AFTER THE BRADFORD

STEPS TOWARDS RECOVERY

by Wendy Harrison, Bradford Fire Co-ordinator, Social Services Directorate

Soon after the tragic fire in the Bradford football stadium the Director of Cruse was put in touch with the Director of Social Services in the area, John Crook, regarding the organisation of social and emotional support for all of those whose lives were most affected. This led to a series of consultations in Bradford and the inception of a plan which aimed to ensure that those who needed help would get it.

In this paper Wendy Harrison, the Bradford Fire Co-ordinator, describes how the plan developed and reviews the situation 20 months after the disaster.

Editor

Saturday, 11th May, 1985 was a special day for Bradford. At the final match of the season Bradford City Football team was to receive recognition of its promotion to the second division. A city with not too much to celebrate was celebrating; but tragedy struck without warning when a carelessly discarded cigarette set alight to the main stand. The blazing inferno which followed claimed 56 lives; many of those who survived suffered burns to varying degrees of intensity and all suffered severe shock. The bereaved, the injured and the community as a whole, were devastated.

What can we do to help? This was the question which preoccupied individuals and professional carers alike. Research experience suggested that disaster victims are vulnerable to long term emotional and psychological disturbances: disaster violates the predictable patterns of life, destroying the sense of safety and continuity which individuals need to make sense of life, accomplish everyday tasks, and explore new kinds of experience with confidence. The need for supportive structures within the community if the crisis is to be resolved, was highlighted by Erikson's research study of the effects of disaster on the people of Buffalo Creek[1]; Buffalo Creek consisted of a number of closely knit communities spread along its valley and overshadowed by a mountain tip. On one horrifying day the tip overflowed, sweeping through the valley and consuming all that was in its path. Those who survived were placed in temporary homes, isolated from friends and relatives. Two years later these people were found to have made little recovery and it was suggested that this was due as much to the isolation from family and friends as to the horrific experience of the flood.

Nobody wanted this to happen in Bradford; although the community of Bradford was not physically destroyed, the possibility was recognised of individuals becoming isolated in the grief of their bereavement or their exposure to the physical horrors of the fire. Contact with bereaved people, particularly those bereaved by sudden and unnatural death, inevitably brings individuals face to face with their own mortality — an experience which many are not equipped to deal with. Nor are people sure how best to respond to the ways in which the bereaved express their grief. The taboo on death and bereavement which exists in our society has brought about a lack of understanding of the grieving process and of the care which is needed. Mourning rituals, where the basic need for human contact is acknowledged, are also increasingly being rejected. These factors, combined with a reluctance to be intrusive and possibly cause further pain, often result in bereaved people being avoided and so denied the meaningful relationships which are essential if recovery is to take place. For if help is not offered, people overcome by feelings of hopelessness are more likely to withdraw than seek out help, particularly in a society where looking to others for help is frequently equated with inadequacy.

Within this setting then four main considerations informed and continue to inform, the Social Services' response:

(a) the importance of ensuring help is offered, recognising the difficulties of making contact with people severely affected by disaster.

(b) the need to create a climate where looking to others for help is considered acceptable, based on an understanding of the difficulties people often experience in being helped.

(c) the need to ensure that different sources of help are easily identified.

(d) the importance of increasing understanding of the needs of those affected by the disaster, so that both the helper and the helped are able to co-operate in the recovery process.

Underpinning all these considerations was a belief that the contribution of the professional carers should build upon and complement family and community strengths, including those of the affected themselves.

It is now 20 months since the Disaster and so possible, from a Social Services perspective, to present a picture of the ways in which help has been offered so far; it must however be recognised that the recovery process is still not complete for some of those affected.

Support to those with burns and other injuries

Perhaps the ideal response was encapsulated in the experience of those injured and admitted to St. Luke's Hospital in Bradford. They became the focus of media coverage, medical interest, visits from the football club, social workers and various celebrities. Nurses, physiotherapists and hospital workers took them to their hearts, and cards, gifts and good wishes flooded in from the local community and from across the world. In this way a sense of safety was brought into a world made frighteningly unsafe by the Disaster. Additionally, a spirit of cameraderie, of battling together, inspired those injured towards recovery. The opportunity to share experiences, and make sense of what happened in this way, was achieved naturally in the open wards, where being able to help others became an important feature in the recovery process.

Support continued to be available following discharge, when many returned to out-patients for dressing and physiotherapy; some too received practical help from occupational therapists and home helps. The need to talk about difficulties in returning to the real world and adjusting to disabilities was recognised by both the medical and Social Services staff involved. At this point a team of three

specialist social workers was appointed to ensure continuity in the care experienced within the ward setting, and to offer support to others who had been more isolated in hospitals outside Bradford. The Burns Team as it was known, sought to maximise the strengths and experiences of those who were affected and in this spirit a publication 'City Link' was initiated, written for and by those touched by the Disaster. The newsletter is circulated every two months to over 300 people and is welcomed as a means of expressing feelings and sharing experiences, bringing with it the assurance that help continues to be available if needed. For many the knowledge that help is there has been enough, although for some City Link has been an important contact point. Opportunities too have been provided for the injured to continue meeting together and this has been valued particularly by a group of older men in their seventies and eighties who have helped each other to come to terms with the guilt they all felt at surviving, when many younger people died.

Social work support to the bereaved

There were however, many other groups of people affected by the fire for whom help and support was not guaranteed to be so readily and spontaneously available. Social Services was particularly concerned about those who had been bereaved, and those who had experienced the horror of the Disaster, but had escaped with only minor injuries or none at all. A policy decision was taken that direct contact should be made with the next of kin of those who died and that this would be done by individual social workers based at their nearest Social Services office. However, promoting what became known as the pro-active response within a hierarchical structure such as a Social Services Directorate was no easy task, particularly when some managers expressed reservations about the appropriateness of Social Services involvement. Organisational difficulties, especially communication problems, resulted on some occasions in regrettable delays in approaching families and led to some social workers feeling isolated in this highly stressful work. With hindsight it would seem that these difficulties could have been avoided if a centrally based team had been appointed immediately following the Disaster, although the implications for long term support would have needed careful consideration. In the event the commitment of social workers involved can only be commended and the reaction of the bereaved to this direct approach expelled any doubts as to validity of the pro-active response; indeed the majority of those approached welcomed and accepted the help offered; of the small proportion who refused, most said they were pleased to receive the offer. The importance of support from a professional agency was particularly apparent in families which suffered multiple bereavement, where the extent of their loss limited the possibility of support from other family members. Initially help given was a mixture of practical and emotional support, and bereavement counselling (the nature of the bereavement counselling in the context of sudden and unexpected death will form the subject of a further article). In some instances, when requested, this support was extended beyond the immediate next of kin to other members of the family. In other instances social workers recognised the needs of the wider family but experienced difficulty in extending help to them; access to children was particularly difficult. This would suggest that strategies should be developed which allow the needs of different members of the bereaved family to be considered when contact is initially made.

Following the first anniversary the emphasis in the support changed with only a small number of people continuing to receive individual counselling—significantly a high proportion of those having lost children. A number of requests were received from bereaved people for the opportunity to meet with others similarly affected. Two groups were envisaged, one being specially for those multiply-bereaved. Invitations were issued and resulted in a proportionally high take up from those multiply bereaved. The response to the second bereavement group was more limited. The two groups have met regularly since September, each supported by two workers who have sought to allow the groups to develop according to the special needs of those involved, rather than according to any preconceived notion as to what support groups are about.

Different strategies again were required to respond to the needs of those who escaped with minor injuries or none at all. Whilst it was possible to make direct, if somewhat haphazard, contact with many of those who attended the outpatients clinics in the weeks following the fire, it was appreciated that there were many others who had witnessed the horror of the match for whom there was no point of contact at all. Research experience suggested that these people might experience difficulties in understanding their reactions to the fire. Moreover, the Disaster experience being so unique, it seemed likely that individuals would not be aware of the help they might need and where to find that help. So it became important that information about the likely effects of exposure to disaster, and how to deal with them, should be widely circulated and that different sources of help should be clearly identified. In response Social Services developed three major contact and information points which were widely advertised in the local media:—

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Helpline

A special telephone line, serviced by social workers was set up almost immediately and through this opportunity to talk a number of people were able to find reassurance about the normality of their feelings and reactions. Others, who had been bereaved were able to be quickly put in touch with social workers, often as a result of a request for help with financial matters.

In the first few weeks the Helpline was also inundated with offers of help. Offers of transport proved to be very useful and these were administered through the Council for Voluntary Services. Care was taken that surplus offers of help were clearly valued.

Crisis Leaflet

A special leaflet was widely distributed which clearly described the normal feelings and emotions which are experienced following a major personal crisis and detailed ways in which these feelings can be made easier to bear. The importance of talking about what had happened was emphasised and a source of professional help identified for those unable to find relief.

(continued on Page 8)

The Link Centre

An informal resource centre for people with emotional problems, coming under the umbrella of Social Services and situated close to the city centre, immediately extended its existing counselling service and mounted a publicity campaign targetted specifically at this group. One of the volunteer counsellors was appointed for a 10-week period as the co-ordinator of this response. Again the importance of those affected sharing experiences was recognised and a group of people met for six months supported by two of the volunteer counsellors.

The local media itself was also used as a means of describing likely reactions and of clarifying what kind of help Social Services was offering. And indeed, maintaining this awareness of possible reactions and of sources of help has continued to be an important feature of the long-term response for those affected, recognising that each individual has his or her own timetable for coming to terms with what happened and that help refused on one occasion might be welcomed on another. Strategies adopted have however tried to be sensitive to the fact that repeated reminders of the event can be counterproductive. So help has in some cases been offered indirectly by ensuring that other professionals in the community are kept well informed of developments in the response; a special resource sheet has been prepared and circulated to G.Ps, Solicitors, Physiotherapists, Clergy and Teachers—all possible contact points for people in distress. Trust Fund officials collecting information for claims were also made aware of help available and indeed regularly referred distressed people who they met in the course of their duties.

The Memorial Service at Valley Parade and the service at the first anniversary were important landmarks in the grieving process and efforts were made to support individuals through these difficult times. Prior to the first anniversary the Provost of Bradford Cathedral invited bereaved people to meet at his home and spend time together preparing for the day ahead. Social workers present helped to facilitate this process and were also available with clergy following the services. For those who might find it helpful to write down their thoughts and feelings the church provided a special remembrance book placed in the Cathedral close to the Commemoration Plaque.

Study Day

The University, in co-operation with Social Services organised a Study Day for those affected by the Disaster and those involved in the response. A number of bereaved people attended and most significantly the day highlighted the tremendous need for bereaved people to share their experiences and fears in a supportive atmosphere where reliable information was available. This was particularly important when anxieties were expressed about the manner in which death took place.

Legal proceedings

The hurdle of the first anniversary was closely followed by the Test Case and its attendant publicity. Indeed a decision is pending on the issue of liability which the High Court considered, with allegations being made against Bradford City Football Club, the Health and Safety Executive and West Yorkshire County Council. Individual support has again been offered during this time and factual information about the legal proceedings presented through City Link. As the Test Case was being held many

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More explicit offers of help have been made at times when it was anticipated people might be feeling particularly vulnerable, appreciating that at these times people are often more receptive to help. The help offered has assumed many forms throughout the year attempting to respond to needs articulated by those with whom we have had contact. And in many instances inter-agency co-operation has been vital for a successful outcome.

were anticipating anxiously the reopening of the Bradford City Football ground at Valley Parade a month later. In response to these anxieties a preview visit in the week prior to the opening was arranged, in co-operation with the Football Club. Approximately 70 people welcomed the opportunity to sit quietly in the new stand, alone or with friends similarly affected, and integrate their memories of the ground as they last saw it on 11th May, 1985, with the reality of the new ground, built accordingly to the strictest safety regulations.

Newsletter

In all these responses the newsletter City Link has played a vital part, acting as the major contact point with those affected following its first publication in October, 1985. However, the compilation of a comprehensive circulation list depended on accurate records being kept from the beginning of names and addresses of those affected. Issues of confidentiality have sometimes hindered this process and suggest most emphatically that a code of practice in this area should be established with different professionals involved and that the development of an information base should be a priority response following disaster.

Twenty months after the disaster

Although the main thrust of the Social Services response is now drawing to a close, a number of new referrals remind us that there are still people in the community who have not yet begun to come to terms with the events of 11th May. These people are often presenting physical symptoms e.g. tearfulness, palpitations, panic attacks, ulcers. We are concerned therefore to ensure awareness, particularly amongst the medical profession, that unresolved difficulties related to Bradford City Fire are sometimes finding expression in this way and should be treated accordingly. Significantly most of these people are talking for the first time about the fire, highlighting 'the importance of the sympathetic ear' in the recovery process. Again and again people have said how much better they feel when they have been able to talk.

In conclusion our experience suggests that for some time to come support must continue to be available and accessible to victims of the Bradford City Fire. It is envisaged that some victims themselves will want to play a major part in future responses and indeed this would be in accordance with how Social Services has perceived its role throughout the response, recognising that 'with a little help' people have tremendous resources for ensuring their own recovery and that of others within the community.

Reference

1 K. T. Erikson: In the Wake of the Flood. Allen and Unwin Ltd. (1976).

Bradford Cruse Branch opened on 9th February this year, the 125th Branch of Cruse in the UK.