoors**. Many children also emphasised the importance of cosy, quiet spaces, physical comfort and being somewhere they felt safe and cared for.

**Parents and families** highlighted the value of **shared spaces where children and adults can be together**, rather than separating children into crèche-style provision. Being able to join activities with their children, or to relax while trusted staff engage children nearby, was described as reducing stress and helping families feel more supported. Familiar settings and longstanding relationships with staff were seen as essential, particularly where families did not want to repeatedly explain their circumstances.

Young people spoke about wanting opportunities for creative expression and connection, including **music, art, writing, poetry movement to music and group activities**. Being with peers who “get it” was especially important, alongside informal access to emotional support. Many young people described creativity as a way to express feelings and manage stress without needing to talk directly or formally about difficult experiences.

Across all ages, people described wanting support that:

- Feels **informal, welcoming, and in familiar places**
- Is **creative and activity-based**
- Builds **relationships and a sense of community**
- Allows people to take part **at their own pace**, without pressure or expectations

## 5.2 Which of these would make the biggest difference to your wellbeing?

Some of those who attended community conversation (adults only) were also asked ‘what would make the biggest difference to your wellbeing’ (see questionnaire in appendix). The most common responses (themed) were;

- **Physical activities (32/49)**  
(e.g. yoga, chair yoga, walking groups, exercise groups, sports, movement to music (inc. Zumba), meditation, breathwork)
- **Alternative or complementary therapies (27/49)**  
(e.g. massage, breathwork, sound therapy, reflexology, relaxation therapies)
- **Social activities and connection (26/49)**  
(activities that bring people together, reduce isolation, dancing, group outings, shared social spaces)
- **Safe spaces to talk and share feelings (19/49)**  
(informal, community-based, non-clinical spaces; peer support, counselling and therapy support)
- **Creative activities (15/49)**  
(e.g. art, art therapy, poetry, music, storytelling, karaoke, open mic, craft)
- **Skills, learning and digital support (14/49)**  
(e.g. digital skills, learning opportunities, confidence-building, practical skills)
- **Practical support alongside wellbeing activity (13/49)**  
(e.g. housing and benefits advice, legal advice, help with forms, navigating services, transport)
- **Support for families and parents (7/49)**  
(e.g. parenting support, mums’ groups, early intervention groups, family activities)
- **Trips, outings and experiences (6/49)**  
(e.g. seaside trips, cinema, theatre, football matches, journeys outside London)
- **Cultural or faith-based activities (5/49)**  
(e.g. cultural cooking groups, culturally specific activities, faith-connected spaces)
- **Food and immediate needs support (3/49)**  
(food bank access)

*Based on 49 responses (53 asked, 4 did not respond), with people able to choose more than one option.*

Although questionnaires were not used for children, young people and families, some of the most commonly mentioned

- **Creative and expressive activities** (e.g. art, poetry drawing, music, drama, writing, creative movement)
- **Play, movement and physical activity** (e.g. free play, games, sports, dance/movement to music, outdoor movement)
- **Being together: social and peer-based activities** (e.g. friendship, hanging out, family time, group activities)

### 5.3 Where People Want to Access Support

Where support takes place was described as being as important as what is offered. People consistently preferred familiar, local community spaces, attended alongside people they know or

recognise. These settings were described as more welcoming and less intimidating than formal or clinical environments, and as places of belonging rather than services to attend.

Children, young people, and families echoed this strongly. They described feeling most comfortable in familiar settings such as children's centres, play spaces and youth provision, where relationships with staff and peers already exist. For children and young people in particular, unfamiliar or formal environments were described as anxiety-provoking, while trusted community spaces made it easier to take part and feel safe.

Community questionnaire responses showed that people most commonly feel comfortable accessing support in:

- **Local community centres (60 / 68)**  
(by far the most mentioned setting; seen as familiar, accessible, welcoming, and non-clinical)
- **Parks and outdoor spaces (42 / 68)**  
(often linked to walking groups, outdoor activities, and feeling less formal or pressured)
- **Cultural community spaces (31 / 68)**  
(including cultural centres and culturally familiar spaces where people feel understood)
- **Online or remote options (23 / 68)**  
(valued by some for flexibility and access, but generally secondary to in-person options)
- **Faith venues (19 / 68)**  
(such as churches or other faith-linked spaces, usually chosen alongside other community settings)

*Based on 68 responses (70 asked, 2 did not respond), with people able to choose more than one option.*

Conversations emerged in some sessions on whether people would choose to access this type of support in NHS or other clinical settings. In every instance, participants unanimously said they would not. In the questionnaire, **6 respondents explicitly stated this preference away from hospitals, GP practices, or NHS buildings**. It should be noted that people were not asked about what they would like in NHS settings or from the NHS, as this was out of scope of the engagement. Therefore, these responses were volunteered by those who responded without prompt. This was particularly important to families who share their preference for spaces that feel **welcoming, safe and non-clinical**, and where support feels like part of everyday community life rather than a service appointment.

Many people spoke about only trusting one or two particular places, often saying things like "I only go here", or describing spaces where they feel known, safe and understood. Often people spoke specifically about a connection to small, grassroots organisation whilst others shared they rarely leave their building or immediate neighbourhood due to anxiety, mobility issues or ongoing trauma. This was particularly evident for children and young people, who described needing familiar routes, familiar faces and, in some cases, support from friends or trusted adults to feel confident enough to attend

#### 5.4 When People Want to Access Support

There was no single ‘right’ time for support. In conversations and written feedback, people described how energy levels, anxiety, health conditions and caring responsibilities fluctuate, making flexibility important. Some people added that activities can sometimes clash, meaning they miss out.

Some people preferred daytime activities because they feel safer travelling during daylight. Others explained that their ability to attend changes from week to week. Young people and families consistently emphasised the importance of flexibility over fixed appointment times, to fit around school, childcare, work and fluctuating energy or confidence levels.

Parents particularly highlighted the value of drop-in provision across the day, allowing them to attend when it suits their family, even for short periods. Young people described needing options that work after school, in the early evening or at weekends.

Based on community questionnaire responses, the most commonly preferred times were:

- **Weekday afternoons (38 / 64)**
- **Weekday mornings (33 / 64)**
- **Weekends (31 / 64)**
- **Flexible / depends on activity (29 / 64)**
- **Weekday evenings (26 / 64)**

*Based on **64 responses** (70 asked, 6 did not respond), with people able to choose more than one option.*

## **5.5 How People Find Out About and Access Support**

People consistently said they are far more likely to attend something when they hear about it from a trusted organisation or someone they know, which was reflected by adults as well as young people and parents. Alongside community noticeboards and email newsletters, these accounted for the majority of ways people asked for information to be shared.

Once people have found out about support/activity, many people said they feel uncomfortable completing online forms or navigating systems alone, and prefer being able to ask questions, be reassured, or attend informally the first time. There was also a strong preference for there to be a phone number that someone could call, with information being available on a website also seen as useful.

In terms of how people prefer to access or sign up, there was a strong preference for routes that feel informal and self-directed:

- **Turning up without referral (36 / 70)**
- **Self-referral / sign-up (35 / 70)**
- **Visiting a website (30 / 70)**
- **Calling a phone number (24 / 70)**
- **Professional referral (e.g. GP, link worker) (18 / 70)**
- **Receiving information via community or faith settings (16 / 70)**
- **Referral via a community organisation (14 / 70)**

*Based on **64 responses** (70 asked, 6 did not respond), with people able to choose more than one option.*

While many preferred to access support independently, people also described the value of trusted professionals or community organisations helping them navigate options, particularly when they are unsure what is available. It is worth noting that the children and young people who were more likely to find out about something via a website, although feedback they were most likely to hear about an activity or support via a friend.

## **5.6 Barriers That Stop People Accessing Support**

People described a range of barriers that affect whether they can take part in support. Based those who complete a community questionnaire, the most commonly reported barriers were:

- **Lack of information about what support is available (29 / 53)**
- **Cost of activities (17 / 53)**
- **Lack of time (17 / 53)**
- **Transport difficulties, including cost (15 / 53)**
- **Health or mobility issues (13 / 53)**
- **Feeling uncomfortable or not welcomed (8 / 53)**
- **Childcare responsibilities (6 / 53)**
- **Language barriers (5 / 53)**

*Based on **47 responses** (53 asked, 6 did not respond), with people able to choose more than one option.*

Lack of information was frequently raised which was described as frustrating and, at times, leads people to mistrust local services. One person shared “they don’t want you to know”. Many rely on word of mouth or trusted organisations to hear about activities, and said they often miss out when information is shared mainly online or through formal systems.

Children, young people and families described additional barriers related to confidence, anxiety and unfamiliar environments. Young people spoke about finding it difficult to walk into new settings, with some describing waiting outside for long periods or needing a friend or trusted adult to attend with them the first time. Parents highlighted how unfamiliar spaces, rigid systems or the expectation to explain their circumstances repeatedly can deter families from engaging.

### **Language and Cultural Access**

Language and cultural barriers were not raised strongly in this engagement. This was not because they are unimportant, but because many people had already found support through trusted community spaces that reflect their culture, values and, where needed, first language. Activities such as yoga, creative practice, dance, trips and shared social activities were often described as accessible regardless of language. This reinforces the importance of having a diverse range of community-based providers and settings, rather than a single service model.

## **5.7 What Helps People Overcome Barriers**

Based on community questionnaire responses, the most commonly selected factors that support access were:

- **Familiar community locations (56 / 68)**
- **Clear information (52 / 68)**
- **Feeling welcomed and respected (46 / 68)**
- **Trusted organisations (41 / 68)**
- **Family / inter-generational involvement (34 / 68)**
- **Cultural / faith-appropriate activities (29 / 68)**
- **Practical barrier support (childcare, cost, transport) (27 / 68)**
- **Flexible times (24 / 68)**
- **Activities in different languages (18 / 68)**

*Based on 68 responses (70 asked, 2 did not respond), with people able to choose more than one option.*

In conversations, people repeatedly highlighted the importance of being welcomed without pressure or judgement, and without any expectation to explain personal experiences. This included making activities accessible to people with disabilities, such as using venues with step-free access, offering options to join remotely, and holding activities locally or with transport support to enable those who are less physically able to attend.

For children, young people and families, familiarity and trust were particularly important. Being able to attend with friends, siblings or family members, supported by staff they already know, helped to reduce anxiety and make engagement more achievable. Flexible, informal and drop-in provision was seen as especially important for families with young children and for young people who may struggle with confidence or fluctuating wellbeing.

Small adjustments — such as flexible arrival times, informal check-ins, or the option to observe before joining in — helped people build confidence and sustain engagement over time.

## **6. VCSE and Health & Social Care Stakeholders Insights**

Across VCSE organisations and health and social care stakeholders, there was clear alignment with the core messages from Grenfell-affected communities. There was shared agreement that community-based (non-clinical) support is essential to recovery and wellbeing, particularly for people who do not engage with clinical or statutory services.

Stakeholders consistently emphasised the importance of trust, familiarity and long-standing relationships, and agreed that support works best when it is relational, informal and flexible rather than time-limited or rigidly structured. There was also wide recognition that a range of different activities and settings is needed, and that accessibility must be actively designed, taking account of cost, transport, timing and confidence.

VCSE organisations reflected that the types of support and approaches described by communities are already well understood through delivery experience, while health and social care stakeholders recognised the distinct reach and value of community-based provision alongside clinical care.

VCSE organisations described their role as extending beyond delivering individual activities. They often act as trusted first points of contact, informal navigators of complex systems, and safe spaces where people raise practical and emotional concerns together. This mirrors what communities described as most important: support that does not feel like a service, and organisations that understand context without people having to repeatedly explain themselves.

Health and social care stakeholders largely echoed this, while adding further nuance about system-level considerations. These included the role of community-based support in prevention and early intervention, the importance of simple and relational referral pathways supported by trusted intermediaries, and the need for clarity about boundaries so VCSE organisations are not expected to substitute for clinical or statutory services.

Stakeholders also acknowledged that standard commissioning and monitoring approaches are often poorly suited to relational, trauma-aware community work, and that funding instability undermines trust, continuity and collaboration. There was broad agreement that sustaining what already works — rather than repeatedly introducing short-term pilots — is critical for Grenfell-affected communities.

### **Resourcing community-based (non-clinical) health & wellbeing support**

There are a number of VCSE organisations that work directly with Grenfell-affected communities that have been funded by the NHS funding to do so. Over a 5-year (2019-2025) period the VCSE organisations who received direct funding have shared less than 5% of the total £53 million spent on Grenfell-related support and services (primarily through what has been termed the ‘self-care’ programme, also known as the ‘Healthier Futures’ programme, with smaller ad-hoc funding of bespoke activities, and resources from NHS providers to support partnership initiatives).

With the permission of the North Kensington Recovery Programme, KCSC used an estimated minimum budget of \*£300,000 to give participants in the engagement an understanding of the approximate yearly investment in community-based (non-clinical) health and wellbeing support for children, young people and adults affected by the Grenfell Tower fire. This represents a reduction of £129,000 when compared with the most recent year of the Healthier Futures delivery (2024/25), which included wellbeing activities accessible to anyone in the North Kensington area.

The overall North Kensington Recovery Programme budget for future years has not yet been communicated, but given the change focus in the programme, it is expected to reduce moving forward compared to past years. Although it is welcomed that spending on community-based (non-clinical) health and wellbeing support is likely to increase significantly as a proportion of total programme spend, participants in the engagement remained concerned that the total reduction presents a clear risk that this level of investment could further dilute the impact of community-based support. This, in turn, risks increasing unmet need, particularly among those residents who have experienced long-term and cumulative impacts since the Grenfell Tower fire.

NHS support is highly valued by many people within Grenfell-affected communities, a finding reflected consistently in both community feedback and reported outcomes. The VCSE works as a strong partner to local NHS trusts, and its role is intended to complement and sit alongside NHS provision rather than replace it. However, the VCSE is not able to perform this role effectively if it continues to be under-utilised and under-funded within North Kensington Recovery Programme.

*\*The indicative figure of £300,000 was referenced in discussion with the North Kensington Recovery Programme as a working assumption only. This figure has not been formally confirmed, remains subject to change, and is used solely to illustrate the scale of investment being considered at the time of writing.*

## 7. Conclusion: What This Means for the Future

This engagement provides an evidence base for the NHS West & North London ICB to continue to **invest in the voluntary, community and social enterprise (VCSE) sector** as a core part of the North Kensington Recovery Programme.

Grenfell-affected communities have been clear that community-based (non-clinical) health and wellbeing support is not an optional extra. It is central to recovery, connection and day-to-day wellbeing, and it complements — rather than replaces — clinical care.

The conclusions below are broadly representative of all ages unless otherwise specified.

### 7.1 Fund a wide range of support, sustainably.

Communities consistently described **benefiting from a wide range of support**, recognising that different people require different forms of help at different times. However, this diversity of provision cannot be sustained where investment is limited to short-term projects or individual sessions, or where VCSE funding continues to account for **less than 5% of the overall North Kensington Recovery Programme budget** (<https://www.grenfell.nhs.uk/news-and-publications/news/north-kensington-recovery-programme-financial-expenditures-published>).

Community-based (non-clinical) health and wellbeing support exists because VCSE organisations exist, and there is a clear risk in assuming the sector can continue to absorb demand without appropriate investment. The evidence in this report, alongside evidence captured through NHS-led engagement, demonstrates that VCSE-led provision is essential to meeting the needs of Grenfell-affected communities.

For future commissioning to be effective, investment should;

- Treat VCSE-led provision as an **equal and essential part of the health and wellbeing offer**;
- Be **sufficient in scale** to support a wide range of support for children, young people, families and adults.
- Enable **full cost recovery** so organisations can remain stable and present in the community;
- Be structured through **longer-term arrangements** that avoid stop-start delivery and dilution of impact.

### 7.2 Activity as the doorway, community as the outcome

Across the engagement, people made a consistent point: **activity is often the reason people come together**, but it is the **space, relationships and community** that make the difference.

Yoga, art therapy, music activity, alternative therapies, dance and creative activities are effective not simply because of what they are, but because they create environments where people feel safe, understood and able to connect. This means that future support should not be designed around a narrow definition of wellbeing activity, but around **creating the right conditions for community to exist and support each other**.

### 7.3 What types of support should be funded

The emphasis should be on funding a **mix of activity types**, rather than prioritising a single model or offer. Based on the evidence put forward in the report, there is a case for future community-based support should include, at a minimum:

- **Alternative and complementary therapies** (e.g. Massage, breathwork, reflexology);
- **Creative activities and art-based therapies** (e.g. art therapy, poetry, dance, storytelling);
- **Accredited community-led therapy** (e.g. counselling and art therapy) ;
- **Physical activities** that are inclusive and adaptable (including chair-based options);
- **Social connection activities** that reduce isolation and rebuild community ties;
- **Practical support alongside wellbeing activity**, recognising the impact of housing, benefits and everyday pressures.

For children, young people, and families specifically, this should include

- **Creative and play-based** (e.g. including art, music, movement and storytelling)
- **Intergenerational and family-friendly** (e.g. family trips or parents and kids groups)

### 7.4 Where support should be delivered

This engagement was clear for all ages that wellbeing support, in this context, should be **delivered in the community**, by **trusted organisations**, and in **familiar spaces**. Support is most effective when it is:

- Hosted in a range of local, welcoming community venues;
- Delivered by organisations people already know and trust;
- Not delivered in clinical settings

Funded must be allocated to delivery in at least these 5 different settings; **Local community centres, Parks or outdoor spaces, Cultural community spaces, Online or remote options, Faith venues**. From this engagement there is zero support this type of support wellbeing activity in clinical settings or led by NHS staff in community spaces. Future commissioning should therefore **resource community delivery directly** to compliment the NHS clinical provision.

### 7.5 When support should be available

There is no single 'right' time for support. Instead, people asked for **flexibility**. At a minimum, future provision should:

- Run across different days and times, including during and after-school times, evenings and weekends;
- Avoid concentrating all activity into standard weekday hours;
- Allow people to attend at their own pace and to flex during term times.
- Allow opportunities to 'drop-in' (in particular for parents).

This will require providers to **work together**, coordinating across venues and schedules to maximise reach rather than competing for the same times and spaces as a condition of funding.

## 7.6 How people should be able to find and access support

Access must be simple and varied. A single route is not sufficient. Grenfell-affected communities asked for:

- A **single, clear place** to find out what is available,
- Options that do **not rely solely on digital access**,
- A combination of:
  - A website,
  - A phone number,
  - Flyers and noticeboards in community spaces,
  - Sharing through trusted organisations and community Whatsapp groups.

### Multiple access routes are essential

This engagement shows that no funded activity should rely on a single point of access. Support must be accessible through **multiple routes**, including the ability to **self-refer**, turn up without prior registration, and complete any required forms with support if needed.

Equally, people should be able to **access support through referral** from trusted professionals or community organisations. Multiple access routes are essential to ensure inclusion, equity and choice for Grenfell-affected communities.

## 7.7 Making support accessible and inclusive

Many access barriers are already addressed through having a **diverse range of VCSE providers**, venues close to home, women-only organisations, youth-led spaces, culturally specific provision and organisations operating in different languages.

For all **children, young people, families and adults**, accessibility was also closely linked to **familiarity and trust**. Support was easier to access when delivered in trusted settings, by known staff, and in ways that allow people to attend informally or with friends or family.

Future commissioning must address these barriers by:

- Ensuring venues are physically accessible and children/family friendly;
- Supporting some delivery to happen remotely where appropriate;
- Funding a diverse range and size of VCSE organisations that reflect the diversity of the local community;
- Hold activity in a range of places that are trusted and familiar to the community;
- Support to attend the first session through a familiar trusted person;
- Encouraging adaptation of activities (e.g. Chair-based exercise);
- Avoiding “one-size-fits-all” expectations.

## 7.8 Power, accountability and what must change

Finally, this engagement makes a clear statement: **conversation alone is not enough**.

Nearly nine years after the Grenfell Tower fire, it is not acceptable for decisions about support to continue to be made primarily by people who did not live, work in, or experience the impact of

Grenfell directly. Grenfell-affected communities have repeatedly given their time, trust and insight, without seeing power meaningfully shift.

For this work to matter, the NHS must:

- Commit to moving beyond tokenistic engagement;
- Place **real decision-making power** in the hands of Grenfell-affected communities;
- Be transparent about how decisions are made and who makes them;
- Show clearly how community voice has shaped outcomes.

**We are grateful to all of the VCSE organisations who gave the time and energy to host community conversations with us for this purpose of this engagement.**

- French African Welfare Association (FAWA)
- Bay 20
- Age UK Kensington & Chelsea
- Association for Cultural Advancement through Visual Art (ACAVA)
- Action Disability Kensington Chelsea (ADKC)
- Al Hassiniya
- Kamitan Arts
- Kosovar Albanian Youth Against Violence (KAYAV)
- Kids On The Green
- Latimer Community Art Therapy (LCAT)
- Meanwhile Gardens
- Venture Centre
- Volunteer Centre Kensington & Chelsea (VCKC)
- Wand UK

## **Use of AI tools statement**

Artificial intelligence (AI) tools (Microsoft Copilot) were used to support specific aspects of this work. This included assistance with thematic analysis of community questionnaire responses, generating summary tables of demographic data, and supporting proofreading and formatting of the report text.

AI tools were used to assist human analysis and drafting only. All interpretation, conclusions, and decisions about content were led by the project team, and responsibility for the accuracy, meaning and use of findings remains with the authors.

## Appendix 1: Engagement Reach and Demographic Overview (Complete forms )

The tables below summarise information collected via consent slips to show the reach and breadth of engagement. These are descriptive only and are not linked to individual survey responses or session summaries. Of the total 307 people engaged, 138 provided their demographic information.

**Table 1. How Participants Described Being Affected by Grenfell – (Participants may have selected more than one option).**

How people described being affected	Count
Survivor	9
Bereaved family member	13
I live in North Kensington	77
I lived in North Kensington, but I have moved out	16
I have family or friends directly affected	35
I work / have worked in this area	17

**Table 2. Sex / Gender (Self-described)**

Sex / Gender	Count
Female	100
Male	32
Not disclosed	6

**Table 3. Location (Postcode Area – Outward Code Only)**

Postcode theme	Included outward codes	Count
Core Grenfell / North Kensington	W10, W11	100
Wider Kensington & Chelsea	W2, W8, W9, W12, W14	12
Wider London (outside immediate area)	NW8, NW10, SW5, SW6, SW8, W19	10
Wider London (outside of immediate area)	UB5, RM5, CR0	3
Postcode not disclosed	—	13

**Table 4. Age Breakdown (Grenfell Engagement Survey)**

Age group	Number of respondents
*Under 16	3
16–24	4
25–34	14
35–44	12
45–54	32

55-64	<b>37</b>
65+	<b>35</b>

*\*Children and young people were not asked to complete demographic forms during the community conversations*

**Table 5. Ethnic Group (Census 2021 Aligned)**

<b>Census 2021 ethnicity category</b>	<b>Count</b>
<b>White British</b>	<b>11</b>
<b>White Irish</b>	<b>2</b>
<b>White – Any other White background</b>	<b>24</b>
<b>Mixed – White and Black Caribbean</b>	<b>1</b>
<b>Mixed – Any other Mixed background</b>	<b>13</b>
<b>Asian – Indian</b>	<b>1</b>
<b>Asian – Bangladeshi</b>	<b>3</b>
<b>Asian – Chinese</b>	<b>1</b>
<b>Asian – Any other Asian background</b>	<b>13</b>
<b>Black – African</b>	<b>19</b>
<b>Black – Caribbean</b>	<b>11</b>
<b>Black – Any other Black background</b>	<b>5</b>
<b>Other ethnic group – Arab</b>	<b>25</b>
<b>Other ethnic group – Any other ethnic group</b>	<b>2</b>
<b>Not stated (blank / not-disclosed)</b>	<b>7</b>

## Appendix 2 – Summary of Need (based on review of previous consultation)

Summary of Need		
Needs	Type of Service desired	Format and Delivery
<ul style="list-style-type: none"> <li>• Persistent trauma, anxiety, PTSD, depression</li> <li>• Concerns about toxic exposure &amp; physical health monitoring</li> <li>• Poor housing conditions affecting health and wellbeing</li> <li>• Mental health impacts longlisting</li> <li>• Need for trauma-informed &amp; culturally competent mental health support</li> <li>• Children &amp; young people require long-term tailored support</li> <li>• Community isolation and need for social connection</li> <li>• Financial strain and cost-of-living pressures</li> <li>• Support for education, skills, and youth employment</li> <li>• Lack of Physical health offer</li> </ul>	<ul style="list-style-type: none"> <li>• Preference for community-based delivery</li> <li>• More peer support oriented social activities</li> <li>• Importance of group-based and activity-based therapies</li> <li>• Holistic support requested combining Physical, Mental Health, Housing</li> <li>• Role of faith-based organisations in community healing</li> <li>• Join-up services</li> <li>• Demand for long-term sustainability of services</li> <li>• More prioritisation / funding for CYP support</li> </ul>	<ul style="list-style-type: none"> <li>• Use of informal, relational spaces for support</li> <li>• Services to be more culturally sensitive</li> <li>• Preference for community hubs and trusted venues</li> <li>• Need for restorative, person-centred approaches</li> <li>• Increased role for VCS / faith organisations</li> <li>• Join-up between local schools and health services</li> </ul>

*This summary of need has been created by KCSC by reviewing 7 key reports and consultations 2023-2025.*

### Documents reviewed for the summary of consultations:

- [NKR \(2025\)](#): North Kensington Recovery (NKR) Grenfell Health Programme – “Insights from Engagement” (February 2025) report by NHS North West London
- [JSNA \(2024\)](#): The Grenfell Joint Strategic Needs Assessment (JSNA) Refresh 2024
- [Scrutiny \(2024\)](#): “Scrutiny Report on Grenfell Future Support Consultations” (September 2024), authored by the External Scrutiny Team (Involve and Collaborate CIC).
- [King’s Fund \(2024\)](#): “People Power: Lessons from the Health Care Response to the Grenfell Tower Fire” (September 2024), The King’s Fund authored by Dan Wellings, Shilpa Ross, and Loreen Chikwira
- [Future Grenfell \(2024\)](#): Implementation of the Future Grenfell Support (2024–2028): Phase 1 Consultation - Community & CYP Engagement (December 2024) RBKC
- [RBKC \(2025\)](#): Kensington and Chelsea – “Shaping the future of public participation. Consultation report” – July 2025. RBKC
- Grenfell Community Insights Research – “Key Findings Report” (September 2023) SMSR Research for RBKC
- Systematised anonymous service users quotes and recommendations recorded by NHS Grenfell Health and Wellbeing Service Team (2025)
- Common Themes and Recommendations by Public health (2025)

## Appendix 3 – ‘community consultation questionnaire’

The community consultation questionnaire was created by the French African Welfare Association (FAWA), based on the topic guide and prompts provided by KCSC. This form was adapted and used with multiple host organisations (including Kamitan Arts, Venture Centre and Bay 20)

### Community consultation questionnaire

#### Topic 1 – Your Health & Wellbeing Needs

We would like to understand what kinds of community support and activities would help improve your health and wellbeing.

*Please note: This consultation focuses on support provided by voluntary and community organisations in community settings, not clinical services provided by the NHS.*

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#### 1. Thinking about your health and wellbeing right now, what kinds of support or activities would help you most?

(Please tick all that apply)

- A safe space to talk or share feelings (peer support groups, counselling, art therapy)
- Alternative therapies (yoga, meditation, breathwork, massage)
- Physical activities (walking groups, exercise sessions, sports, gardening)
- Creative activities (art, music, drumming, writing, craft sessions)
- Social activities to connect with others (community meals, sewing or craft groups, social gatherings)
- Cultural or faith-based activities (cultural cooking groups, activities in faith settings)
- Practical support (help with housing, benefits, advocacy or navigating services)
- Skills and learning opportunities (digital skills, CV support, training or education)
- Support for families or parents (parenting support, family activity sessions)
- Other (please specify): \_\_\_\_\_

#### 2. Which of these would make the biggest difference to your wellbeing?

(Please select up to three)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

#### 3. What type of activities would you personally be interested in attending?

- Workshops
- Group activities
- One-to-one support
- Online sessions
- Outdoor activities
- Cultural or community events
- Other: \_\_\_\_\_

#### 4. What prevents you from taking part in community activities?

- Lack of time
- Childcare responsibilities
- Transport difficulties

- Language barriers
- Lack of information about activities
- Feeling uncomfortable or not welcomed
- Cost of activities
- Health or mobility issues
- Other: \_\_\_\_\_

**5. When would it be easiest for you to attend activities?**

- Weekday mornings
- Weekday afternoons
- Weekday evenings
- Weekends
- Flexible / depends on activity

**6. Where would you prefer activities to take place?**

- Local community centres
- Faith venues (church, mosque, temple)
- Parks or outdoor spaces
- Cultural community spaces
- Online
- Other: \_\_\_\_\_

**7. Is there any other type of support or activity you would like to see in your community?**

(Please tell us in your own words)

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**8. Would you be interested in helping shape or co-design these activities in the future?**

- Yes
- Maybe
- No

We would like to understand what would make it easier for people to take part in community activities and support services.

**Topic 5 – Making Support Accessible and Right for You**

**1. What would make it easier for you to take part in community activities or support?**

(Please tick all that apply)

- Activities held in familiar community locations
- Clear information about what activities are available and how to join
- Activities delivered by organisations you trust
- Activities available in different languages
- Activities that respect culture or faith (e.g. women-only groups, faith-based spaces)
- Activities that involve the whole family
- Support with practical barriers (childcare, cost, transport)

- Feeling welcomed, respected and listened to
- Flexible times or drop-in sessions
- Other: \_\_\_\_\_

**2. Are there any barriers that currently make it difficult for you to attend activities?**

- Cost
- Transport
- Childcare
- Lack of information
- Language barriers
- Lack of confidence or feeling uncomfortable
- Health or mobility issues
- Other: \_\_\_\_\_

Please explain if you wish:

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**Topic 6 – How You Want to Access Support**

**3. What is the easiest way for you to access support or activities?**

(Please tick your preferred options)

- Self-referral or signing up yourself
- Being able to just turn up to the activity
- Referral from a professional (GP, link worker, support worker)
- Referral from a community organisation
- Calling a phone number for information  Visiting a website for information
- Receiving information through community groups or faith organisations
- Other: \_\_\_\_\_

**4. How would you prefer to receive information about activities?**

- WhatsApp groups
- Social media
- Community notice boards
- Word of mouth
- Community organisations
- Faith organisations
- Email newsletters
- Other: \_\_\_\_\_

**Topic 7 – Anything Else You Want Us to Know**

**1. How do you think communities affected by Grenfell should be involved in decisions about support and activities?**

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**2. Where do you usually find out about activities or support in your community?**

- Friends or family
- Community organisations
- Faith organisations

- Social media
- Local newsletters or websites
- Health services
- Other: \_\_\_\_\_

**3. Can you suggest a name for a service like this?**

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**4. In your opinion, how would we know if this support is making a positive difference?**

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**Final Question**

**5. Is there anything else you would like to share with us?**

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