A HUMAN CENTRED APPROACH TO TRAGEDY: LESSONS FROM GRENFELL
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INTRODUCTION

The Inquiry in to the fire at Grenfell Tower has lasted 5 years and will likely issue a final report before the end of next year. The Inquiry looked at the anatomy of the fire on the night. It revealed the various flaws in the refurbishment and other ill-maintenance of the building. It followed the journey of the core materials from their design, improper testing and misrepresented marketing to their assembly on to the building. It has exposed the instability of the various regulatory regimes, which state actors tolerated and corporate actors capitalised upon. And it has showed how out of its depth emergency response to catastrophic events was and *still would be* in the major cities of this country; particularly firefighting but more generally, disaster management.

SEVEN LESSONS

Given the bereaved and surviving residents who I was acting for, but in any event for society at large, it seemed important by the close of the hearings to reflect beyond the reckless and at times predatory behaviour of those responsible for the fire and its spread, and to ask the question: what type of society allowed this to happen?

On this we offered seven observations.

FIRST: We live in a particular type of post-industrial *risk* society in which advances in science and technology, with all their possibilities, for example energy saving cladding facades, also generate threats. This paradoxical dynamic of modernisation and progress is aggravated by globalised processes that expose people to materials made and tested in one country, sourced in another, lawyered in a third, and then installed in and onto buildings by multiple contractors.

SECOND: When we fail to properly consider *low statistical risk events with foreseeably devastating consequences* we particularly expose ourselves to disaster. As Professor Jose Torero's evidence to the Inquiry put it: foreseeable risk must always be multiplied by the enormity of consequence; especially so when the chance of the event happening was actually increasing - as it was with cladding fires.

THIRD: In risk-analysis, complacency about what is 'normal' and 'abnormal' is inherently problematic and the extent to which the LFB probably would have saved *considerable more life* at Grenfell if it abandoned the Stay Put advice earlier, is a case in point. At a normal incident, almost every one of the failings in LFB's competency at Grenfell Tower would not have mattered. Standard compartment firefighting with little incident command or communication would have sufficed. What events like Grenfell show is that a risk-related service that knows only the bounds of past or frequent experience will be fragile in the face of what is unexpected and new.

FOURTH: A major pre-Grenfell hazard was the inherent weakness of the relevant regulatory regimes, which was never acknowledged and acted upon as it should have been. By that I include the Building Regulations, Building Control and the circumvention of testing and certification. To this can be added that fire safety enforcement and fire emergency response reformed in 2004 and 2005 had never truly embedded.

Competency was then compromised by the inferior status of fire engineering in general as an academic and vocational discipline. Within LFB organisational culture this manifested in a particular disconnect between the Fire Safety Department and station based Operational firefighting.

The resulting instability in the regulatory regime *of itself* should have caused Government to identify the risk of high rise residential fire as an issue of national resilience. Instead, civil servants and the local Fire Service managers held an unwarranted belief that the notorious cladding fires in locations like Dubai *were not going to happen here*.

MY FIFTH POINT CONCERNS LOCALISM AND DEREGULATION The political imperative to devolve power and responsibility from a centralised state in order to unencumber public services and business from regulatory restriction is not new. However, the post 2010 politics of the Coalition Government mandated a civil service mindset that was resistant to progressive reform and overly beholden to the

private sector. Aside from the unreconstructed fate of the Building Regulations, there were other damaging consequences.

For example. The machinery of Central Government dedicated to Fire Safety, was comprehensively scaled back in terms of its civil service expertise, oversight and leadership. Local Fire Services lacked external scrutiny and challenge. Recommendations to review fire safety and operations - most significantly after the Lakanal House Inquest - were not implemented, even following undertakings to do so. National high rise firefighting policy was chaotic in its drafting, irresponsibly devolved to the Fire Services, and constituted a series of missed opportunities.

SIXTH: The Inquiry studied a host of public sector services in decline for a range of reasons, including the privatisation of the management of Local Authority housing and the hugely degraded function of its Building Control. The long-term cause lies in political decisions to roll back state services. However the causes of decline can ***also*** be found in the *shortcomings of organisational life*.

The Inquiry's study of the LFB shows a 20th century service that is structurally and culturally ill-suited to 21st century challenges. There are basic deficiencies in management competence. Necessary reforms that have been repeatedly and cyclically identified in reports spanning 30 years have been institutionally resisted. Training, when done, replicates past practice and ignores advances in fire science, clinical psychology and genuine integration of the Control room into an incident response. There is over-politicisation of service issues with a management-union

divide. That divide obscures the traditional monoculture of the service which has outdated methods and an outdated status of what makes a 'good' firefighter. A more mundane function of localism, in that political responsibility for lack of reform is pinned on local authorities and Chief Officers. As a result of no formal Inspection for more than a decade, this state of affairs was left unacknowledged and unchallenged.

My **SEVENTH POINT** is that the UK has no disaster management system. This is beyond the immediate responsibility of fire fighters and engineers, but the effect of catastrophic events in terms of humanitarian response and recovery is not catered for at all in our present legislation and guidance; and as we have seen during Covid, cannot cope with any type of significant events that have a long duration of impact.

FAILURE OF HUMAN ACCOUNTING

What can be learned from the these seven points?

The common feature of the evidence, cutting through the important technical matters, is how little the fate of ordinary people mattered when key decisions were taken. People either did not factor in the equation at all; or they were objects without agency - statistics, profit, beneficiaries, the crowd. What happened at Grenfell was borne of a failure of human accounting. Our case to the Inquiry, which is the same case I make to you, is that it does not have to be that way.

Firstly**,** beyond left and right politics, it is essential to bring the concept of the 'state' out of its long ideological eclipse and to ask anew how it can act as a source

of common good. The timeline for the eclipse is generally regarded as beginning in the 1980s. Subsequent Conservative and Labour administrations limited the role of government, in contrast to the era after 1945 when it played a more significant part in welfare and planning. We are still in the era of the rolled-back-state and Grenfell is one of its greatest failings. The centre of government – particularly the 'ministries of everyday life' like Housing, Fire and Building – has been hollowed out, with the numbers of civil servants reduced, ministerial responsibility diminished, and synergy between subject matter experts shed. With all these diminutions the capacity to act to prevent (and respond to) a disaster of this nature was lost. Inevitably market forces and malpractices have filled the gap. That is the paradox of the free market. When the state leaves a governance vacuum, other powerful organisations and actors will seek to take advantage and usually for their own benefit rather than for the public gain.

A second failure of human accounting flows from the increasing tendency to disconnect economics from collective morality. The disconnection is pertinent to the times when relevant Grenfell decision makers resorted to commercial cost-analysis, without properly including in the balance the value of human life and safety. There are some key examples of this:

(1) The speed of which the fire spread on individual floors was profoundly affected by those doors that did not automatically close when people fled out of burning flats. In March 2017 RBKC's Housing Director made a decision for reasons of cost

to have no automatic door closer inspection regime at all, rather than taking emergency action to alleviate a known long term estate wide fire-safety danger. The TMO stood by. The LFB that had issued enforcement notices let the matter go.

(2) Civil Servants and Ministers allowed the timescales for review of Approved Document B to repeatedly slip over years despite knowledge of its flaws with the main civil servant with coverage of the issue conceding that what Government was trying to do was to "*balance … cost of regulation with its benefits…so that industry was freer to improve the economy"*., even if 'improvement' (in that sense) was at the price of weakened fire safety standards.

The third failure of human accounting concerns how the instances of actual engagement with residents were a chronicle of disempowerment.

Before the fire they were subjected to institutional bias and prejudice. The attitude of RBKC, the TMO and their contractors was that people should be thankful for what they got or be ignored, even targeted or maligned. Critical to the ill-treatment was that important information relevant to residents' safety was deliberately kept from them, and, collectively, they were repeatedly denied a voice.

Examples of matters withheld, including when freedom of information requests were denied on grounds of commercial confidentiality, were: (1) the lack of experience of the architects, (2) the replacement of Zinc FR with Reynobond ACM for reasons of cost, and (3) the draft and qualified terms of the Exova fire safety report that advised further assessment, followed by failure to action project meeting

agreed steps to properly engage a Fire Consultant. Our case was never that our clients had, or should have had the expert knowledge to see what other actual experts did not see, but having found out all these matters in real time, residents might have made a fuss, they might have said, what difference does cutting costs to use non fire resistant panels make? They might have said where is your fire consultancy report? Even if nothing would have changed, they have to live with the knowledge that they were never given the chance.

Then during the fire, without any foundation in research, experience or training, the possibility that neighbours might act in a rational and collaborative manner when escaping from the building they knew, was discounted. Everyone had to wait to be rescued, and therefore nearly everyone who did wait, died. The evidence of how staged evacuation can work remains woefully resisted. That is despite what is known from studies of 9/11 and the 7 July underground bombings and indeed Grenfell itself, how collaborative people can be in crisis; and yet a powerful panic myth continues to prevail.

Responsibility for risk-based decisions such as these will often have a technical dimension dependent on expertise and the judgment of appointed officials, delegated contractors and elected representatives. That cannot mean that people who bear the consequences can be excluded or disregarded. Utilising the insight and experience of those affected by decisions in the service of better outcomes

makes obvious good sense and shows due humility. But it goes beyond that: without diluting duties that the experts hold, *effective engagement* with residents is essential to demonstrating respect for them as equals, even if respective roles differ. This issue of technical experts talking with lived experience experts has moved on and intensified since the Grenfell Inquiry. That is because of Covid. During the pandemic people (including no doubt many in this audience) attempted to strike up and structure such conversations with hospitals, care homes, or other aspects of the state and private industry. There needs to be a different type of conversation between state, expert and civil society actors.

My final failure of human accounting is that Grenfell is a landmark violation of the rights of Disabled people. The belated enquiry of the occupancy profile suggested that at least 44% of the residents who died were mobility impaired. In fact the disability related fatality was much higher, because the risk assessment and proper analysis of the issue was never done before the fire. People may have had conditions that they did not want to be public about. I know of many who had mental impairment and other difficulties. Also a significant number of the non-Disabled people who died, were the children of those who would not leave without them.

On this I offer two reflections. Firstly, the resistance to duties of landlords and fire services to examine the possibility of personal emergency evacuation plans with disabled residents is morally untenable. I also regard it as ableist to read the words "relevant persons" in the Regulatory Reform (Fire Safety) Order 2005 not to include

"disabled persons". Whatever the requirements of the current law, we cannot have a law that enables landlords to avoid discussion with residents about what reasonable steps could be taken when they have to escape. Even having the conversation is important, but there is a discussion to be had about how much more can be done with evac chairs, dedicated alarms systems, and training for designated carers and volunteers. At the moment there is no effective process to ensure that landlords supply local fire stations with the right data on disabled residents for their pre-deployment files The fatalism on this is unnecessary.

My second observation is that this is a matter of human rights. One of the most basic reasons for law and state is to protect people from unnatural death. The United Nations Convention on the Rights of Persons with Disabilities was ratified by the UK in 2009 but has never been brought directly into force. It contains a duty to "*closely consult and actively involve*" disabled people and their representative organisations in law, policy and initiatives that affect them. It also requires planning to take "*all necessary measures*" to ensure protection and safety of disabled people during emergency. Finally it requires data collection based on individual impairments and across other characteristics, such as sex and gender, race and ethnicity, age and income.

CHANGE

What does effective change look like? And what can a human rights lawyer who is not an expert on fire tell this conference of experts about that? My personal learning

has been that new and improved laws, even if properly enforced, will not be enough. And as a legal expert I can tell you at the bottom of all law, all policy and all economics, are people.

Grenfell was a human rights disaster: a systematic failure of state and private actors to protect the life, security and dignity of people. There were undoubted individual wrongdoers in this tragedy but there was also wider institutional and societal indifference that allowed them to act with impunity. My particular suggestion for today is that the relationship between bureaucrats/experts/technicians and those they serve requires a reset so that people affected by risk based-decisions – who in some cases must live or die with the consequences - are *duly informed*, *engaged and listened to*. There are people in this conference who can make that happen in some small way every day, and they in this industry, like people in mine, should spend the rest of their working lives pursuing that goal whenever they can. On that basis – and hopefully within my allocated time – I want to say thank you for having me – so that I and others might join in new types of conversation between different groups of people.

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