

COVID-19 in Central West London:
How the pandemic has impacted
Black, Asian and Minority Ethnic
people in Kensington & Chelsea

The latest findings from the ongoing
[COVID-19: Your Experience Matters](#)
study from Healthwatch Central West
London



“The uncertainty we face has a real toll on children.

We need to ensure they have access to sports and socialising opportunities (responsibly) with other children. Their mental health ought to be a priority.”

Local dad, Kensington & Chelsea

A note on this research.

This update document is part of Healthwatch Central West London's ongoing outreach responding to the COVID-19 outbreak in the boroughs of Westminster and Kensington & Chelsea.

We use **open, free answer questions** to learn about the lived experience of local people. We do this to better understand **common themes** in people's experiences, or **identify exceptions** that might otherwise be missed.

Looking at **what** people tell us (the content), helps us see the breadth of their experiences.

Noticing **how** they talk about their experiences (emotive language, for example), helps us better understand their experiences and often uncovers hidden nuances that might not otherwise have been apparent.

This type of research can help us understand more about why people make the choices they make, how they prefer to access support, and where there might be gaps. It enables us to identify groups of people with shared characteristics, for example age or ethnicity, who are finding it more difficult to get support.

This can help organisations that commission or provide services, such as the NHS or local councils, to better plan, design and run services that are good quality and meet the needs of local people.

Who shared their experiences with us?

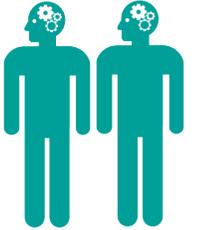
Knowing about the people involved in our study helps us to analyse their experiences through the COVID-19 (Coronavirus) pandemic.

This report compares the experiences of local Black and Minority Ethnic (BAME) people with that of their White or White British (W/WB) counterparts, to note any differences or areas of potential inequality. As the BAME case size (12) is relatively small, we only report on variations of 10% or more, with both positive and negative trends taken into account.

Three people whose responses appear in this report are **parents** (with small children).



Two have a mental health condition and **one has a long term condition**. Nobody identified as being a carer, or disabled. On employment, everybody was either in work, or retired.



Five (42%) of the BAME respondents to this study identified as **Black/Black British**.

Four (34%) identified as **Mixed**.

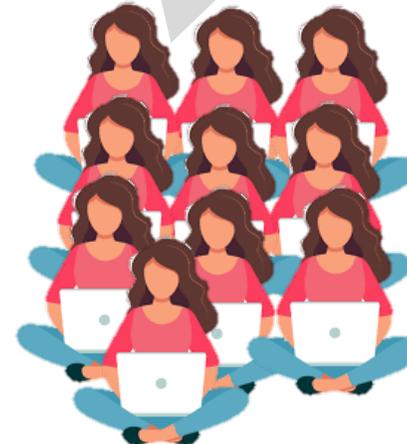
One person identified as **Asian/Asian British**, one as **Arab** and one as **Other**.



Two (16%) of the BAME respondents to this survey identify as **men**.



Ten (83%) identify as **women**.



The ages of people who responded to this study are wide-ranging, with most **(10 people) between 25-64**.

The larger proportion of respondents were over the age of 45. One quarter (three) of the respondents were aged between 45 and 54, and another quarter were between 55 and 64 years old.



Inequalities:

What our results so far tell us about the disproportionate impact of COVID-19 on people who are not White in Kensington & Chelsea



Inequalities

When compared to their White British counterparts, BAME respondents in Kensington & Chelsea were:



Half as likely to use their GP.



"I have tried not to add extra strain on otherwise very busy doctors"



Not as able to remain indoors.

"I don't have any outdoor space or balcony."



More likely to experience income reduction.

"I am living off my savings which won't last long, and have no idea if I have a job to go back to."



More likely to experience emotional and mental health difficulties.

"My anxiety levels have gone up, I have felt quite sad and irritable (I have been depressed in the past so it creeps up)."



More likely to be on the shielding list.



Less well connected with neighbours and the wider community.



Inequalities

There were noticeable differences between White and BAME respondents to the Your Experience Matters survey*

Found it easy to stay indoors

42%

of BAME respondents



53%

of White respondents.



On the shielding list

25%

of BAME respondents



15%

of White respondents.



Reduced or lost income

42%

of BAME respondents



30%

of White respondents.



Wellbeing impacted “a lot” or “a great deal”

50%

of BAME respondents



34%

of White respondents.



Contents:
The issues you shared with us in the
Your Experience Matters Survey.



1. Health and Services
2. Mental health and wellbeing
3. Personal relationships
4. Community networks
5. Social Distancing
6. Personal Finances
7. Information and Communication
8. Housing and Environment

1. Health and Services

Three of the 12 (25%) of people who completed our survey said they had received a shielding letter.



However, **nobody** who considered themselves to be vulnerable registered for support.



50%

Almost half of the people who needed treatment delayed it.

When asked which services they were likely to use seek help from, respondents were **twice as likely to use the pharmacy**, over others, such as their GP, the council or a local community organisation.



Most of the respondents said that when they used services, they found them helpful.

1.1. Service access

Five (42%) people have delayed seeking treatment.

Reasons include the wish to avoid 'adding extra strain' on services, and uncertainty about the risks.



1.2. Caring responsibilities

While nobody associates as a carer, the risk of infection is mentioned. A cared-for person is concerned about safety during grocery shopping, while a family cites public transport as a concern.

1.3. Long term conditions

“I was discharged by my consultant before lockdown and sent back to the GP... but I’ve been too scared to go back”

One person has identified as having a long term condition, and has been able to access appointments virtually online, and also attend blood test appointments.



2. Mental health and wellbeing

Half of the respondents said that the COVID-19 outbreak had impacted their emotional and mental wellbeing

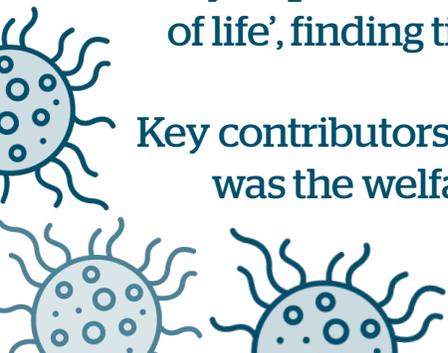


“I have increased loneliness and anxiety. Worries about my family, the future, my job, relationships.”

We asked people how they feel that the changes produced by the COVID-19 outbreak have impacted on their emotional and mental wellbeing.

People also comment on fears of infection and leaving the house as contributing to anxiety and stress. **Inside the house can be a lonely experience**, however some find solace in the ‘slower pace of life’, finding time to discover new things or complete chores.

Key contributors to stress were uncertainty, living conditions, as was the welfare of children. **Fear of catching the infection, particularly when outside, was common.**



2.1. Uncertainty

One person finds uncertainty particularly difficult, contributing to increased stress and the risk of becoming ‘seriously ill’. Another respondent comments that they feel uncertain about family, relationships, job and future in general.

“This has had a detrimental effect on me. I’ve been in tears every single day. Stress levels have gone through the roof.”



“It’s only a matter of time before I become seriously ill due to the uncertainty of the situation.”

2. Mental health and wellbeing

2.2. Anxiety

People also experience increased general anxiety. Leaving the house exacerbates fears of infection, while staying inside can be a lonely experience. Some find the 'slower pace of life' calming, with time to discover new things or complete chores.

"I have increased loneliness and anxiety."

"Worries about my family, the future, my job, relationships."

"I have been stressed out, especially when I do go out"

"My anxiety levels have gone up, I have felt quite sad and irritable"



"I notice people more and worry every time I go out, is this person going to spit on/at me. Why are they not covering their mouth when they cough? All this never bothered me before but now it does."

"You have to deal with people who do not follow instructions and lack common sense and consideration for others."

Some responses shared during the "lockdown" period linked anxiety to concerns about encountering people who were not "following instructions."

2.3. Sleep

With living conditions becoming more crowded and noisy, people also report a lack of sleep adding to stress. Many are reluctant to seek medical help, for fear of burdening local services.

3. Personal Relationships

We asked people to describe how the changes have affected their personal and family relationships.

3.1. Parents and Children

Parents are primarily concerned with their children's welfare, often providing details of their child's wellbeing when the question asks about their own health. Parents expressed concerns about their child's ability to exercise and socialise.

Confinement and the lack of personal space increases levels of anxiety and stress for families, especially for younger children. Some parents are finding the limited access to outdoor activities and groups 'difficult'.

Separation is an issue for some respondents. One parent, who shares custody of their child, has not been able to visit a daughter due to lockdown, and is reluctant to make the journey required using public transport.

“It has been very challenging as I haven't been able to see my eldest daughter for more than two months as she is with her father in southeast London (we share her custody and she was with him at the time when the lockdown began).

I haven't been able to pick her up as I rely on public transport and I do not want to take unnecessary risks with her and myself and the rest of my family. I also have a toddler: I haven't been able to visit the playground, playgroups or attend her swimming lessons [which has] proven to be difficult.”

3. Personal Relationships

We asked people to describe how the changes have affected their personal and family relationships.

3.2. Family and Friends

People are missing contact with their family and friends. While some take comfort in the safety of self isolating, it is difficult for those living alone. Some are still able to interact at a safe distance.

We asked people how they keep in touch. **Popular responses included phone and text messaging, social media and video meetings.**



“I live with my carer (mum) and the rest of my family live separately. I've seen them outside at a distance, once a week.”

“I live alone so I haven't been able to see anyone for months.”

“I miss my family so much but I know staying apart keeps us all safe.”

“We did more things together, such as gardening, decorating and teaching each other how to use social media.”

3.3. Partners

Only one person commented on their relationship with their partner. They commented that the relationship had been 'pushed to the brink', and expressed feelings of loneliness.

4. Community networks

Levels of family support are similar across demographics, however White or White British respondents appear to be more active socially: White British respondents were 34% more likely to call on the help of neighbours, and according to responses, also more involved in support networks such as Mutual Aid Groups.



5. Social Distancing

We also asked people about their ability to maintain social distancing when making 'essential trips' outside. 41% find it 'easy' or 'very easy.' This compares with 53% from White or White British backgrounds.

While some are critical of general behaviour such as coughing or sneezing without protection, others are encouraged that queues are adequately spaced. Peak times are avoided by some.

"People don't seem to apply social distancing, however, in queues people are giving space"

6. Personal Finances

When asking people about their financial situation, six people (half of the respondents) said there had been no change, which the other half of our sample said that they had either had their income reduced or lost altogether.

Just one person has accessed financial support. Some people cite the financial benefits of not having to travel, or pay for the gym.

"I lost my income overnight. The company I work for has been operating for only a few months and are not eligible for loans or furlough. I am currently living off my savings which won't last long, and have no idea if I have a job to go back to."

"I work in the theatre which has all been cancelled"

7. Information and Communication

Three quarters of people found it easy to understand the available information about the COVID-19 outbreak.

Nobody suggested that it was 'very difficult' to understand the available information or communications. Nobody reports any 'barriers' to using technology and a clear majority of people get information online. Some are also informed through the news, their employer or GP.

Repeated and constant use of simple slogans, such as 'stay at home' or 'wash your hands' have clearly influenced behaviour. 'Straightforward' language and images are considered helpful, but more complex messaging, such as on employment, schooling or shopping, can lead to confusion. Complaints about 'conflicting information' are common.

Some people are weary of 'fake news' while others find that 'sensational' media headlines add to anxiety. One person says that leading by example is important - with officials breaking the rules undermining trust.



“As the information is broken down into points and graphics, it's fairly straightforward. The only information that sometimes confuses me is what the rules are about working, what shops can open, and who you can meet.”

“I found the information easy until the government break their own rules.”

“Messages have generally been confused. The media has also sensationalised events in a way that distorts the effects of COVID, adding to anxiety.”

8. Housing and Environment

“Living in a tiny housing association flat has pushed me to the brink of depression”

Our survey asked respondents how easy it had been for them to stay indoors. There was a noticeable disparity between the experiences that BAME and White or White British respondents reported, which you can read in the *Inequalities* section of this update document.

Some are fortunate to have a garden and 'plenty of room' while others comment on having no access to the outside at all. One account illustrates the pressure of living in a small space, with a difficult and 'chaotic' social environment.



“I share my space with a selfish and difficult partner who is uncooperative. I also have problems with a neighbour who has broken the lockdown rules several times, caused chaos in the house and has the police out several times. Then there is the stress of not knowing if I have a job to go back to.”

“I have space in my house and a garden, so there is plenty of room to move around.”

“I don't have any outdoor space or balcony.”

Healthwatch Central West London (HWCWL)

Healthwatch was established under the Health and Social Care Act 2012 to understand the needs, experiences and concerns of people who use health and social care services.

We deliver the statutory Healthwatch provision for Kensington & Chelsea and Westminster, and we previously delivered this work for Hammersmith & Fulham. Our research and local engagement puts local people's views at the centre of decision making about health and social care.

We make this happen by:



Helping to improve the quality of local health by sharing what people need from their care with those who commission, run, and make decisions about NHS and social care services.



Listening to what people like about services and what could be improved.



Monitoring how changes in the healthcare system affect local people.

Contact us

If you would like to contact HWCWL about this report, or about our other research and local engagement in Westminster, you can get in touch with us here:

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You can add your voice to this ongoing survey here:

<https://www.surveymonkey.co.uk/r/YourExpMatters>

You can request a paper version of the survey via any of the contact details above.