

**"WE DO NOT FEEL
SAFE HERE"**

**AN URGENT CALL FOR SAFETY, DIGNITY
AND JUSTICE FOR BRISTOL'S BARTON
HOUSE RESIDENTS**



ACORN

**Medact
BRISTOL**

This report was written by Medact Bristol in collaboration with ACORN the Community Union, and residents at Barton House.

Medact is a charity that brings together health workers to fight for health justice. We recognise that health injustice is driven by political, social and economic conditions, and we mobilise the health community to take action to change the system. Medact Bristol is a local group of volunteers who come from a wide variety of professional backgrounds including social workers, doctors, psychologists and occupational therapists. www.medact.org

ACORN is a community union of working class people. We know that the economic and political set up in this country doesn't work for people like us. So we built an organisation to fight for a better life for our members and the communities we come from. www.acorntheunion.org.uk

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Foreword by ACORN

We, the ACORN members living in Barton House, have been fighting since November 14th 2023 for justice.

We have been through a nightmare since our shock evacuation on November 14th. Communication from Bristol City Council leaders was inadequate, temporary accommodation undignified and unsafe, and we have many questions about why our block's structural issues were not addressed earlier.

Our demands of council leaders, written by us and consistent since November 2023, are simple and clear:

- Band 1 urgent prioritisation for the rehousing of Barton House residents who do not feel safe in the block
- All residents must be compensated for the distress and costs incurred from the evacuation
- An independent investigation into what has happened at Barton House specifically and more widely the safety of council blocks across the city.

There have been active ACORN members in Barton House for over five years, and more than a third of Barton House households are members of the union. Our union membership meant we were ready to take action and fight for the just treatment of the residents of our block. We have been fighting for our families and our neighbours to be treated with dignity and respect since the night of the evacuation. We wrote to council leaders, and after being ignored, were forced to take public action holding council leaders to account on many occasions. We held a public accountability meeting, made our voices heard in council meetings, and occupied the entrances to council buildings to make sure our message was heard.

Ahead of local elections in 2024, many Green Party councillors, at that point in opposition, signed an open letter asking the council to meet our demands. The Green Party now leads the council. Some of the signatories have become leaders of the council and chairs of policy committees, and in one case a local MP. But sadly, almost a year since the Green Party was elected on the promise of a new and improved approach to leading our city, these demands have still not been met. Those of us that voted for these councillors are now asking whether they have changed since they got elected. What happened to leading Bristol differently?

As you will read in the pages that follow, we have been through a deeply traumatising experience. We say to council leaders: it is time to do right by us.

Introduction

In August 2024, members of Bristol Medact were approached by residents of Barton House who felt that the medical issues they were experiencing as a result of living in unsafe and undignified housing were being ignored by decision-makers. As healthcare professionals, we are aware of the importance placed on our judgement in making decisions about people's lives and health.

Within the National Health Service, acquiring a professional opinion from a doctor to support housing needs is becoming increasingly inaccessible for many people due to systemic barriers. We have heard from Barton House residents that they have been unable to get these letters from doctors who have been unable to or practices that have required an upfront payment. Despite this, many residents have collated medical evidence from their healthcare professionals, social workers and teachers to support their requests for rehousing. These people and their stories have so far been ignored.

With this report it is our intention to amplify the voices of Barton House residents and the calls they have been making for safe and dignified housing over the past year. We present testimonies and findings from interviews and discussions with residents and stakeholders, synthesising them alongside our own professional judgement as healthcare workers to call for action.

Though the structural issues of the tower block have been reported as resolved, many still feel afraid and unsafe. Memories of a poorly-coordinated evacuation and lengthy displacement are relived in everyday life. This has intersected with the effects of living in overcrowded, mouldy and cold housing, physical inaccessibility, and systemic racism. The result has been a collective trauma affecting generations of residents which should have been entirely avoidable.

Given the number, severity and chronic nature of these overlapping traumatic experiences, we argue that the circumstances of Barton House residents are indeed exceptional and that these exceptional circumstances require an urgent response. This report does not represent all residents living in Barton House nor do we suggest that the solution will be the same for everyone. Some residents should be rehoused, while others may choose to stay. We urge decision makers to center the dignity and humanity of residents by finally listening to them and giving them what they need to feel safe.

Methods

In August 2024, Medact Bristol started to work in collaboration with ACORN Bristol and Barton House residents. The aim was to understand and collate the experiences of residents surrounding the Barton House evacuation and its ongoing impacts.

We began by attending community meetings organised by ACORN and Barton House residents at Barton House. We heard about residents' experiences of life in the tower block and the evacuation in November 2023.

We then invited all residents for individual interviews with us. These were conducted on 8th and November 23rd 2024 in residents' homes. In total we interviewed nine households, ranging from three to six inhabitants in each. In February 2025 we held two further "drop in" sessions for residents in Barton House, as an opportunity to provide feedback on the report and to give further testimonies.

A "consent and ethics" written agreement was shared with residents prior to interviews. Verbal consent was obtained prior to the interview date and checked again before starting the interviews. We used semi-structured questions and concurrently recorded written testimonies.

This report has been co-written by Medact Bristol, ACORN and Barton House residents to synthesise our findings. We present testimonies from interviews and professional judgement based on Medact Bristol's collective reflections over the course of our work with residents.

We present the sequence of events before, during and after the evacuation, highlighting the health impacts of the harm caused by the evacuation and subsequent treatment of residents. We end with our professional recommendations as healthcare workers and amplify the demands of residents.

The evacuation

On the evening of November 14th 2023, residents living in Barton House were given sudden and alarming warnings about the building's safety. Bristol City Council informed the residents that they had to evacuate immediately as the building was at risk of collapsing. Over 250 adults and children were evacuated overnight to general practices and places of worship. Residents were then moved onwards to hotels across the city where they spent months living in limbo, with no clear timeline for when they would be able to safely return home.

Recalling the events of the evacuation, many described the fear and panic they experienced. Residents spoke about the sudden nature of the evacuation and the lack of communication from the council. Several people shared that they first learned that they needed to evacuate from sources other than the council – including online news outlets, journalists who had gathered outside of the building, and in one case the headteacher of their child's school.

“I was in the flat, cooking... I received a call from my son's school. They were watching the news about the evacuation and wanted to make sure that I was okay... that was the first I heard about the evacuation... when I went outside there was lots of confusion, panic... some people thought it was a fire.”

[Interview 6]

“We heard it through a news article before the council. BBC outside our flat, everyone was confused, then council people chaotically running about telling people to wait their turn but also knocking on doors saying people had to leave.”

[Interview 1]

“How were journalists getting in before we had been evacuated? How did they find out before the residents knew...we found out from the journalists! Only a few hours after standing out in the cold was when the council turned up to provide explanation.”

[Interview 12]

Those who did not speak English were especially vulnerable, struggling to understand what was going on and what they should do. Many residents felt that little consideration was made by the council regarding safe and effective communication with the residents, including the need for translators. The responsibility to translate often fell to children and young people. The lack of coherent communication from the council led residents to be confused, misinformed and distressed.

“We got home from the park at four. We went into the lift and a woman said you need to leave, it's not safe. My English was limited but I understood. Different people were saying different things – someone was trying to set the houses on fire, someone was burgling the flat, that it was about to fall down. I did not know what to believe so I locked myself in the house with the children while everyone else left the building.”

[Interview 8]

The urgency of the evacuation and the state of the building's safety was not made clear to the residents, so many left rapidly without taking any belongings. There were reports of injuries sustained in the rush to evacuate. Some residents ventured back in to collect essential items, leaving their relatives waiting outside in fear that they may die inside a collapsing building.

“A man from the council said ‘get out immediately, the building is collapsing now, from the bottom’. He said he had come straight from the city council meeting. I picked up my three-year-old and left. I had just had a leg operation so I fell down a few times.”

“When my husband went back into the building to fetch our clothes, my daughter was crying ‘no please no please no please’”

[Interview 4]

One thing that was clear and universal to all residents we interviewed was the sense of panic and fear they felt that evening. Many residents found it hard to talk about the evacuation due to the distressing memories it brought back. Some residents would become visibly upset, whilst others appeared to become quite emotionally shut-down and vacant. Some were able to recollect specific events, whilst others struggled to remember large chunks of time. All of these are characteristic signs and symptoms of people who have experienced a traumatic event.

Hotels and temporary accommodation

Lack of hygiene

Residents of Barton House spent the winter of 2024 living in disused, unclean and overcrowded hotel rooms. They were unable to access their belongings and were not provided many of the things they needed to stay healthy. Many families were forced to live in one room shared between two adults and multiple children. This often meant sharing a double bed between three people, with others sleeping in makeshift camp beds or on the floors. These rooms were usually very small, with little to no ventilation or room for children to play or move around. Some rooms were windowless. Families were often unable to access outdoor space, with some areas of the hotels reserved for guests only.

“We were moved into dirty, dusty rooms which was initially only meant to be for three to seven days, but we ended up there for six months.”

[Interview 1]

Almost all residents who went to hotels spoke about how dirty their rooms had been when they moved in. With no cleaning supplies of their own (such as vacuum cleaners), families were forced to live in unclean and unhygienic conditions that worsened over time. For many this not only felt dehumanising, but it also started to have noticeable effects on their physical and mental health. Those with pre-existing conditions such as asthma reported worsening symptoms, especially amongst children.

“The whole time we were there [the hotel], the carpets were never hoovered once.”

[Interview 6]

Outbreaks of infectious diseases

A number of infectious disease outbreaks and infestations were reported, including norovirus, chickenpox and bedbugs. Residents being housed in the Holiday Inn experienced multiple norovirus outbreaks. Norovirus is a highly contagious virus which often leads to profuse diarrhoea and vomiting. Norovirus outbreaks are more likely to occur in unsanitary conditions. Multiple families mentioned having to take their children to A&E to be treated for dehydration due to the severity of the disease.

One mother described how both her young children had recurrent diarrhoea and vomiting, resulting in dehydration and three A&E attendances in one week. At one point, the dehydration became so severe that her 18-month-old daughter had to be admitted to hospital. Her family had been given letters of support for rehousing from their paediatrician, GP and health visitor, all of whom had concerns about the impact the life at the hotel was having on this child's health.

Prior to becoming ill in the Holiday Inn, there had been no concerns about her health and development. She was able to say a few words, in keeping with the expected milestones for her age. Following hospitalisation, she became non-verbal and her behaviour changed, with her mother describing her as “a different child”. She is now three years old and she remains non-verbal. She is on the waiting list to be assessed for autism. A nursery has turned her down due to the high needs that they did not feel able to accommodate. As a result, her father had to drop his work hours from six to three days per week in order to support the mother at home. This meant they went from being financially independent to having to claim benefits. The mother spoke about how her mental health has been significantly affected by all of this, and described Barton House as “cursed” [Interview 9]. The father reported a constant state of worry that his health too may deteriorate leaving his family even more vulnerable.

“I worry too much... I worry about my wife, then comes my daughter... too much problem... ask Allah please do not come for our health because we suffer.”

[Interview 9]

Deterioration of existing health problems

We heard distressing stories from residents who were unable to care for themselves or their loved ones' wellbeing. The temporary accommodation was unfit for many residents who either became unwell or were disabled. Lack of access to fridges to store medication or spaces to heal often ended up making people's hard-to-manage conditions even worse. We highlight two stories below from residents who we believe had significant deterioration of their health due to the temporary accommodation.

Firstly, a single mother and resident of Barton House had severe physical health problems related to rheumatoid arthritis. Prior to the evacuation her flares of arthritis had at times been so severe that she became bed-bound and required carers visiting multiple times a day. After the evacuation she and her children were moved to a hotel. Here they had no fridge to store her medication, and she therefore had to use the fridge in the restaurant downstairs. If the restaurant closed then she could not access her medication. This would cause agony, both for the mother and her children who watched her suffering but could do little to help. In the end, as no solutions were forthcoming from the council, fellow residents ended up fundraising between themselves to buy her a fridge so that she did not have to continue with such pain and indignity.

Secondly, a mother had recently given birth to her youngest child four days prior to the evacuation. The birth itself had been complicated by concerns about the baby's slowing heart rate, which led to delivery via an emergency C-section. After the delivery, the C-section wound became infected and required intensive treatment with antibiotics. Almost as soon as she returned home, she and her family were forced to evacuate their home. She had already started to struggle with low mood post-delivery, and this worsened significantly following the evacuation and the conditions at the Holiday Inn hotel. She was barely sleeping, became extremely forgetful and other residents would often find her walking aimlessly around the hotel appearing lost. She also started to exhibit worrying signs of paranoia, something that likely worsened by being in such an unfamiliar and restrictive environment.

In the context of such high levels of stress, she stopped producing breast milk. However when she tried to warm up formula milk, staff at the hotel would often refuse to help. Her health visitor became so concerned that they requested the council provide emergency accommodation away from the hotel, but this request was denied. Her two other young children (aged three and five) also started to become extremely anxious and eventually refused to eat. In the end the family made the decision to return to Barton House after just three weeks, risking the unknown because the situation had become such a threat to their collective physical and mental health.

Lack of appropriate food and nutrition

Food and nutrition were major issues in the hotels. Most families we spoke to described the supplied food as poor-quality and often inedible, especially for children. There was no access to cooking facilities, and many rooms did not have fridges to store foods and drinks. One mother described becoming so worried about her children's lack of food intake that she started going back to her flat to prepare meals. However when she then brought these meals back to the hotel they were confiscated by staff.

“When we were living in the hotel my child often went to sleep hungry.”

[Interview 6]

Concerns were raised by residents about both the sanitation and nutritional value of the meals. The meals were linked to the ongoing episodes of gastroenteritis. These compounding concerns resulted in many families spending a large portion of their income or savings on ordering food into the hotel. One family reported having only £26 left of their £5,000 savings as a result of these food costs [Interview 12].

One family described being moved to a hotel on the edge of Bristol during Ramadan. The journey to their mosque took two hours by bus, and the local area had no halal shops or restaurants. The shops were often closed in the evenings when the family needed to eat. Listening to these stories, it has become clear to us that residents were not rehoused “in ways that meet their personal, religious and cultural requirements” as recommended by the Grenfell Tower Inquiry Phase 2 Report (2024).

Impact on children's health and education

Many families described the ongoing effects on their children's health and their emotional, social and behavioural development, with children struggling to regain healthy weight and growth being restricted compared to before the evacuation. The impacts of malnutrition, alongside repeated outbreaks of infectious diseases, has put avoidable physical and psychological stress on children and adults. Adding to this was the disruption caused by inaccessible temporary housing which did not meet educational and social needs of children and families in a time of crisis. We heard many families explain that they still feel their children have yet to recover .

Many families reported significant disruption to their children's education. Children and young people found it difficult to focus in school and complete homework after school. For teenagers

and young people, many reported the negative impacts of this on their exam preparations and subsequent results. Parents of children who started to struggle in school were often forced to reduce their working hours to undertake extra childcare responsibilities.

For at least one family, the journey to school took one and a half hours door to door [Interview 1]; another family who were placed in the same hotel reported having to leave every morning at 5:30am in order to get their children to school on time [Interview 3].

“The day after the evacuation, I was called by my daughter’s teacher, asking if I was okay. My daughter had been crying about the building collapsing.”

“The headteacher of one child’s school also came to the Holiday Inn to visit the family.”

[Interview 4]

The effects on children with disabilities and neurodevelopmental conditions were even more profound. One mother told us about her autistic child who already had a severely restricted diet and was unable to make his usual food whilst in the hotel. The effects on her son were drastic. Whilst at the hotel he lost a significant amount of weight, and was eventually prescribed Fortisip (a high-calorie supplement drink) by his GP due to malnourishment. He also refused to use the toilet in the hotel, which led to the use of diapers which continues to this day. At school he had been happy, but things deteriorated quickly. His mother described how he started crying and his behaviour became more difficult to manage. She was often having to pick him up early, only to bring him home to a place that distressed him even more. Eventually the school said they could not cope and he was forced to move school. After some weeks, the family were offered alternative accommodation on the edge of Bristol, however this only made their lives even harder due to difficulties with transport, especially when it came to getting the two children to two different schools. The mother described waiting for hours outside in the cold of winter for taxis ordered by the council that sometimes never arrived [Interview 6].

Returning to Barton House

By the end of February 2024, Bristol City Council declared Barton House safe for return following surveys and structural repair works. The impact of the events on residents' physical and mental health, education, work, sense of security and economic stability were abundantly clear.

After living through several traumatic months, residents were sceptical about the statement from the council that Barton House was now safe. Many residents had lost trust in the council and its ability to provide them with safe housing. Most adults we spoke to struggle to believe that a building that was supposedly at risk of collapse could have now been made safe with some extra reinforcement.

“I never wanted to come back. They didn’t show us why it was now safe. They told us 85% of the building was safe. It made me so upset. I don’t know why they treated us like this. They need to look at us and see that we are human.”

[Interview 7]

“They keep testing the wall with a machine. I asked why, and he said ‘I’m not allowed to tell you’. The council haven’t told anyone what’s going on with the building. They are hiding something.”

[Interview 4]

Most families we spoke to described having some form of grab bag by their front doors, in preparation for another emergency. Some families reported even sleeping in tracksuits to make sure they could be ready to leave at any time. They live in constant fear for their safety, worried about the prospect of fires and of the building collapsing. The sounds of frequent fire alarms only serve to reinforce the sense that potential tragedy is just around the corner. Children and adults report disturbed sleep, lying in bed worrying about when they might have to leave again in the middle of the night.

“If you can’t relax in a building, it’s not your home... When I wake up, I thank God that the building didn’t collapse in the night.”

[Interview 7]

Threats and police involvement

Residents spoke about their agency and autonomy being denied. They described threats from the council of being made homeless or referred to social services if they refused to move back to Barton House. The coercive nature of this has been highlighted by local and national news sources (Riding 2024).

One single mother described how she and her children were so desperate not to return to Barton House due to their fears about safety that she ended up locking herself in the hotel room. The police were then called to remove her, which was done without anyone from the council present. We have heard several stories of escalation by the council to the police, either in response to protest or to protect members of staff as they visited Barton House. We cannot overstate the effect of this heightened police presence in re-traumatising residents, especially among Black and racialised communities who are subjected to daily systemic violence from overpolicing (Dodd 2025).

“If you don’t leave the hotel by ‘x’ day, then your home is going to go to someone else and you’ll be homeless.”

[Interview 1]

Fire alarms

Following the return to Barton House many fire alarms were installed by the council in individual houses and corridors. During a fire alarm the lifts stop operating and a loud, deafening sound is heard throughout all the rooms of the building. Fire alarms often take many hours to stop as the company responsible for the alarms is located in Swindon.

A particularly egregious incident surrounding fire alarms happened on December 1st 2024 provided a clear example of why residents continue to live in near constant fear for their lives. The fire alarm went on early in the morning forcing elderly people and those with disabilities to be “dragged down from the 14th floor”. According to one of the residents we spoke to, they had to wait for many hours in the cold early December weather while the alarm was stopped. These incidents leave residents feeling scared and reminded of the harrowing events only a year prior.

“At night you don’t feel comfortable sleeping, like it feels like it could just collapse... We don’t feel safe here, we don’t trust the fire alarms, they’re in every room.”

[Interview 1]

“This is unacceptable and doesn’t feel like home for my family. It’s scary and reminds us of last November’s evacuation.”

[Interview 3]

During one of our interviews discussed in the previous section, we met the mother of two autistic children – son aged six and daughter aged seven. After returning to Barton House, the son remained non-verbal and required nappies for over a year. His mother describes how sensitive he is to noises, and how difficult it can be to manage his behaviour once he becomes emotionally heightened. The daughter is also especially sensitive to noises, and will run when feeling overwhelmed. The mother described how every time a fire alarm goes off her daughter immediately tries to run out of the flat. Chasing her is hard enough, however what this mother

worries about even more is that the brother will follow her: “If I’m not there he could easily climb over the balcony wall (and fall)” [Interview 3]. Another mother who also has an autistic son described similar fears, how her son has “no sense of danger” [Interview 6] and could easily climb over the wall outside of their 11th floor flat.

Ongoing trauma and chronic anxiety

A mass-traumatising event

The impact of the evacuation and life in Barton House has had profoundly negative effects on the adults and children, and for many returning to Barton House continues to cost them their health and wellbeing. Through our work it has become abundantly clear that the evacuation was a mass-traumatising event. In our interviews, residents commonly reported anxiety, low mood and hypervigilance, a distressing and disabling symptom commonly seen following traumatic events. The physical health of residents has also suffered from the effects of chronic mental stress as well as the appalling conditions of the temporary accommodation. Most notably, we found evidence of worsening respiratory disease, skin conditions, and debilitating impacts on sleep and eating.

Numerous reports in national and local news have detailed post-traumatic stress disorder-like symptoms of residents (Heath et al. 2023; Boobyer 2023; Jones 2024; Raval 2024; Wall 2023). There is no shortage of reminders of the lack of safety in the tower block that the residents now live with daily, including faulty alarms, overcrowded flats, broken lifts, mould, damp and ongoing structural issues. This has meant that many have not been able to move beyond the sense of fear and panic that started over a year ago.

“I don’t sleep well. I am thinking about how I can evacuate my kids if anything happens. I don’t sleep until five in the morning. Every little noise, if I hear sirens, I get up to check what’s going on. The lack of sleep affects my job.”

[Interview 4]

Residents report feelings of anxiety that cause panic attacks at what used to be normal life events. This could include knocking at the door, whispers outside or even seeing someone you do not recognise in the building. Any of these could be interpreted as signs of an impending emergency evacuation. Some residents had to seek mental health support for these difficulties including GP visits, counselling and play therapy. For some residents this stress and anxiety has led to physical health issues and exacerbating illness for those with pre-existing health conditions.

“The stress has impacted my health... I’ve had fibromyalgia for eight months. I developed it after the evacuation. I get pain and tiredness. It makes it hard to move... My blood pressure is high. I’m fearful of strokes because it gets so high.”

[Interview 7]

“My children are still afraid of the building collapsing. They are always asking me ‘do you hear something?’”

“My fourteen-year-old daughter feels unsafe and she often cries. She says ‘my heart is telling me something bad is going to happen soon.’ My younger daughter is the same. They both tell me it’s not safe. Every day at dinner they ask whether we are going back to the Holiday Inn.”

[Interview 4]

These statements from children are a shocking indication of how unsettled and unsafe they feel in their homes. The human rights of children living in the UK are defined in various pieces of legislation. The United Nations Convention on the Rights of the Child (UNICEF 1989) states clearly the rights to health, education and a safe home. When a child feels unsafe in their home, this impacts access to other rights including health and education.

Financial stress

Prolonged displacement in temporary accommodation has resulted in significant financial costs for many people, especially families with young children. We heard multiple stories of people being pushed further into poverty due to the evacuation and chronic disrepair in the building. For example, one mother recounted how she was charged disproportionate sums of money by the emergency accommodation following damages made by her infant son interacting within an inappropriate living environment and basic baby proofing measures she had to take to help protect him such as installing safety locks on kitchen drawers containing knives [Interview 12].

With little access to cooking facilities, many families were forced to pay huge unexpected costs for food (as discussed in the section above on hotels and temporary accommodation). Additionally, when families were placed far from their communities and schools, in areas that were not connected by public transport, they found themselves relying on taxis. Although the council provided some taxis they were limited and unreliable and did not meet most residents’ needs.

“All of us spent a lot of money, when there weren’t taxis available. They gave bus passes for one month only for school run – the rest of us were stuck or there was a taxi service only to work and back, but couldn’t book during the week, sometimes waiting one to one and a half hours for a taxi.”

[Interview 12]

Many families have been spending significant amounts of money to clean the mould in their flats and to address flooding that resulted from structural issues in the building. One family recalled how they were provided only with a one-week rental of a dehumidifier for flooding in their flat, and when this unsurprisingly did not resolve the damages they were given only a £20 voucher to put towards redecoration costs which included the need to install new carpets [Interview 12].

It is widely established that living in poverty has a profound impact on people's health and their access to healthcare services (Mallorie 2024). As healthcare professionals, we are deeply concerned that the failure to account for these costs and compensate residents fairly continues to lead to harm by pushing people further into precarity and causing additional stress on their mental and physical health.

Long-standing issues

It is important to stress that the effects of the evacuation are inextricably linked to and compounded by long-standing poor-quality and unsafe housing conditions in Barton House. This coupled with long-term neglect and undignified treatment, has already cost the residents far too much.

Listening to the residents, it is clear to us that the health impacts of the evacuation are rooted in a complex web of chronic issues. Overcrowding, cold, mould and physical inaccessibility have intersected with the fear, anxiety and trauma of the evacuation. For many residents this has resulted in them feeling like the place they live in is a constant threat to their health and life.

Overcrowding

Barton House is a council block comprising 98 flats – 84 of which are two-bedroom and 14 are one-bedroom. There are an estimated 400 people living in Barton House, of which around 100 are children. One of the most common themes we heard about and observed as we visited families living in Barton House was overcrowding and the effect this has on every aspect of residents' lives.

“My two children can't sleep together in one room. One of them is incredibly sensitive to noise and cannot have anyone in his space, and the other makes very loud noises when she sleeps. They both often wake in the night... This has meant that me and my husband will usually end up sleeping on the sofa in the living room. I end up trying to sleep during the day when they are at school, but I am always tired, I never sleep well.”

[Interview 3 – a mother of two autistic children who have significant support needs]

“How can an 11, 14, and 15-year-old live in the same room? My second daughter, she has her period now. And she is in the same room as my son.”

[Interview 4]

It is not unusual to hear about families with three or more children living in cramped two-bedroom flats. Mixed gender siblings over ten years of age were having to share rooms which raises concerns around safety. This housing situation goes directly against the Bristol City Council Housing Allocations Scheme (Bristol City Council 2024).

The bedrooms are usually big enough for one double or two single beds. However in many flats families have had to adapt. This may mean three children sharing one room, with space only for beds and no other furniture or storage. For some it has meant parents needing to sleep in the living room. These environments are not fit for multiple children to play, study and thrive as well.

Chronic overcrowding in housing environments has far-reaching implications for both physical and mental health, affecting children and adults in distinct but overlapping ways.

Overcrowding also facilitates the rapid spread of infectious diseases, such as tuberculosis and influenza, as physical proximity reduces the effectiveness of personal and environmental hygiene measures (Baker et al. 2013). The stress of living in confined, noisy, and often chaotic spaces exacerbates mental health problems, leading to higher rates of anxiety, depression and sleep disturbances (Evans et al. 2000). For children, overcrowded living environments impair cognitive development, limit opportunities for study and play, and increase behavioral issues due to the lack of personal space and privacy (Solari & Mare 2012). Adults in such conditions report elevated stress levels, strained interpersonal relationships, and increased family conflict, all of which can contribute to long-term psychological distress (Gove et al. 1979).

The compounding effects of overcrowding are particularly severe in low-income households, where inadequate housing quality is more prevalent, further perpetuating health disparities and social inequities.

Cold, damp and mould

Almost all residents we spoke to have experienced problems with cold, damp and mould. This is unsurprising given that overcrowding often leads to poor indoor air quality, damp conditions, and mould growth due to insufficient ventilation and excessive moisture from overcrowded usage of facilities (Fisk et al. 2007).

A recent documentary made in collaboration with tenants and healthcare workers highlights the health impacts mould can have on people's health (Medact 2024). Barton House residents similarly raised concerns about the long-term impact of this on their health, and especially the health of their children.

“There is damp and mould in mine and my children’s room. It smells. My son is affected the worst. It is non-stop – he has itchy eyes and is sneezing all the time. His eczema is really bad. He now has marks on his arms and legs, sometimes even bleeding. He is embarrassed to go to football practice. He can’t sleep at night because he is itching.”

[Interview 4]

“I have three young children. All have severe eczema. The GP prescribes them steroid creams, but it isn’t enough. We have tried everything – changing their diet, making sure they get fresh air. But my wife was told that the building is causing the children’s eczema. After the evacuation, we were temporarily rehoused in Redcliffe for two months. The children’s skin got much better during this time. Then, we came back to Barton House and it got worse again. We’ve spent so much time talking to the council, but no one helped.”

[Interview 11]

Many young people living in Barton House suffer from poorly-controlled respiratory diseases, often asthma. The threat to health from mould and damp cannot be understated. Nationally, this was highlighted after the death of two year old Awaab Ishak, whose inquest concluded that the cause of death included prolonged exposure to mould and damp (Kearsley 2022).

Chronic exposure to cold, damp and mouldy living conditions poses serious risks to the physical and mental health of both children and adults, exacerbating existing health disparities (Shiue 2016; Mendell et al. 2011; WHO 2009).

“In 2020 the council changed the windows but the new glass didn’t quite fit the old frames, and the whole building became cold because the heat escapes and cold comes in. The cold makes my aches even worse.”

[Interview 7]

“We’ve had 12 years of awful mould. Two of my three children now have severe asthma... there must be a link.”

[Interview 1]

“The ambulance is here every two to four weeks because of my six-year-old daughter’s asthma attacks... we try and clean the mould in the flat but it’s everywhere.”

[Interview 18]

Beyond the physical effects, cold, damp and mouldy living environments are strongly associated with increased psychological distress, including anxiety and depression, often driven by the stress of inadequate housing and its perceived stigma (Clair & Hughes 2019). For children these environments can impair cognitive development and educational outcomes, as poor health and discomfort disrupt learning and concentration (Taylor et al. 2011). Adults, meanwhile, may experience heightened stress and financial strain from the ongoing costs of managing health problems and attempting to mitigate housing inadequacies. Vulnerable populations, including low-income families and the elderly, are disproportionately affected due to limited access to resources for improving housing conditions (Krieger and Higgins 2002).

Addressing these health impacts requires coordinated efforts to improve housing standards, prioritise energy-efficient heating systems, and reduce damp and mould, through effective building maintenance and policy interventions.

Physical inaccessibility

Another concerning theme from interviews was about the lifts in Barton House, which have been an issue for many years. There are two lifts that service the residents – one smaller (max four persons) and one larger (max ten persons). Residents tell us that almost no day goes by without one or both of these lifts breaking at some point.

For single parents who live on the higher floors, this can mean having to climb up to 15 stories with whatever they have with them (shopping, small children, prams etc), often having to do multiple trips. For elderly and/or disabled residents, the effects of not being able to leave their flats include social isolation, missed appointments, and deteriorating physical and mental health. *The Care Act 2024* states that it is the duty of a local authority to contribute to

preventing the development of care and support needs for its residents, which certainly appears relevant in the case of these struggling elderly and/or disabled residents.

We were told of residents who had not left their flat for weeks due to their fears around the lifts. We were told that it is not uncommon to be trapped inside one of these lifts for over an hour. Even more worryingly, there was one question that was raised again and again – *what happens in an emergency and the lifts aren't working?*

As established in the The Grenfell Tower Inquiry Phase 2 Report (2024), it is the responsibility of the council to implement personal evacuation plans for residents with disabilities. However, we heard from several residents who said that although they were disabled they were not aware of any personal evacuation plan in place for them.

“Sometimes people get stuck in the lift for an hour. The emergency bell in the lift doesn't help – you speak to someone but they don't send anyone to help. Eventually the caretaker usually calls the firefighters to get you out.”

[Interview 7]

Systemic racism

As far as we are aware, there is no complete data that outlines the ethnic composition of Barton House residents. Residents have conducted a building survey that suggests as many as 80% of residents are from ethnic minorities. The sense from many residents is that the poor treatment they have received has not been an accident and that it reflects the systemic racism entrenched in the national housing system.

“Because we're all ethnic minorities, they think it's okay for them to treat us like this. We're all Somali, African descent, or Sudanese, and they've treated us so badly. They think they can get away with it because people don't speak English well. They aren't dealing with mental or physical health issues. They're sleeping okay, cause it's not affecting them, it's affecting us... The UK is a racist place, they don't care about ethnic minorities and working class people.”

[Interview 1]

We were heartbroken to hear from two sisters who were both born in the UK, grew up in Barton House and are currently thriving at University. They spoke to us about how their experiences of the evacuation had been the catalyst for a complete loss of faith in the UK government, a deep sense of not feeling safe in their home country and an irreversible dissonance with their British identities. Sadly, this had all culminated in them making plans to emigrate and seek citizenship elsewhere.

“I’m not staying in the UK. As soon as I graduate, I’m running from this place.”

“I want to be a doctor, get my qualifications and leave this place.”

“The system failed us but we’re trying to overcome and be better. We have the education, we have the language, we are not suffering as much as people back home, but we are still suffering.”

[Interview 1]

At a council meeting on 14th December 2024, a brave young 12-year-old resident with Somali Heritage, from Barton House stood up to speak. She started to talk about her experiences of the evacuation, how unsafe she still felt in her flat and how demoralising it is to feel like no one from the council is listening. As if to prove her point, councillor Richard Eddy cut her off before she had finished and refused to let her continue. This is the same councillor who in 2001 was forced to resign as deputy leader of the council’s Conservative group after he insisted on having a golliwog doll displayed in his council office as a political mascot (BBC News 2001).

“We feel that our children are being treated like adults. My 12-year-old daughter is almost 5ft 6in, and I can see that she is being treated as if she were older. When she says she feels scared, no one seems to believe her. Many of the children living in Barton House come from Black backgrounds, and because they often look taller and bigger for their age, we feel they are being seen and treated as adults rather than children. This is part of a wider issue within housing, where families from marginalised backgrounds face unfair treatment and discrimination. We are calling on Bristol City Council to carry out an Equality Impact Assessment in housing to ensure that policies and decisions do not disproportionately harm Black and minority ethnic families. Every child deserves to feel safe and be treated according to their age, regardless of how they look or where they live.”

[Mother of the young person who spoke at the council meeting]

Many residents we spoke to said that Grenfell exposed something they have known for a long time – that their communities are not seen as deserving of safe and healthy homes. Numerous studies have demonstrated that systemic racism is a key driver of poorer health outcomes in racialised communities.

A report by the housing charity Shelter found that Black and Asian people are far more likely to be denied the right to a safe and secure home: 56% of Black households and 49% of mixed ethnic background and Asian households vs 33% of White households (Shelter 2021). The same report found that Black-led households are 12 times more likely to be living in temporary accommodation than White-led households. Emerging evidence suggests that similar inequities are present across housing in Bristol (Karlsen et al. 2020).

Coupling this evidence with the testimonies we have heard, it is clear to us that the experiences of Barton House residents were not shaped in a vacuum. It is likely that systemic racism has exacerbated many of the negative impacts on residents’ health and wellbeing. A seminal review led by Sir Michael Marmot found that the direct health impacts of racism include psychological distress, poorer self-rated health, mental health illness and chronic

physical illness such as hypertension. The indirect health effects are even more stark, with structural racism being a key driver of income inequality, poor-quality housing and reduced access to good-quality healthcare provision (Marmot et al. 2024).

Silencing, dehumanisation and mistrust

As we have already highlighted, there has been a fundamental breakdown in trust between residents and the council. Residents tell us that a major factor behind this has been the inconsistent, contradictory and at times dehumanising nature of communication from the council. This has been compounded by the lack of any substantial apology at any stage. Taken together, this has led to a situation where residents understandably feel unable to trust the reassurances given by the council. As work continues on the inside of Barton House there is little explanation to the residents as to why this is happening, compounding the feelings of unease in their own homes. To many it feels as if something is still wrong, but that they have not been told what.

“I don’t have the energy to talk to the council any more. I feel low. I stay in the flat most of the time.”

[Interview 7]

“Having the internal work done was even more scary, because nothing’s been explained.”

[Interview 12]

For over a year the residents of Barton House have been searching for justice. In their search for answers, and in their efforts to finally feel safe, they have given up hours of their time to meet with representatives from the council. From the first meeting we had with residents, they told us that they were tired of repeating their stories to different people from the council – never being listened to and never getting any answers. Further exacerbating this lack of communication, translation has often been inadequate. This is especially important given that many residents do not speak English as their first language.

“They send someone to talk to us, they write down what our complaints are and they promise a response. Usually we never hear from them again, but if they do come back it is usually with a solution that never actually addresses the root cause of the issue.”

[Interview 13]

Ignored professional evidence

We are not the first healthcare professionals to raise concerns about the treatment of Barton House Residents. In every conversation we have had with residents, it has been clear that their demands for justice have been ignored for far too long. Residents shared with us letters from a variety of professionals highlighting concerns about their treatment and living conditions:

- Healthcare – GPs, child and adolescent mental health services, occupational therapy, adult mental health services
- Social care – social workers
- Education – teachers, headteachers, special educational needs co-ordinators.

For many families, significant concerns were raised by multiple professionals consistently over a prolonged period of time, however these appear to have been considered not serious enough to act on by the council. Only one family has been rehoused as far as we are aware, and this was after they were able to source a private diagnosis of post-traumatic stress disorder.

We consider the council's approach to medical evidence and rehousing of Barton House residents to be inappropriate and inequitable. Inappropriate because, as social workers, psychologists, general practitioners and psychiatrists, we know that specific diagnoses are often not appropriate due to the developmental nature of psychopathology. Inequitable because it gives the impression that only those who can afford to get a private diagnosis will be listened to.

As an example, the family with two autistic children we met, mentioned earlier in the report, showed us a letter from their GP which highlighted significant concerns about the lack of space for the children, concluding: "I strongly support the family's application to move into more suitable accommodation... It is essential for the family's physical and emotional health that they have enough space." They also had a letter from an occupational therapist which highlighted the risks related to her autistic child, stating that "(they) have no danger awareness and is at high risk of absconding", which would appear highly relevant to the safety concerns raised.

Another family showed us a letter from the Deputy Safeguarding Lead at their school. This detailed the impact the evacuation had on one of their children and strongly supported their application to be rehoused: "Since the evacuation of Barton House we have noticed significant behavioural changes... They are often dysregulated, upset and withdrawn... They have been shying away from any attention... They are refusing to eat at school and this has not previously been an issue... They recently mentioned after an assessment that it wasn't fair because they had missed learning from the evacuation and everyone else got that learning."

Finally, it is also important to note that not only have no other families been rehoused, but also most families have not even had their banding changed on the Housing Register. Many families continue to be on Band 3 or 4, which is almost pointless according to HomeChoice Bristol website: "Applicants in Bands 3 and 4 will stand little chance of being rehoused through the Housing Register and are advised to look at other housing options (HomeChoice Bristol)."

Conclusion

This report brings together the powerful testimonies of Barton House residents alongside our own professional judgement, making it clear that the evacuation and its aftermath have had a profound and lasting impact on their physical and mental well-being. For many, these effects have been worsened by long-standing issues of poor-quality and unsafe housing, including cold, damp and overcrowding. In this report we have highlighted the dire neglect and systematic failures that Barton House residents have endured for over a year. This has had a tremendous impact on the health and lives of generations of people – a tragedy that should have been completely avoidable (Morrison & Raval 2023).

Given the current national housing crisis, and the poor-quality housing stock within Bristol, we acknowledge that evacuations are not uncommon. However it is clear that, compared to other similar cases, the actions of Bristol City Council have fallen woefully short. For example, when Southwark Council evacuated Ledbury Estate in 2017, they had a proper crisis management plan. This included a 24/7 satellite office, a daily newsletter, extra staff, a named point of contact for each block and the involvement of the Red Cross.

For some households, living in Barton House will never feel safe again no matter how many internal repairs are carried out. Adults and children are triggered by the smallest reminder of the fragility of the building – cracks in the walls, fire alarms malfunctioning, broken lifts. Many households have spent years waiting for their turn to move through the council's banding system. They have asked the council time and time again to be rehoused, but they have been ignored. The result has been generations of people forced to live in a building that they feel is a constant threat to their lives.

For over a year, international, national and local news sources have highlighted the grave and systemic failures of the council with regards to the evacuation of Barton House. In this report we publicly echo these concerns. The treatment of Barton House residents constitutes an exceptional case of failure and neglect which must be addressed to avoid further harm and suffering.

We call for urgent action by decision-makers including Bristol City Council and decision-makers in the housing department to finally afford the people living in Barton House their right to safe, dignified and high-quality housing.

Recommendations

As Medact Bristol, we stand behind the residents of Barton House to amplify their demands and strengthen their calls for urgent action by Bristol City Council. Throughout our meetings, interviews and discussions with residents several key themes emerged highlighting the needs that must be fulfilled by the council so that residents can finally feel safe and the community can begin to heal.

As we have already noted, this report has been written on the basis of interviews that we did with residents who chose to participate. It is therefore important that we are clear that this report does not speak for all residents, but certainly a significant number of them. We acknowledge that every individual and every family has had their own unique experience related to the evacuation. Therefore, individuals and families may have needs that are unique and/or fall outside of the scope of our recommendations.

Our recommendations are as follows:

1. Rehousing for those families who do not feel safe living in Barton House
2. A public apology to residents of Barton House over the handling of this crisis
3. Compensation to all residents for the distress and costs incurred from the evacuation
4. An independent investigation into how Bristol City Council has handled this crisis, including the publication of any findings relevant to the safety of other similar council blocks in Bristol.

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In the shadow of Barton House, under watchful skies,
Dear John Smith, hear these heartfelt cries.
Don't force us back to a place we fear,
Where the walls echo sorrows, too painful to bear.
You've seen the scars, the pain self inflicted,
A desperate plea, in a world constricted.
Two solicitors stood by your side,
Signing reports, in which truths hide.
If something happens, if the worst comes to be,
Remember these words, a solemn decree:
The cover up, the signatures in ink,
Won't silence the truth, nor the link.
This is not just a building, not just stone and mortar,
It's about lives, hopes, and trying to order
A better future, where safety's not a gift,
But a right, for all, to uplift.
John Smith, reconsider, take heed of this plea,
We're more than numbers, let our worries be free.
For in the end, it's not about who's to blame,
But how we act, in humanity's name.

Aalliyah Absiye

12 year old resident of Barton House, 2024



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BRISTOL