

A year after Grenfell

The public inquiry into the Grenfell Tower fire is now underway. Leading the Counselling and Trauma Service at the London Fire Brigade (LFB), **Anne Scoging** talks to **Nicola Banning** about how her team have responded since that night

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NB: For those of us not directly involved, the anniversary of the Grenfell Tower fire is marked by media interest and then life moves on. How has it been to respond to a critical incident of this scale for such a long period on top of the task of running the service?

AS: This has been very challenging. Initially with limited resources, our task of supporting LFB personnel who attended Grenfell was very daunting and intense. As counsellors, we were exposed continuously to hearing people's traumatic experiences at the fire, for many months. This is difficult work to sustain and we had to pay great attention to pacing our work and the self-care needed to keep us going.

Since June last year, Grenfell has been our main focus and continues to be a large part of our work. We work individually with personnel suffering from PTSD but we are also continuing our programme of watchful waiting for nearly 1,000 staff involved in Grenfell and being aware of the ongoing support needed with events such as the Grenfell Public Inquiry.

NB: We spoke in 2013 about the trauma prevention work and procedures at LFB for dealing with a critical incident. The Grenfell Tower fire has been described as 'unprecedented'; how useful were the plans?

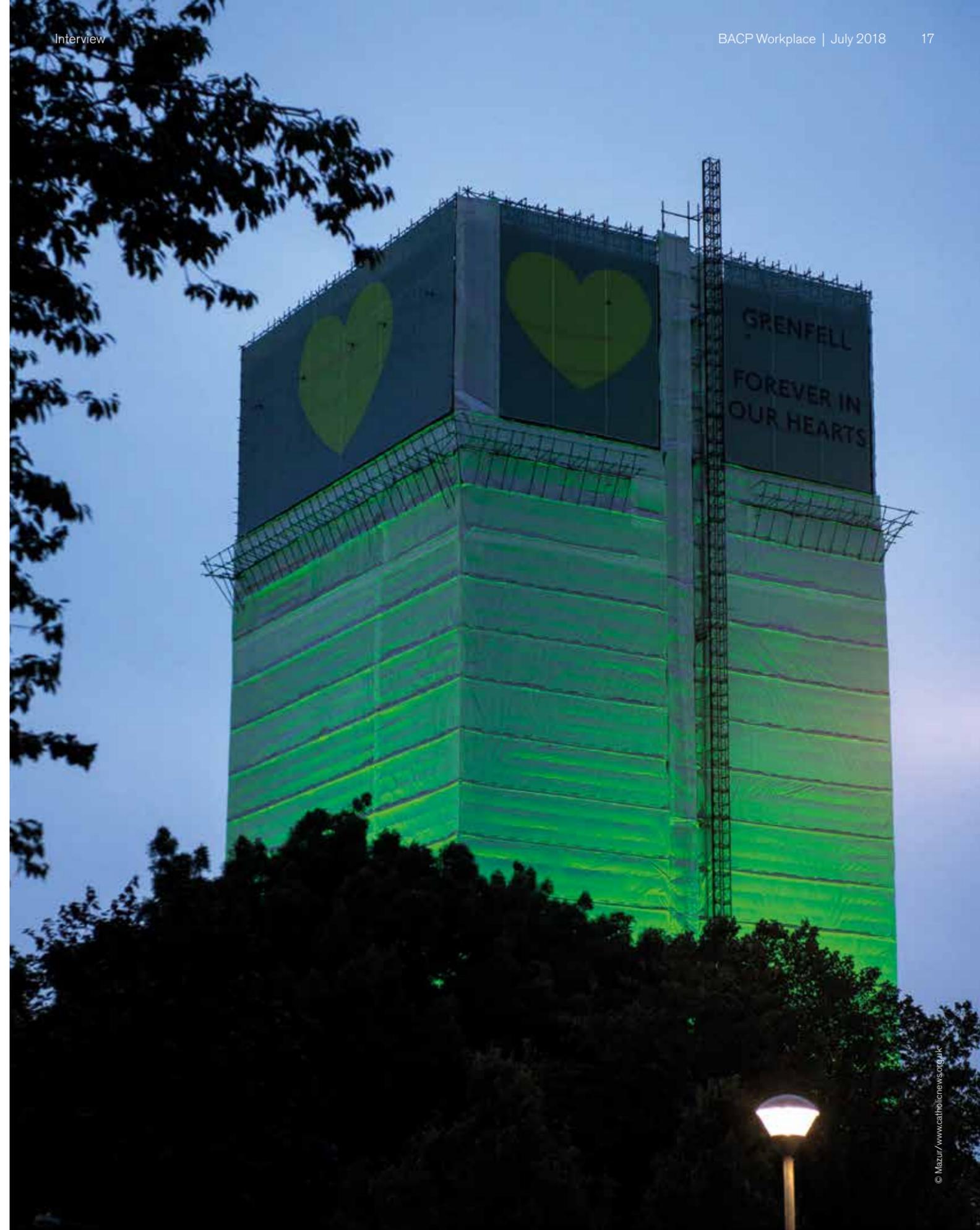
AS: When an incident as enormous and tragic as Grenfell Tower happens, there seem to be several phases of response which practitioners can go through. Firstly, I experienced almost a 'kneejerk' response to try and offer what was needed on the night and the next day. Next, came moments of panic when I considered the sheer scale of the support that we had to put in place for nearly 1,000 LFB employees who were involved. Faced with devising a psychological support plan for Grenfell, it was vital the service drew on our existing major incident procedures (something we had rarely implemented but which we had practised over the years) and basic trauma principles, such as watchful waiting, as advocated in the *NICE Guidelines*. These formed the basis of our approach but we learned to be flexible in how we implemented

the plan, taking into account the limited resources we had and the changing demands that surfaced as time progressed.

NB: What support have you offered to firefighters and staff since the fire?

AS: We continually offered access to individual trauma-focused counselling for anyone needing further assistance or treatment. To date, we have taken 150 referrals for Grenfell-related work. All clients are offered TF-CBT or EMDR when PTSD symptoms have been identified (using IESr), but our service can also employ other additional trauma-focused techniques, such as narrative work, Rewind, mindfulness and other resources to help the client control their overpowering emotions.

Another major part of our support plan was to offer opportunities for normalisation, psycho-education and risk assessment at various points in the ensuing months, to mitigate, early on, any adverse trauma responses and to offer counselling where we were noting difficulties in processing the fire.



Our trauma prevention activities were split into three phases: immediate response; the first month post incident; and up to six months post incident. Ongoing support and monitoring continues, particularly around possible triggering events such as LFB personnel being interviewed during Grenfell investigations, commemorative events, anniversaries and the Grenfell Public Inquiry, where many LFB personnel could be called to give evidence.

NB: What has your organisation learnt about mental health as a result of Grenfell?

AS: Grenfell has placed a huge spotlight on mental health within LFB. It has certainly highlighted gaps within our general awareness, understanding and current prevention strategies. Fortunately, this has happened at a time when the organisation can really hear the need for a greater focus on mental health issues. This has been helped considerably by our Commissioner, Dany Cotton, who has very publicly advocated the need for and importance of mental health awareness generally, and particularly counselling, in the context of Grenfell.

I see this top-down leadership as being so important in creating changes of attitude towards mental health at work. It has really encouraged staff at any level and working in any role within LFB, to feel they can reach out for help when they need it. Our service has attracted additional resources, allowing team growth, the potential to be more visible within LFB and to be more involved in preventative MH strategies.

NB: How have you supported your team in the past year and what are your plans for the future?

AS: It has been an extremely challenging year for everyone. In June last year we were a very small team (5 FTE posts) and everyone worked long hours dealing with nothing but trauma stories day in, day out for

weeks. I applaud every one of them for their dedication, resolve and sheer professionalism. Nonetheless, although we know that working in such extreme conditions can take its toll, it can be hard to lift your head up and see how you are and how everyone else might be doing.

In the early weeks after Grenfell, we met at the start and end of every day as a team. Part of the focus of these get-togethers was to see how we

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were in the moment and to give an opportunity to release some of our tensions, so as to try not to take events and emotions of the day home with us. Trauma material has to be left at the door on the way out. Personally, I didn't always find this easy, and good counsellor self-care was sometimes abandoned, but it became obvious that this had to be rebuilt into our routines.

Supervision was vital and we checked our need for additional supervision sessions. We had two long group supervision sessions every month, with external supervisors bringing differing areas of expertise, including an EMDR specialist, and a trauma and CBT specialist. Promoting an atmosphere where there is time to talk to and support each other became harder when we were all working flat out, but this perhaps above all was the most important thing to do.

NB: Do you have a message for other service managers who might need to organise a response to a critical incident?

AS: It's really important to have a current, workable critical/major incident plan and to have regular rehearsals. As a team, we have occasional desktop exercises talking through our responses to a hypothetical major incident. However, from my Grenfell experiences, I'd suggest being prepared to imagine the unimaginable and consider how you might then respond to an event on an unprecedented scale or of a nature previously not thought of. Sadly, Grenfell came in the middle of some truly unprecedented London disasters, including terrorist incidents; so we have to at least think about what we could be asked to respond to in today's changing climate.

My advice is to create a basic plan, but be flexible, and use help and assistance that's offered, even if it feels quicker and easier to do it yourself; help can come from unexpected places. Demands for support will change over time and might be unforeseen, so be prepared to step outside 'normal' counselling boundaries; people need the support they need when and how they need it.

Above all, the mantra that kept me going was, 'I can only do what I can do'. Looking after ourselves and our counselling colleagues has to be our top priority.

NB: How might BACP respond to the growing need for our profession to be involved in planning and responding to a critical incident?

AS: I believe that there is a strong case for including trauma training in counsellor training courses. Currently, acquiring this knowledge and skillset seems to be done post qualifying via additional specialist trainings and gaining experience working in specific settings with trauma clients. Trauma, in all its forms, is such an important part of our work that it

seems a serious omission not to include it in diploma-level courses. Perhaps BACP could consider promoting this inclusion, especially in its accredited courses?

BACP's *Working with a critical incident* day was a fantastic way of drawing together some of the great work in this field. I see a further role for BACP in recognising this specific work more, producing information sheets and up-to-date guidance, hosting network groups to encourage partnership work and information sharing.

NB: Has anything changed in how you lead your counselling service?

AS: Our team has doubled in size, and the addition of an admin' assistant and a senior counsellor gives me a sense of being able to stand back and manage, rather than having to 'do' so much. I can take a broader perspective on what needs to be done within the service and in the organisation as a whole. There is an opportunity for us all to have the time to be more involved in organisational initiatives.

I will be encouraging the counsellors to think more strategically as a team so we can move from years of reactivity to a place of greater proactivity. It's a time to capitalise on the organisation's current appetite for embracing mental health issues and to really push this agenda forward.

I would also like to foster an atmosphere within the team of both team- and self-compassion. We have planned a self-care day with an external trainer as I am keen to create a team that thinks about its own wellbeing and how to avoid burnout and secondary traumatisation. For myself, I resolve to not let the pressures and volume of work distract me from being open and available to the team.

NB: Have you learnt anything about yourself as a leader in our profession?

AS: I've learnt to 'trust the process' more and not be wedded to an

expected outcome or a particular way of doing things. I'm more open to working in different ways, but I do have fundamental principles and beliefs about ways to help people with trauma responses, which have only really been strengthened and validated by my experience of supporting those who attended Grenfell.

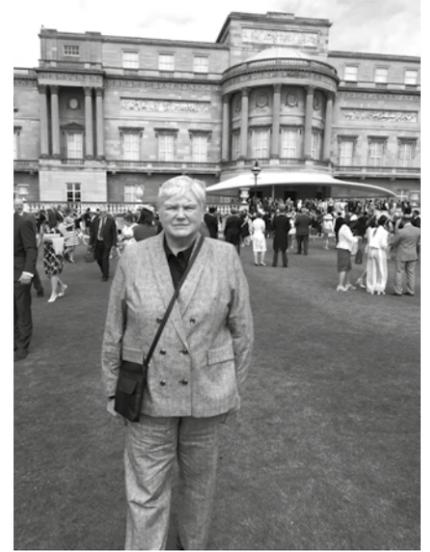
It is an enormous privilege to work clinically with clients who were at Grenfell and I have grown from the experience of seeing how they have all dealt so differently with their trauma and how they find their unique ways of recovery. I am reconnected with the satisfaction that we can feel as practitioners, having been part of helping someone so profoundly.

An incident of this scale can be too much for anyone to take in, whether you're a firefighter at the scene or a counsellor working with attendees. It's OK to deal only with whatever aspects of such an event that you can. Responsibility and compassion are precious, but they're also finite. We must never give ourselves a hard time when we recognise our own limits in terms of these commodities.

NB: How was it to receive an invitation to the Queen's Garden Party in recognition of your role supporting the London Fire Brigade?

AS: It's quite hard to allow in positive feedback for myself, but I am gradually doing this more. I am beginning to believe that under impossible circumstances we did the best we could and that this at the very least was 'good enough'.

So, it's with genuine surprise and pleasure that I received an invitation to the Queen's Garden Party. I know that this represents a deep acknowledgment from senior



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managers within the organisation, who have put me forward for this honour, and this is enormously important to me. It also means that what has been achieved by me and the team here is worthy of a very public recognition, which has considerable meaning for me. I never imagined it happening, but it's a day I'm determined to enjoy. I hope to go as a representative of our service and everyone in the organisation that I worked with to provide support for LFB staff after this tragedy. It will stay with us all and with LFB for a long time. ●