

**The response by
South and East Belfast Community Unit
to the bomb at the Forensic Laboratory
on the 23 September 1992**



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THE FORENSIC LABORATORY ON THE 23RD SEPTEMBER, 1992.

In 1991 a national working party published a report called 'Disasters: Planning for a Caring Response'. This report was the result of two years work by the members, who represented all areas of the United Kingdom, and consultation with agencies who would be involved in providing support to victims following a disaster. This report advocated collaboration and co-ordination of the response if the victims were to have their practical, social and emotional needs met. Many of the reports recommendations have been incorporated in to the Departments Emergency Procedures and are reflected in the procedure of the Unit. The bomb on the 23rd of September called for a 'Caring Response' and this was provided by the co-operation of all the staff of the Unit. Some of the procedures worked well, some were less successful, we have attempted in this report to analyse the response and to learn for the future if a similar incident should occur.

The recommendations are the result of a meeting of all disciplines involved held six weeks following the incident. They had been asked, three weeks after the incident, to complete a questionnaire on their involvement. The result of these questionnaires and discussions are incorporated in to this Report.

On the evening of the 23rd September a 2,000 lb. Van Bomb exploded outside the perimeter fence of the Forensic Laboratory. As a result there was damage to 1002 homes. Some were so badly damaged that the residents were made homeless, community facilities including the School, Health Clinic and Churches were also severely damaged. The word miracle has been

frequently used by residents and Emergency Services alike when discussing the fact that there were no fatalities and that the injuries were not more serious. Homes damaged can be counted, repair bills totalled, injuries detailed but the real cost of the Bomb is in the heartbreak to many residents, of all ages, caused by devastated homes. House repairs take time and are visible, the 'people repair' is not visible; can take even longer. South and East Community Unit (S.E.B.C.U.) provided, and continue to provide, a Caring response to the practical, social and emotional needs of the residents, the people affected. Each Agency involved put in operation their own emergency procedures. The immediate response by Castlereagh * Council by making the Belvoir Activity Centre available established their co-ordinating role. This allowed the Housing Executive, the Northern Ireland Office, the Coal Advisory Service, the Law Society, the ~~Department~~ ^{Use} of Social Security, ^{Agency} the Council representatives and the S.E.B.C.U. staff to establish a collaborative response at one location for the residents. Agencies were supported by voluntary and community groups. Agencies learned from one another and such lessons should not be lost.

While all the agencies may write their reports, and attempt to learn from their experience the most significant response to the incident came from the residents themselves. Neighbours helped each other, those less badly affected tried to help those whose homes were devastated. Neighbours identified the most vulnerable residents to the caring agencies and led Social Workers and Police to these homes. When the electricity failed car owners provided light by the headlights of their cars, those with Calor Gas stoves made tea for those who were dependent on electricity. The Residents were reassured by the presence of the known local clergy, the General Practitioner_s and Community Police. Some of the residents have since

spoken of the the comfort which they have experienced from this renewed sense of community following the initial response. Agencies who are called on to respond to such incidents must foster rather than disable these local support networks. The community had also to cope with the unacceptable elements of the community as looters were quick to see opportunities in other peoples adversity. In the longer term it is the community itself which has to adapt to the results of the incident and face the future.

The Initial Response

It should be remembered that many S.E.B.C.U. staff lived in the area and were victims themselves. Area Wardens, Home Helps responded quickly to the needs of those residents whom they knew to be at particular risk. Some staff living outside the area came into the area to help their own clients who lived in the Hostels.

Immediately after the bomb exploded the Purdysburn Switchboard operators contacted the Estates Officer 'on call' who then contacted the trades staff 'on call'. They met at the Gate Lodge of Purdybsurn Hospital and as telephone contact was impossible with the facilities, due to the electricity failure, the staff were dispatched to visit the facilities and assess the damage.

The information received as a result of this action was that the two Elderly Persons homes in the area had received little damage, but the two hostels and the Clinic in the Belvoir estate had received substantial damage. The decision was taken to immediately repair and make safe the Hostels and when this work was completed the workforce was moved to the Clinic to make the building secure. By 4.00 am the building was secured.

The Crisis Counselling Team were alerted by the Board call-out system and responded immediately with five members of the team actively involved in the initial four hours. The Assistant Director of the E.H.S.S.B., with responsibility for this work, also assisted by visiting the Brerton Crescent area. The work of the team was to provide support to the vast numbers of shocked people, establishing liaison with the Police, Clergy, Council Officials. Hostels were visited, visits made in response to requests received by Contactors Bureau. Referrals were also made directly to Team members by relatives, Police or neighbours.

For most people a feeling of relief that they had survived and that no-one had been killed was present in their initial shock reaction. These feelings quickly gave way to feelings of despair at the scale of the devastation. The feeling of despair increased as the dawn broke on the scene and some residents wandered aimlessly around the estate unable to believe the magnitude of the devastation.

It was difficult for the Team to do more than to establish a presence, provide 'a shoulder to cry on', calm distressed children and elderly people. Plans were made for the more structured response to be provided the next day. Experience in similar incidents allowed the Team members to identify those who were most at risk, to give initial advice on protecting the homes against looters and on the role of the Housing Executive in making the homes weatherproof. The proactive visiting by the Team, the use of clear Name Badges, the supply of leaflets and the reassurance of on-going support has been commented on in a positive way by many residents who later

sought help. The fact that the plan to open the Activity Centre could be announced early in the response gave the residents a sense of reassurance that they would not be abandoned to their own resources when the Emergency Services left the scene. Two mobile phones were used by the Team and the Assistant Co-ordinator established a base at the Activity Centre which aided the response. Plans were made to house those who could not remain in their homes in the Activity Centre but it soon became evident that relatives and friends were providing shelter. People were reluctant to move far from the immediate area as they feared for the safety of their house contents.

The First Week

The scene in the Activity Centre the morning after the bomb was one which will not easily be forgotten by those who were involved. The Agencies all established bases in the Centre. The Council Staff acted as Guides and put up signs. Telephone links were established. The Crisis Counselling Team established their base in the Billiard Room. The chairs were arranged to sub-divide the room into small areas where distressed people could be afforded some degree of privacy as they talked with staff. The Billiard table became the main operations table for Maps, Leaflet distribution and the collecting of information. Links were made with the Teams for the elderly and their staff worked from the Centre. Their local knowledge was invaluable. Contact was also made with the Nurse Manager and links were made which resulted in the S.E.B.C.U. response being co-ordinated from the Centre. Community Sisters and the Health Visitors had visited their own patients but returned to the Centre and were redirected to visit houses where Social Services staff had identified particular health problems. The uniforms of the Nurses were a valuable asset in the Centre itself. It was decided to divide staff into pairs and begin to organise sweeps of the

houses distributing the Crisis Counselling Team Leaflets giving the Helpline Number to phone in the Centre. As information on the extent of area affected became available the initial sweep by staff was widened.

The Unit General Manager visited and organised catering support and the services of a Lap-top computer with a Technical Officer to establish a data base to collect the vast amount of information which was flowing in. Irish Stew, soup and sandwiches, tea and coffee was made available from Purdysburn Hospital. Catering Staff arrived to serve the food in the Centre and stew was sent out in a Council Van to the most devastated areas. The provision of the food, which was supplemented by gifts from local shops was very necessary for all those involved. The supply of Irish Stew for 250 people continued for four days and was valued by the residents and the helpers.

The Team organised a supply of blankets from Purdysburn Hospital as many residents were alarmed by the presence of broken glass in bedding.

The Red Cross arrived early in the morning and offered their help. It was agreed that they should establish a Creche for the many children who came to the Centre with their parents. It was noted that children were initially reluctant to leave their parents. This insecurity was understandable but the skilled sensitive input of the Red Cross Volunteers helped both mothers and children develop feelings of confidence and security again. They also undertook welfare and transport duties. Their co-ordinator worked with the co-ordinator of the Crisis Counselling Team as had been arranged in the pre-planning session which had been held some months prior to the incident.

Residents coming to the Centre found it helpful to be able to contact all

the Agencies under one roof. Many people were still in a state of shock and became very distressed. Other Agencies referred people to the Social Workers for support. The Database was used to note all families who had been contacted. Duplication of visits and offers of support were reported but the Database helped avoid some of this duplication in the later stages of the response.

Two Occupational Therapists worked on the screening operation with the Social Services staff as well as visiting known clients in the area to check on damage to equipment. Some relatives sought help to have duplicate aids for elderly relatives who were staying with them on a temporary basis.

Residents who were referred or who visited the Centre were offered counselling support. Where families were already known to the Unit their own Social Workers were contacted. The Community Psychiatric Nurses phoned or visited forty patients known to them in the area.

The Estate Service Department replaced all temporary structures which had been used on the night of the incident and by Monday, 28 September all repairs were completed. The Clinic in the Estate re-opened immediately the repairs and cleaning up was completed.

Contact was made with the Headmaster of the School and a meeting was arranged with the Teachers. This meeting was to advise and discuss with the Teachers methods of supporting the children in their reaction to the incident. Individual children were referred to the Team and were seen in their own homes following contact with the parents.

The Voluntary Services Bureau provided valuable assistance with clearing up glass in gardens and in houses. Their work was co-ordinated by the Council's Community staff and close collaboration between Social Workers and Community Staff was maintained.

The Samaritans were used in the later stages of the second week to help answer the Helpline and they also provided be-frienders to a number of residents identified by the Social Workers.

The staff provided a service in the centre from 8.30 am to 7.00 pm, seven days a week for the first two weeks. Staff attended the two Community Church Services. Through these services and liaison with local clergy valuable links were made with people who were needing support. The clergy also aided the Social Workers by grants from their Relief Fund when appropriate. The clergy and Church Volunteers were given training in the psychological effects of trauma.

Information on where help could be accessed for the various problems identified was collected and this was made available to staff in the Centre. This aided their ability to support residents.

Offers of help from the public were recorded and used when deemed appropriate to meet specific needs. These included offers of temporary accommodation, blankets, clothes, food and help with clearing up the damage.

The co-working with the Council Staff continued and the co-ordinating meeting arranged by them was seen as very useful. The use of the Community

Newsletter was valuable and allowed the young people to feel involved in helping with its distribution. The assistance of local media was seen as beneficial in advising residents of the existence of the Crisis Counselling Service.

Staff support through de-briefing was provided by the Crisis Counselling Team. Fifty Home Helps involved were invited to pre-arranged sessions led by a member of the Crisis Counselling Team. These sessions were valued but smaller groups should have been used. These sessions provided support to the staff in their ongoing work. They also provided the opportunity for useful information to be shared on the help available. Those attending were also able to identify individual and community needs. Other staff and volunteers were also offered de-briefing sessions. Staff reported that these sessions were valuable but more time should have been spent on this activity. Informal support was also given and the billiard room was well used for this purpose.

The setting up of the Mayor's Fund was seen as very helpful to those who were facing immediate expenses. Social Workers decided that it was inappropriate for them to become involved in the management of this Fund. This decision was based on the previous experience of the team.

Every assistance was given to the Community Workers and Volunteers involved in the assessment process. The Assessors were made aware of the Support Service which was being made available and some additional referrals were made following the visits of the Assessors.

The Long Term Response

Two weeks after the bomb, when the Agencies moved out of the Activity Centre, the Crisis Counselling and Advice Service was moved to the Belvoir Clinic. The same Helpline telephone number was maintained. Residents were advised of these changes by the South Belfast Herald and Post. It should be recorded that this move angered some residents who thought that the scaling down of the response in the Activity Centre meant that help was being withdrawn. The Activity Centre Staff continued to receive requests for help and these were referred to the Staff at the Clinic and residents were advised to visit the Centre. An answer phone was also installed to receive calls when staff were out of the Centre visiting residents.

The reaction of the residents to the scaling down of the Service at the Activity Centre was understandable. If they could not 'see the response' they became anxious that they were being abandoned. It is difficult to avoid such reactions as the high profile response can only be maintained for a defined period. Staff must be freed to deal with the work resulting from the referrals received. There is also a need to deal with the normal workload which inevitably suffers as a result of the diversion of staff resources. These patients and clients will tolerate that staff have to respond in the initial days to the emergency but they quickly become annoyed if their needs are perceived to be less important.

There is a tension between emergency responses and the need to maintain normal services. S.E.B.C.U. Management attempted to balance the allocation of services in a sensitive way and return to normal working as soon as

possible. Referrals made after the initial response were fed into the normal referral systems. The additional work for Crisis Counselling was absorbed into the Health Care Social Worker's workload and is still being dealt with. A relaxation group run by these Social Workers was set up in the Activity Centre and was well attended by all age groups. It was planned to run this group for six weeks but at the request of the participants it will continue on a fortnightly basis until July 1993.

Contact has been recorded on the Database with 623 households, such contact was by visiting the homes, being seen at the Centre or through telephone contact on the Helpline. Thirty-three cases for Trauma Counselling were dealt with, or are being dealt with, by the Crisis Counselling Team and the Health Care Social Workers from the Mount Oriel Clinic Team.

The level of contact with residents dropped considerably following the move to the Health Clinic which allowed staff to carry out follow-up visits to those most seriously effected. A Part-Time Social Worker was appointed to maintain the links with Community Workers, respond to the Helpline and assist Crisis Counselling Team deal with the large of referrals already made. This worker was employed from 6 October to the end of December.

It was decided a further sweep of the seventy households affected in the Brerton Crescent, Newtownbreda Road and Beeches area should be carried out by this part-time worker in November. A Visiting Card was prepared and used when residents were not at home. This sweep was considered to be particularly valuable and many residents responded positively to this action. It was time consuming as the 37 residents who were seen as a result of this sweep appeared more ready to talk of their reaction to practical and

psychological problems at this time. Some of the residents were visited in their temporary accommodation where this was known.

Recommendations

✓ (1) The collaborative work done by the SEBCU staff and other Agencies was greatly aided by the fact that they were all working from the one Centre. Where an incident affects more than 50 households a similar Centre should be established as quickly as possible.

✓ (2) The use of a database was found to be beneficial. This database should be a permanent feature of any future response.

✓ (3) There is a need^{for} the Unit's emergency procedures to be reviewed in the light of this response.

✓ (4) Additional telephone lines^{would} be needed to provide such a service in the future. Dedicated lines for incoming calls only are essential.

✓ (5) The Salvation Army should be asked if they can provide mobile canteens for victims at the scene of any incident as soon as possible.

✓✓ (6) The Department should give consideration to the preparation of an information folder on the role and responsibilities of all Agencies. This folder should be distributed to residents as soon as possible. Local contact numbers can be added to this information.

Such a folder should contain information on:-

- (a) The immediate help available to weather-proof houses;
- (b) The method of claiming Compensation;
- (c) The difference between publically owned and privately owned housing in relation to repair costs and estimates;
- (d) The role of Insurance Companies;
- (e) The role of the Police;
- (f) The role of Local Councils;
- (g) The role of Health & Social Services Boards;
- (h) The role of the Solicitor to ensure that intentions to claim are made at the appropriate time;
- (i) The role of DHSS for emergency payments.

CONCLUSION:

An incident of this magitude requires a comprehensive and colloborative response from all Agencies if the needs of those affected are to be met. Pre-planning for such a response should include a sharing of information on the role of each of the Agencies. There is a need for all staff involved to have an awareness of the emotional and psychological reactions of people to such trauma as this effects the way they seek help and cope with advice. De-briefing and support to staff should be a intregal part of the response if they are to cope with the additional pressures of this type of work. The use of the media to inform residents of the help available should be encouraged.

✓ From the Social service perspective it must be accepted that additional resources need to be financed if the longer term needs of the residents are to be met. Normal Social Services to vulnerable people in the community such as the elderly, mentally ill, mentally handicapped or children have to be increased but such incidents produce 'clients' who would not normally require the support of Social Services. Their needs have been met by the Counselling Team but due to the fact that this Team has had to respond to seven such incidents in 1992 their resources are overstretched. There is a need to normalize the response as soon as possible but sensitivity must be used in communicating such change from emergency services to normal services to the residents concerned.

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