Grenfell: the unfolding dimensions of social harm

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Grenfell: The Unfolding Dimensions of Social Harm

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Grenfell: The Unfolding Dimensions of Social Harm

Steve Tombs

Abstract

Using a social harm approach, this paper locates the fire at Grenfell Tower as an event from which a variety of dimensions of social harms unfolded. These are most obviously physical as well as emotional and psychological harms, albeit some harmful effects are less immediately apparent than others. Thus, the paper also identifies a range of cultural, financial and economic harms, as well as harms of recognition associated with the fire. These harms unfold in ripples, initially around the burning tower, then disperse geographically and longitudinally. Moreover, they are layered, they interact, they synergistically produce new and heightened levels of harm. These harms will endure throughout communities within and beyond the Borough of Kensington and Chelsea for many years to come.

Key words: Contempt, Crime, Grenfell Tower, Inequality, Justice, Social harm

Introduction: The Lens of Social Harm

In the first hour of 14th June, 2017 a fire broke out in Grenfell Tower, a 24-storey tower block on the Lancaster West estate in North Kensington, west London. The fire killed at least 72 people. It seems very likely that the acts and omissions which produced the fire will ultimately lead to some form of criminal prosecutions, perhaps of organisations, of individuals, or both, whether under fire or health and safety legislation or, indeed, the Corporate Manslaughter and Corporate Homicide Act 2007. However, irrespective of whether or not the fire was a crime, we can draw upon the ‘social harm’ perspective to clearly identify a whole series of harms which both produced, and then were generated by, it. This article is concerned with the harms of the aftermath of the fire – although some of the harms so produced are also part of an explanation of how the fire emerged.

1 Steve Tombs is Professor of Criminology at The Open University. He has a long-standing interest in the incidence, nature and regulation of corporate and state crime and harm and has published widely on these matters. He has long worked with the Hazards movement in the UK, and is a Trustee and Board member of Inquest.
There are good reasons why a social harm perspective is a useful lens through which to view “Britain’s worst fire in a century” (C4 News, 30 July 2017). While the lens of ‘crime’ all-too-often restricts us to a ‘snapshot’ of an intentional act or acts, a social harm perspective allows us to incorporate omissions, decision and non-decisions taken, policies developed, defended and implemented, and practices and cultures established, over long periods of time – so that we can then think of these in combination in terms of conditions, states of affairs, incubating phenomena and triggering events, and chains of processes. This complexity characterises the necessary antecedents to high consequence phenomena such as Grenfell, but also many others known to readers of this journal, such as Bhopal, Hillsborough, Piper Alpha and so on.

These are relatively familiar arguments ‘for’ a social harm approach. But a novel contribution of this article, and the organising logic of what follows, is to indicate the ability of a social harm lens to capture the range of harmful consequences that follow from any specific event; to capture the various dimensions of social harms; to explore how these unfold; to note that these unfold in ripples, initially and perhaps most intensely within a specific time and place – here, a burning tower – but then disperse geographically and longitudinally. Further, these harms do not exist nor unfold in a discrete sense – they are layered, they interact - often complexly – thus producing new or heightened levels of harm through their synergistic effects. In a sense, this article is also an attempt to begin to think about ‘how harm works’.

The Grenfell Tower Fire in Context

Grenfell Tower is located in Notting Dale Ward of the Royal Borough of Kensington and Chelsea, one of the poorest wards in the Borough (Royal Borough of Kensington and Chelsea Council, 2014), and is located in the English Index of Multiple Deprivation Lower Super Output Area (LSOA) denominator E01002880. In 2015, this was ranked the 3,171th most deprived LSOA of the 32,844 LSOAs in England – that is, in the 10 percent “of the most multiply deprived LSOAs in England” (Murray, 2017).

Murray sets out each of the domain areas which constitute the Index of Multiple Deprivation, ranking the LSOA in which Grenfell Tower sits by decile – where 1 indicates the most deprived ten per cent of LSOAs in England (Murray, 2017).

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2 All C4 News reports cited in this paper were last accessed at 31 December 2017 at https://www.channel4.com/news/?s=grenfell
3 The smallest unit of analysis, drilling down to an area of some 500-600 households or 1500 people.
Table 1: The Grenfell Tower LSOA

<table>
<thead>
<tr>
<th>Domains of Deprivation</th>
<th>LSOA ranking by decile</th>
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<tr>
<td>Income</td>
<td>1</td>
</tr>
<tr>
<td>Employment,</td>
<td>2</td>
</tr>
<tr>
<td>Education, skills and training</td>
<td>5</td>
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<tr>
<td>Health and disability</td>
<td>3</td>
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<tr>
<td>Crime</td>
<td>4</td>
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<tr>
<td>Barriers to housing and services</td>
<td>1</td>
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<tr>
<td>Living environment</td>
<td>2</td>
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<td><strong>Multiple Deprivation</strong></td>
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Source: adapted from Murray, 2017.

On the basis of the Government’s own data, then, this is an area of absolute deprivation — but it also sits cheek-by-jowl with one of the richest areas in the country, making the extent of relative deprivation staggering. The Borough of Kensington and Chelsea “is among London’s most unequal, with extreme poverty and wealth living side by side. Data shows that the vicinity of the tower was among the top 10% most deprived areas in England in 2015 ...The constituency of Kensington, which makes up most of the local authority of Kensington and Chelsea, is the wealthiest in England” where “The average terraced house sold for £4.3m in 2016” (Barr, 2017). Thus Murray contrasts LSOA E01002880 with what he calls the ‘Kings Road South’ LSOA in the Borough where “the rankings for income, employment, education and health are all in the most advantaged decile and in the 96 to 97 per cent range of the least deprived. For income, employment and education the rankings are in the top one per cent of the most advantaged” (Murray, 2017).

Thus, while the borough has “the highest average incomes in London”, its north end is characterised by “above average poverty rates, child poverty, and receipt of out-of-work benefits” (London’s Poverty Profile, 2017). There are other correlates of such inequalities of course, one being life-expectancy. As the recent Marmot review noted, life expectancy varies across English local authorities - an average of 74 for men in Blackpool and 79 for women in Manchester as compared to 83 and 86 for men and women respectively in Kensington and Chelsea. But this masks considerable inequalities within Kensington and Chelsea. Thus the starkest inequalities within English Local Authorities were to be found “in Blackpool, Stockton on Tees and Kensington and Chelsea” where the inequalities translate into life expectancy differentials between the poorest and richest “in the region of 14 to 15 years” (Institute of
Health Equity, 2017: 3). Indeed, it is not just that the area within which Grenfell Tower sits is absolutely and relatively poor – but, as Emma Dent Coad’s recent report indicates, it is getting poorer. According to this collation of data by the local MP, since 2010 the poor in the constituency have got poorer, the rich richer, and inequality in the most unequal area in England has widened – for example, in one ward, average life expectancy had declined by six years from 2010-2017 (Coad, 2017: 1).

It is in this context that we can better understand the conditions in which residents of Grenfell Tower (and the wider Lancaster West Estate) and, most crucially, the relationships of these residents with Royal Borough of Kensington and Chelsea (RBKC) Council and the Kensington and Chelsea Tenants Management Organisation (KCTMO), to which the Council had transferred the management of the Borough’s entire council housing stock, 9,700 homes, in 1996 (Boughton, 2017).

Stanning (2017) has argued that KCTMO was universally hated by those it housed across the Borough, a hatred which “goes beyond the usual suspicion of residents towards those who have power over them. KCTMO has for years been an unaccountable and deeply resented part of life for many Kensington and Chelsea residents”. I discuss what I think is best characterised as an attitude of contempt by the KCTMO for Grenfell residents further below, but for now it should be noted that the nature of this contemptuous relationship was perhaps nowhere better captured than in the refurbishment of the Tower which was ultimately to prove fatal for at least 72 of its residents – and the disastrous decision to clad the Tower for aesthetic reasons, “because it was an eyesore for the rich people who live opposite” (Akala, musician and local resident, C4 News, 2017). Such relationships typify wider processes of gentrification and social cleansing in many of the UK’s inner cities, but most notably in London.

Formed in 2010, the Grenfell Action Group (GAG) joined with Unite Community Membership in 2015 principally as a result of concerns about the refurbishment of the tower block (Grenfell Action Group, 2015b). In this context, the Group documented “threatening and intimidatory tactics” being used by the TMO and Rydon, the lead contractor in the Tower’s refurbishment, to get access to flats – access which had been denied in response to what GAG saw as sub-standard and dangerous work. In this context, the Group set out a long list of residents’ “primary concerns with regards TMO/Rydon”, at the top of which was the “(l)ack of meaningful consultation with residents and feeling of total disregard for tenant and leaseholders’ well-being” (Grenfell Action Group, 2015a). Safety concerns relating to the lack of fire safety instructions, power surges, the single staircase egress in the event of a fire and the exposure of gas pipes within the flats as a result of the refurbishment were commonly
expressed. As GAG posted at 5am on the morning of the fire as the Tower was still in flames,

Regular readers of this blog will know that we have posted numerous warnings in recent years about the very poor fire safety standards at Grenfell Tower and elsewhere in RBKC. ALL OUR WARNINGS FELL ON DEAF EARS and we predicted that a catastrophe like this was inevitable and just a matter of time (Grenfell Action Group, 2017).

The starkest of these warnings had been published in November 2016, under the apocryphal but prescient headline KCTMO – Playing with fire!, which included the following, chilling passage:

It is a truly terrifying thought but the Grenfell Action Group firmly believe that only a catastrophic event will expose the ineptitude and incompetence of our landlord, the KCTMO, and bring an end to the dangerous living conditions and neglect of health and safety legislation that they inflict upon their tenants and leaseholders. ... [O]nly an incident that results in serious loss of life of KCTMO residents will allow the external scrutiny to occur that will shine a light on the practices that characterise the malign governance of this non-functioning organisation...

The Grenfell Action Group predict that it won’t be long before the words of this blog come back to haunt the KCTMO management and we will do everything in our power to ensure that those in authority know how long and how appallingly our landlord has ignored their responsibility to ensure the health and safety of their tenants and leaseholders. They can’t say that they haven’t been warned! (Grenfell Action Group, 2016, bold emphasis in original)

**Grenfell: Dimensions of Social Harm**

Before turning to discuss some of the key harms produced by the fire, an overview of the key elements of the concept of social harm is necessary (for a fuller treatment, see Boukli and Kotzé, 2018 and Hillyard and Tombs, 2017). In seeking to mark out the terrain constituted by ‘social harm’, Hillyard and Tombs (2004) had originally suggested a fourfold typology, some elements of which, if not wholly unproblematic, are in essence at least more self-evident than others. This typology incorporated: physical harms; financial/economic harms, the former located at the level of individuals and households, the latter
at the local, regional or national levels; emotional and psychological harm; and harms arising out of a denial of what Alvesalo had termed ‘cultural safety’ (Alvesalo, 1999: 4), encompassing notions of autonomy, development and growth, and access to cultural, intellectual and information resources generally available in any given society. Subsequently, while there was very little discussion about these categories per se, much of the critical reaction to Hillyard, Tombs and others’ work involved a critique of questioning the ontological basis of social harm (see, for example, Garside, 2013 and Lasslett, 2010). In one such consideration, Majid Yar claimed misrecognition as the ontological basis for social harm (Yar, 2012). While I have argued that I find this claim in itself unconvincing (Tombs, 2018a), it does seem to me wholly persuasive to see mis-recognition as a key dimension of social harm, one capturing a relational lack of respect for human dignity, integrity and well-being – which, as I note below, in its extreme form might be captured by the term ‘contempt’.

In what remains the most developed single treatment of social harm, Pemberton (2015) sets out an over-lapping but distinct typology of harms, which incorporates: physical and mental health harms; autonomy harms, which result from situations where we experience ‘fundamental disablement’ in relation to our attempts to achieve self-actualisation; and relational harms, the latter coming in two forms - harms resulting from enforced exclusion from social relationships (enforced exclusion from personal relationships and social networks) and harms of misrecognition, which result from the symbolic injuries which serve to misrepresent the identities of individuals belonging to specific social groups (Pemberton, 2015: 13-34).

In what follows, I draw upon the above work to document harms in the following categories: physical; psychological and emotional (capturing Pemberton’s ‘mental health harms’), cultural (capturing some aspects of Alvesalo’s ‘cultural safety’ and Pemberton’s harms); harms of recognition, which raises to the fore one aspect of Pemberton’s ‘relational harm’ simply because it is clear that its presence and significance is so striking in this case; and financial and economic harms, set out in Hillyard and Tombs’ original (2004) formulation. This is not to claim this is a definitive typology, nor to deny that some of its elements require further development – the idea of cultural harms, for example, has recently been subject to extensive, potentially very significant consideration (Copson, 2018), while notably the discussion here omits consideration of Pemberton’s ‘autonomy harms’. The latter in general are highly significant but in this particular context would be much more pertinent to an analysis of how the fire was produced – the systematic dismissal of the wants, needs and concerns of the Tower’s residents by the...
Council and the KCTMO; but it is clearly closely related to their post hoc treatment as captured by use of the category ‘harms of recognition’.

Finally, such considerations lead me to the observation that there is a sense in which the experiences of harm generated through the data I worked with in turn produced the particular categories which have been used in this article – a process emphasised as a positive feature of this perspective by Hillyard and Tombs (2004: 20), so that the “social harm approach is partially to be defined in its very operationalisation, in its efforts to measure social harms”. All of this implies that as studies within the social harm perspective proliferate that they pay greater attention to thinking about the categories, types and dimensions which are being described, mapped, analysed, conceptualised and theorised, rather than simply referring to ‘social harm’ as an un-differentiated category.

Three prior points. First, the categories deployed below are analytical – thus, in the real world, there is overlap, and indeed what are presented as apparently discrete harms in fact impact in combination and do so differentially upon specific groups of people, thus multiplying the harms they produce; the harms and their impacts are layered and synergistic. Second, I hope to indicate how such effects simultaneously ripple out to impact not simply the bereaved and local residents, but also throughout and beyond the local community, and indeed through marginalised communities across the country – notably those living in socially provided tower blocks, but also those communities who are most dependent upon services and facilities provided by local authorities. These ripple effects also occur through time, in some ways which are as yet unknowable.

Third, a brief note on method. None of what follows is based upon primary research – I have not, for example, had direct contact with any of the bereaved or survivors, even though I attempt here to articulate the various harms which they have been and are experiencing. Nor do I intend to do so. While I have worked with many bereaved families over many years, these are families with whom, in a Gramscian sense, I have had some form of organic relationship – unlike those in and around Grenfell. That said, Grenfell is a multi-fatality disaster in the age of 24-hour media; there is a mass of material about Grenfell in the public domain, and some of this consists of relatively unmediated, direct access to the voices of local people themselves, whether this be via the broadcast media (accessible long after recording), the print media, or through blogs and various social media accounts. To the extent to which here I support my claims with the voices of the residents, then these latter are the sources I
have used to do so. These points being made, in the context of the arguments of this article, I soon reached saturation point – such voices were often articulating variations on a theme as regards, for example, the horrors of 14th June 2017, or the experiences of temporary accommodation. For these reasons therefore, and of course for reasons of space, I use these voices here relatively sparingly.

Physical Harms

The most manifest harms associated with the fire are, of course, the official count of the 72 deaths which it caused, making it one of the most serious multiple fatality fires in peacetime British history. Beyond these fatalities, the number of people hospitalised was far fewer than might have been the case: notably, there were relatively few injuries from burns because the intensity of the fire meant that those who came into direct contact with it died. Most of those who were hospitalised following the fire were suffering the effects of smoke inhalation. A week after the fire, the clinical director of the major trauma centre at King’s College Hospital, said that: “Many of the people who have survived will go on to make a good recovery, but how many will have life-changing injuries remains to be seen. It may take weeks and months for some patients to recover physically” (The Scotsman, 2017).

There are other possible physical health effects of the fire which are less predictable, even identifiable. It is not fully known what airborne toxins might have been emitted as a result of the fire, and what long-term effects exposures to these might be to residents and those living in the vicinity. Asbestos was present in the building and would have broken down at the heat levels experienced in the fire. Public Health England stated on 30th June, more than two weeks after the fire, that

It is possible that very small amounts of asbestos fibres will have been dispersed within the smoke plume but would have formed only a small fraction of the smoke and particles released in the fire; all smoke is toxic and any asbestos would present a minimal additional risk to health.

Asbestos related diseases are typically associated with a long term workplace exposure to high levels of airborne asbestos fibres.

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4 Future researchers will of course be able to access in verbatim the evidence given to the Grenfell Tower Inquiry by survivors and the bereaved, who began to do so as this article was completed, on 3rd October 2018.
Safety officers working with teams currently on the site have tested the air within Grenfell Tower for dust and asbestos and have not detected any levels of concern. (Public Health England, nd)

However, at this date, the monitoring point was located some three-quarters of a mile away from the Tower (C4 News, 29 June, 2017). Moreover, notwithstanding the above claim that asbestos-related diseases are the result of prolonged workplace exposure, it is in fact the case that there is no safe level of exposure: asbestos-related cancers can be caused by exposure to one fibre, and exposures regularly occur in all types of buildings rather than simply, or in fact even, in workplaces. Indeed, 15 months after the fire, the senior coroner examining the deaths it had caused said that “Hundreds of survivors ... could be at risk of asbestos poisoning and must be monitored by the NHS” (Booth, 2018b).

Further, hydrogen cyanide was emitted from the burning insulation board and was known to be a contributory cause of death for some of the residents, while also resulting in others who survived being treated for cyanide poisoning. This is associated with long-term health effects, notably respiratory problems.

In addition to causing death, injury and illness, various aspects of the aftermath of the fire are likely to have caused detrimental health effects. These are probably too numerous to consider in any detail, but two observations suffice to note the complex health-related harms that might have been generated by the fire. First, it is likely that anyone with existing problems of dependency at the time of the fire – notably to alcohol and/or various kinds of drugs, legal and otherwise - would have experienced heightened dependency as a result of the trauma of the fire (Agerholm, 2018). Second, many illnesses which are positively correlated with deprivation and thus over-represented amongst the Tower’s residents – such as diabetes, childhood obesity, high levels of cholesterol and chronic heart disease - can be managed by controlling diet; yet this is made more difficult if not impossible for those living in temporary hotel or other temporary accommodation where there are no cooking facilities but where food is provided and perhaps supplemented with takeaways.

Psychological and Emotional Harms

Surviving the fire in Grenfell Tower is most obviously likely to have produced a whole gamut of searing psychological and emotional problems with which victims will live – in many cases, for the rest of their lives. Moreover, this was

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already a population which faced mental health challenges – relatively large numbers in and around the Tower had come to the area “as refugees fleeing persecution in their countries of origin”, so that some “of the characteristics of the local population, such as the large numbers of people with previous experience of trauma, will have increased the impact of the disaster” (Strelitz et al., 2018: 33, 40).

Almost paradigmatically, one survivor stated, weeks after the fire, “I still hear in my head the people screaming and the begging for help and we couldn’t do nothing ... Seeing the people waving and begging for help from the windows, but we couldn’t do anything” (Fatima Alves, cited on C4 News, 28 July, 2017). Trauma is likely to be associated with: grief at the loss of loved ones, of pets, of photos and possessions which cannot be replaced; the recall of the horrors of exiting the building (and of seeing others unable to do so); guilt at survival; as well as horrors and guilt for bystanders and members of the emergency services. These were all variously expressed in the aftermath of the fire (for example see: Kenny, 2018, Sherwood, 2017d). None are surprising. None are easily imaginable. None are easily remediable.

Within a few months of the fire it was estimated by Grenfell NHS that “at least 11,000” people would need long term mental health treatment as a result of the fire (C4 News, 30 October, 2017) – a figure later corroborated (Agerholm, 2018). At least 20 survivors and witnesses of the fire had attempted to take their lives within 3 months of it, according to the charity Silence of Suicide (SOS). Moreover, "there are going to be many more instances of PTSD [post-traumatic stress disorder], depression, anxiety and self-harming as people reach different stages of trauma“ (RT, 2017). “We need long-term mental health provision for the next three decades at least - maybe longer”, said Greenway, founder of SOS, adding that there was “a lot of drug and alcohol dependency” among surviving residents, who had been left feeling “isolated” (cited in ibid.).

David Bailey, the manager of child and adolescent mental health services (CAMHS) in Kensington and Chelsea, said of the scale of mental health problems generated by the fire:

We’re talking thousands in terms of children, and thousands in terms of adults. There are the families in the tower, families that lost people in the tower, families who witnessed what happened, there are people driving past on the Westway who see the tower and who might have to explain to their children why it looks the way it does, teachers who are working with children who are bereft and terrified, people who work in the area, people who haven’t stopped [helping] since day one. It’s thousands.
There’s a ripple effect and I’m not envisaging this being over any time soon. It’s a significant event that has significantly changed this community (cited in Sherwood, 2017b).

The physical reminder of the fire in the form of the charred skeleton of Grenfell Tower is disturbing for many residents. “The tower itself is really significant. We all have an emotional reaction when we look at it, and it literally hangs over the community as a constant reminder,” he said (ibid.). Thus, invoking another dimension of the psychological trauma, Bolton also noted that, “We're being covered in the ash of our dead friends and relatives” (RT, 2017). At meetings between officials and the community one man is reported as saying: “Our babies are having to deal with that stupid building. My kids are seven and three, and we’re having to deal with trauma and getting no assistance from any of you.” Another man stated that his three-year-old daughter “opens her curtains every morning and looks straight out on to the tower where her friend died. It’s very hard for her to comprehend what’s happened” (cited in Sherwood, 2017a). Exactly the same sentiments were being expressed one year after the fire (Fox, 2018).

Thus, the scale of the mental health problems caused by the fire is made apparent by the fact that it was not just survivors and the bereaved who were experiencing intense psychological and emotional harms. Understandably, effects were felt by those who had witnessed the fire from nearby and/or those living in the shadow of the burnt out shell of the tower – which, aside from the reminder of what had happened, was, for some not inconsiderable time, the site of human remains, a grave. As one nearby resident put it, "We are the silent victims of this tragedy." He said living in the shadow of the tower, with no support and little information, had left him and others at "breaking point" (cited in Pasha-Robinson, 2017).

Finally, in terms of the ripple effects of harms, it is worth emphasising that the psychological effects are not confined to the immediate surroundings of Grenfell. For example, in the wake of the fire, 32 tower blocks in Salford, Greater Manchester (some two hundred miles away from West London) had been deemed unsafe as a result of having similar or the same type of cladding used on them as at Grenfell. Nine are owned by the council, which has secured a loan to begin replacing the cladding, while the rest are privately owned. Residents of one of the latter were a focus for a BBC documentary aired in October 2017. Residents of Cannon Hussey Court had no idea when the work on their tower block would begin. As one resident observed, looking out from Cannon Hussey Court at other tower blocks upon which work had begun: “they’re getting looked after, we’re not”; as another put it, “We’re just in limbo and it’s a very frightening limbo to be in” (BBC North West, 2017).
Cultural Harms

Former residents and survivors have also experienced a series of cultural harms, that is, harms produced by having the ways of living to which they are accustomed or acculturated either disturbed or, literally, removed — with most of these harms resulting from their physical relocation after the fire. As a result of this relocation, people have lost the networks, mutual supports and common experiences, the small things which can make a life worth living — even more significant in a place which has been characterised as having “a strong sense of identity, social capital and depth of social networks” (Strelitz et al., 2018: 37). They no longer see people they know or recognise on the walk, bus or tube to work or school, at the local shops, in the park, café, or pub. Indeed, they have lost these aspects of their daily lives at a time when they probably needed them most.

Thus, these cultural harms are often deeply inter-twined with the kinds of emotional and psychological harms discussed in the previous section. Of the latter, many of these are of course to be expected in the light of an awful event such as that at Grenfell and, to some extent, perhaps unavoidable — albeit they can be mitigated, and some are much more avoidable than others. As psychiatrist Lynne Jones has noted:

> In the immediate aftermath of a disaster, the best things we can do to reduce psychological distress are usually practical. These are the things that matter: continuity, structure, routine, having your basic needs met, having access to information and justice, and being able to bury and mourn your dead … Having shelter is fundamental, as is keeping people connected to those they love and their community. (Cited in Topping, 2017)

The “longer families are left in limbo, the more likely it is that longer-term psychological problems will develop” (Topping, 2017). This sense of “limbo” — the suspension of accustomed ways of living - is captured in one report, three months after the fire:

Grenfell resident Sid-Ali Atmani expressed incredulity at the delay. “For three months, people here have been discussing the same subject, every day, every night – housing. It’s making people more and more ill,” he says. The wait has been particularly distressing for his daughter, Hyam, 10, one of about 200 children still in hotels. “She comes back from school to the hotel. She doesn’t have her own

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kitchen, her own glass. This has been going on for 90 days and 90 nights. She is tired and frustrated." She found it tough being cooped up in a cramped hotel room throughout the summer holidays. “Some days she sat in the lobby all day. There are a thousand different faces going past. She hasn’t got her toys. This is no normal life. (Gentleman, 2017a)

Gentleman also reports on a Lebanese woman and ex-resident of the tower who stated, again 3 months after the fire,

I’ve no complaint about the hotel; when I leave I’ll write a nice letter to thank them. If I had peace of mind I would stay happily, but we don’t know what’s happening.” She spends most days sitting in the hotel reception, waiting. “Doing nothing. Looking at an iPad, watching cooking programmes, just to keep my mind going.” She minds not being able to open the window in her room or cook her own food, and not having any privacy. But most of all she is troubled by the prolonged uncertainty. (Gentleman, 2017a)

Indeed, such descriptions invoke less a state of limbo, more the barest of existence. In terms of cultural harms, then, it is clear that in their physical relocation – and, hence, dispersal - many of both the routines and the networks which constitute social life – at school (Kensington Aldridge Academy was forced to close and students dispersed to nearby schools), the local shops, around the flats and so on – have been rent asunder.

**Harms of Mis-Recognition**

As noted above, some version of ‘mis-recognition’ is commonly highlighted as a key dimension of social harm. In the context of Grenfell, it is in the harms of mis-recognition – not simply of a lack of respect for human dignity, integrity and well-being but in fact a systematic contempt - that we see perhaps the most searing effects generated by the fire and subsequent events. On this point, and prior to discussing the dimensions and manifestations of contempt produced after the fire, it needs to be emphasised that it was these relations of contempt between the KCTMO and RKCBC on the one hand and the residents on the other which were so pivotal in producing the conditions in which the fire became almost an inevitability – foreseen precisely and most tragically of all by the residents themselves (Grenfell Action Group, 2016). Further, these relations can only be understood in the context of the enormous and growing inequalities within the Borough – highlighted above –
and the perverse nature of restructured housing markets produced by years of privatisation, deregulation and rampant neo-liberalism. These contexts together explain the politico-economic production of the harms manifest at Grenfell, “part of a larger story about unevenly precarious lives in today’s unequal cities ... a chilling illustration of how inequality kills” (Madden, 2017).

It must, then, be utterly devastating for anyone remotely connected to Grenfell Tower to realise that this mass killing - with all the associated harm only outlined here – was the result of a conscious decision by the richest council in England to save £293,000. This level of contempt which Grenfell residents had “endured ... for years” (C4 News, 19 July, 2017) - “a real disdain for people lower down the social order” (Dent Coad, cited on C4 News, 25 July, 2017) - must generate an enduring sense of worthlessness that the residents in and around the area will find hard to shake off. These harms of mis-recognition persisted after the fire, in several different forms.

One of the manifestations of contempt was to be found in the complete lack of effective immediate response or leadership in the aftermath of the disaster – what Theresa May was to refer to, one week after the fire, as the "failure of the state, local and national, to help people when they needed it most" (cited in Davies, 2017). In this context, one Professor in Disaster Management noted that “Absence of clear strategies breeds lack of trust in authority, loss of confidence and a fear of the future that, sadly, is often well founded” (David Alexander, cited in Graham-Harrison, 2017). These failures on the part of authority persisted and continue – as documented, for example, in the Initial and then the Second Report of the Independent Grenfell Recovery Taskforce (2017, 2018), which have documented the continuing failings of RKCBC and the ‘severe trust deficit’ between it and the local community (Independent Grenfell Recovery Taskforce, 2018).

The continuing contempt on the part of central and local Government has also been repeatedly evidenced in the series of lies, half-truths and broken promises made to the affected households in the aftermath of the fire. One area of mis-trust was the palpable failure to meet the commitment made by the Prime Minister in the immediate aftermath of the fire – namely that “every person made homeless would receive an offer of accommodation within three weeks”. In fact, this was subsequently “clarified” as meaning temporary accommodation (BBC, 2017a). In November 2017, RBKC Council “promised that every survivor would have the opportunity to move into a new home before Christmas” (Gentleman, 2017b), while weeks later the Minister for Housing and Planning estimated it would take RBKC Council “up to 12 months” to rehome families. Moreover, the promise of being offered like-for-like tenancies was repeatedly broken (ibid.). As the Chair of Grenfell United noted, “For the survivors and affected families it seems like one broken promise after
another” (ibid.). Exactly one year after the fire, only 82 of the 203 households that needed rehousing were in new, permanent accommodation (Booth and Bowcott, 2018); 72 were still not even in temporary but in emergency (hotel or B&B) accommodation (Booth et al., 2018). Moreover, none of these statements make reference to another 128 households who were forced to leave their homes on the wider Lancaster West Estate – a group never referred to in Government statements about rehousing (Wearmouth, 2018).

A further area of mis-trust was the shifting and uncertain nature of the ‘amnesty’ offered to undocumented residents (Pasha-Robinson, 2018) – originally stated at one year, then extended for 3 further months, followed by a policy announcement that “survivors would be able to apply for further periods of limited leave to remain, building up to five years. They could then apply for permanent residency” (Mills, 2017). A “less well-documented condition of the offer” set a deadline of 31 January to apply for the amnesty (Pasha-Robinson, 2018).

Contempt is also revealed in the struggles between survivors and residents on the one hand and central government on the other around the Public Inquiry. First, contrary to assurances from Government, local residents were not consulted before the appointment of Judge Sir Martin Moore-Bick to lead the Public Inquiry, in the light of which Justice4Grenfell concluded that this “further compounds the survivors and residents sense of distrust in the official response to this disaster” (Justice4Grenfell, 2017a) – and had they been consulted they would likely have objected to the appointment (Edwards, 2017). Following this was the protracted process in which the limited initial Terms of Reference of the Inquiry were challenged (Wearmouth, 2017) and then largely confirmed, itself followed by the Inquiry’s formal December 2017 opening, at which the lack of even indirect representation of residents was the key point of contention (Bowcott and Gentleman, 2017). Only on the virtual eve of its opening did Teresa May confirm that there would be a Phase 2 of the Inquiry to which two panel members would be appointed. Of this partial, last-minute concession, Deborah Coles of INQUEST stated, “at every stage, bereaved and traumatised families have had to fight to be at the centre of the inquiry” (The Guardian UK, 2018). Controversy over the location of the Inquiry continued long after it had opened (Booth, 2018c).

This sense of constantly having to struggle to be heard, of being treated without sensitivity, being at worst lied to or at best told half-truths, must surely exacerbate feelings of mis-trust, of being treated as worthless, as contemptible – exactly the same characteristics which defined many of the ways in which residents felt they were treated prior to the fire mirroring the ways in which their concerns about safety in the tower were dismissed (Grenfell Action Group, 2016). The contempt displayed towards the residents
before the fire was maintained and reproduced after the fire. It was popularly recognised as a cause of the fire per se. As one resident stated outside the tower as it continued to burn, “We’re dying in there because we don’t count” (Wynne-Jones, 2017). “The people who died and lost their homes, this happened to them because they are poor” (C4 News, 15 June, 2017).

Very quickly after the fire, “cost-cutting” emerged “as key theme in the Grenfell refurbishment” (Booth and Evans, 2017). In 2014, a decision was taken to replace fire-resistant zinc cladding in the refurbishment contract “with cheaper aluminium panels to save £293,368”, with further evidence of the drive to cut costs in an “urgent nudge email” which KCTMO’s project manager sent to Artelia, its cost consultant, about cladding prices. It said: “We need good costs for Cllr Feilding-Mellen and the planner tomorrow at 8.45am!” (cited in Booth and Grierson, 2017). This option was chosen. It was an option chosen by a Council with £274m in reserves at the time of the fire, and one which had, in 2014, “decided to hand back £100 to residents paying the top rate of council tax after a claimed ‘overachieving efficiency drive’” (Syal and Jones, 2017). This is also the same Council which, in 2016, had raised £4.5m from the sale of just two of its homes, more than the cost of all of the cladding used in the Grenfell Tower refurbishment (Booth and Evans, 2017). As one resident said to the new Council leader at a public meeting, “the culture that you promote is the same culture that brought Grenfell into being. Because you don’t listen, you don’t care” (C4 News, 4 November, 2017). Indeed.

**Financial and Economic Harms**

There is no way of knowing what costs have been incurred, and continue to be incurred, by former residents of the Tower, as well as those living in the vicinity. These may include, but not be restricted to, costs associated with:

- survival and subsistence in the immediate aftermath of the fire, when the authorities (beyond basic fire, rescue and medical services) were notable for their absence
- arranging and/or attending funerals and memorials
- travel to and from medical appointments, and the cost of medication
- traveling to and from school or work from temporary accommodation,
- lost wages through being unable to attend work for whole periods or miss portions due to increased travel time or attending medical meetings, accompanying family and/or friends, engaging in community meetings, and so on
the need to replace goods where households were un- or under-insured
- eating whilst living in temporary accommodation where food preparation is limited or impossible
- engaging in any form of leisure activities whilst living in temporary accommodation where networks are disrupted and where the various accoutrements of sustainable leisure activity (from play-stations to books to footballs) are removed in space or simply gone.

Of course, many of these costs are potentially compensable. So it is simply not possible to detail the financial costs to individuals or households. That said, if there are financial harms experienced by individuals and households as a result of the fire, these are dwarfed by the costs to local, regional and national economies which are likely to follow the fire. Again, we can only indicate and scratch the surface here, but we know enough to indicate that these economic costs will be significant, not least as central Government continues to enforce an era of austerity.

At the local level, RBKC Council faces heavy financial costs following the fire. Having reportedly opted for cheaper cladding to save less than £300,000, the Borough faces enormous costs in responding to the fire – on one estimate, these had reached £7m within two months of the fire (Sherwood, 2017c). It also faces the possibility of an unlimited fine if corporate manslaughter is proven. It will have legal fees for the public inquiry and any criminal case; following the six deaths in the Lakanal House fire in 2009, Southwark Council spent at least £3.34 million on legal costs for the inquests alone (Blunden, 2012), that is, not counting the costs of the subsequent court case which it lost and where it was eventually fined £570,000 for breaches of fire safety legislation (Knutt, 2017). It needs to fund temporary accommodation for an extended period for many households, as noted above, in a very high-rent area. This does not include the costs associated with clean-up, nor payments, for example, such as “financial support for victims, counselling, extra rates relief for nearby businesses and the tab for extensive fire safety tests” (Barej, 2017).

Costs to central Government will also be significant. In the immediate aftermath of the fire it set up a £5m emergency fund, received demands from the London Fire Brigade for specific equipment for any future such fires and also a request for close to £1m for the Fire Brigade to “participate fully in the
None of this is to mention the fallout costs for other councils across the country. In the wake of the fire, numerous councils tested cladding on high rise tower block and other public buildings, notably hospitals. Results were confused and different types of tests were used by different local authorities and in some cases by the same Local Authority at different points in time. One, Camden, removed tenants from five tower blocks in order to remove dangerous cladding within days of the fire at Grenfell. In August 2017, it was announced that the trauma unit at the John Radcliffe hospital in Oxford would close for up to a year due to fire safety concerns.

By October 2017, 31 local authorities had approached the Government with requests for funding – the DCLG was in “detailed discussions with six” while the others had been asked to provide further information as to how the proposed measures were “essential” rather than “additional” safety measures (Booth, 2017). This despite Sajiv Javid’s statement immediately after the fire, when he noted that lack of financial resources should not prevent necessary works going ahead. “All the councils said they had been advised to carry out works by their local fire brigades” (Booth, 2017). One key, but not the only, issue appeared to be the retro-fitting of sprinkler systems to buildings (ibid.)

Finally, in a Parliamentary debate on Grenfell in May 2018 on the eve of the opening of the Inquiry proper, Teresa May announced that £400 million would be made available by central Government for work on replacing cladding on 158 tower blocks – only for it to be revealed later that this funding would be diverted from its existing Affordable Homes Programme. Still roughly the same number of tower blocks where similar cladding needed removing remained in state of limbo, as private owners generally wrangled with tenants over the costs of the work (Booth at el., 2018, Booth, 2018a). A ballpark estimate of costs “to the country” of re-cladding published a year after the fire put this at £1billion (Booth and Bowcott, 2018).

In a sense, then, we are all already paying, and will all continue to pay for untold years to come, for the fallout from Grenfell Tower. The effects of Grenfell Tower are not confined to residents, the local community or even the Borough – there are ripple effects that are flowing and will continue to flow through communities across the UK, at least. But it is important to emphasise that this does not mean that these effects, and indeed the financial and economic costs specifically, will be evenly distributed. Since costs will be met

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5 “The 2012 Leveson inquiry into press standards cost £5.4m, Sir John Chilcot’s Iraq inquiry, which reported last year after seven years, cost £13.1m and the Bloody Sunday inquiry up to £192m.” (Barej, 2017)
by local authorities and central Government, then it is reasonable to assume that local and central Government expenditure in other areas will be cut to meet the increased cost fallout from Grenfell. This in turn means that those who are most dependent upon central or local services and facilities – and these are people who are the least financially independent – will be hardest hit. The poor, the disabled and the sick, those on various forms of benefits, children in the mainstream school system, and, with no little irony, those in social housing or who lack access to adequate or any accommodation at all, all will be impacted upon. The least hard-hit will be the most financially independent – the wealthiest.

**After Grenfell: Crime, Harm and Justice**

Weeks after the Grenfell Tower fire, the Metropolitan police announced it had reasonable grounds to suspect that both the RBKC Council and the KCTMO may have committed the offence of corporate manslaughter, under the Corporate Manslaughter and Corporate Homicide (CMCH) Act 2007 (Dodd and Sherwood, 2017). This announcement did not exclude possible charges against the main contractor, Rydon, and some 60 companies who had played significant roles working on Grenfell over the years.

Now, leaving aside the lamentable failure of the CMCH Act in its first ten years of existence to do that for which it was ostensibly designed – that is, hold large, complex undertakings to account for death(s) (Tombs, 2018b) - prosecution under the Act is at best far from certain, and surely far into the future. But even a ground-breaking corporate manslaughter prosecution following Grenfell would not represent justice, in several senses. First, corporate manslaughter charges against organisations are likely to be at the expense of gross negligence manslaughter charges against individuals (ibid.) – the latter representing a clear demand on the part of survivors. Second, in the event of conviction, the sanction will be a fine – and one far short of the levels originally anticipated when the Act was introduced (ibid.). Third, any fine against a public authority, notably the Council, will be dispersed to the innocent – that is, to Council tax payers and residents, impacting disproportionately upon those on lower incomes who rely most on council services; in other words, the poorest in the Borough.

But there is one sense in which convictions following the Grenfell fire would represent justice – marking the killings as a crime, with a potentially powerful symbolic message; conversely, a lack of prosecution will send a clear and powerful message: that justice and accountability is less available for the relatively poor and marginalized, and that the relatively powerful act with greater impunity in the face of law and the criminal justice system. This would
add to the senses of injustice and harm experienced by the victims and the bereaved, producing a double-victimisation: first at the hands of the corporation or state, and then at the hands of the criminal justice system (Snell and Tombs, 2011). In the context of Grenfell, such further harms would be the cruelest of ironies, further adding to the searing, layered, complexly related, long-term harms outlined in this article.

I have argued that a social harm approach allows us to examine what happened at Grenfell as much more than the event upon which the criminal law must inevitably focus. The fire has generated a variety of more or less manifest dimensions of social harms which have unfolded spatially and temporally – and will continue to do so. In a novel approach which those working with the social harm perspective might critically adopt, adapt and develop, this article has indicated how these dimensions of harm need to be understood complexly: they have numerous dimensions, some of which are much more readily apparent; they unfold in ripples, initially and intensely within and around the loss of life in a burning tower, but then disperse geographically and longitudinally; and nor do these ripples unfold in a discrete sense – they are layered, they interact, and in combination they synergistically produce new and heightened levels of harm. But notwithstanding these analytical observations, this article has one chilling empirical conclusion: namely that the harms of Grenfell will endure, throughout many communities, within and beyond a corner of West London, for many, many years to come.

What such an approach also underscores in policy and political terms is that criminal justice responses cannot adequately address such harms, nor indeed prevent further harm production. It is certainly the case that the fire, and thus the harms produced by it, were foreseeable and thus eminently preventable (Norrie, 2018). But this prevention is entirely outwith the system of criminal justice. It would require reversals in policies of deregulation, non-enforcement of law against business organisations, and the erosion of levels of social protection via which we can understand the deaths at Grenfell as ‘social murder’ (Tombs, 2016); it would need the voices of residents - and those of workers, consumers, user-groups - to be empowered; it would require genuine lines of accountability between citizens and elected politicians – as opposed, for example to the creation of arms-length arrangements such as a Tenants Management Organisation, a key vehicle within local authority neo-liberalism designed to break lines of accountability and undermine democracy; and it would require respect not simply for the rights but also for the needs of people beyond political elites and profiteering private actors and the organisations they own and control. The harms of Grenfell could have been prevented, and further harms may be mitigated, not through criminal
justice mechanisms – but only through radical changes to economic, political and social arrangements which further equality and social justice.

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