

Poverty and Prosperity in Kensington + Chelsea

Understanding inequalities in a Borough of Extremes

A WPI Economics Report for The Kensington + Chelsea Foundation

November 2021

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ABOUT THIS REPORT

The research for this report was carried out between April 2021 and September 2021, following a mixed methodology that combined quantitative and qualitative research.

Quantitative research included analysis of national household surveys, Census 2011 data and administrative data. Our qualitative research included virtual semi-structured interviews and workshops with residents and local stakeholders, who were identified with the help of The Kensington + Chelsea Foundation and its partners and through the Kensington and Chelsea Social Council's Directory. We carried out six workshops with local charities, community organisations and local residents, as well as 15 interviews with local charities, workers in the education and health sector, employees in the Council and elected Councillors.

We want to thank every person and organisation that has participated in this research. All views expressed in this report, however, remain ours, and are not attributed to any of the participants in the research.

ABOUT WPI ECONOMICS

WPI Economics is an economics, data insight and public policy consultancy. We are driven by a desire to make a difference, both through the work we undertake and by taking our responsibilities as a business seriously. We provide a range of public, private and charitable clients with research, economic analysis and advice to influence and deliver better outcomes through improved public policy design and delivery. This report was authored by Jessica van Wijgerden, André Novas and Matthew Oakley.

ABOUT THE KENSINGTON + CHELSEA FOUNDATION

The Kensington + Chelsea Foundation is an independent local charity working towards its vision of a borough where everyone has the opportunity to live happy, healthy, fulfilled lives. It identifies and supports impactful local partners and projects which improve the lives and life chances of some of the most vulnerable in the community.

ACKNOWLEDGEMENTS

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Executive summary

The Royal Borough of Kensington and Chelsea is a picture of economic success, wealth and prosperity, with an economy among the top 10% of UK local authorities for a whole range of economic measures in the recently published UK Prosperity Index.

However, these economic headlines mask significant variations in outcomes, both between different groups in and different parts of the borough. These variations mean that for some, deprivation, poverty and inequality is just as great and sometimes greater than that seen in other parts of the UK. This report highlights the extent of these inequalities and how they map onto the very diverse population of the borough. In doing so it demonstrates how the twin crises of the Grenfell fire brought these inequalities into public focus and how the Covid-19 pandemic has further deepened these issues. As the country looks to recover from the pandemic, and central Government is focused on “levelling up”, this report highlights that parts of, and communities within, Kensington and Chelsea are as much in need of support as other deprived parts of the UK.

"The thing about RBKC is that it's different to everywhere else...it's the smallest, most densely populated, most diverse, most unequal...."

Local councillor

Kensington and Chelsea: a picture of diversity and inequality

- 34% of Kensington and Chelsea residents are from a Black, Asian or Minority Ethnic (BAME) background, compared to just 17% for England overall.
- 48% of Kensington and Chelsea residents were born abroad, compared to just 15% for England overall.
- More than 1 in 5 (23%) Kensington and Chelsea neighbourhoods are among the 20% most income deprived at national level (England and Wales).
- One in four children in Kensington and Chelsea (24.4%) lived in poverty in 2019/20.
- Grenfell has highlighted the levels of deprivation and now the Covid-19 pandemic has deepened the inequalities within the borough. In particular, the economic impacts of lockdowns and social restrictions have meant many struggling to make ends meet, put food on the table and heat their homes.

"We are hungry during this lockdown, [it's] wintertime, we stay cold because we can't afford to pay for the gas bill "

*Participant in research coordinated by
Midaye Somali Development Network*

Children and young people suffering from education inequalities

- A large proportion of Kensington and Chelsea students attend independent schools (45.3%), much higher than both London (10.1%) and England (9.7%) averages.
- Even amongst the borough's state schools, educational outcomes are seen to be much better than the London and England averages. However, this overall strong performance masks inequalities between different groups. For example, while absolute performance is strong, Black students in Kensington and Chelsea have a gap in average Attainment 8 scores¹ (a measure of progression in attainment) that is four and a half times larger than in England overall.
- While White British students may have a higher average Attainment 8 scores overall, White British pupils eligible for Free School Meals (FSM) are the largest educationally disadvantaged group in terms of GCSE performance and higher education.

A wide range of factors contribute to educational inequalities.

- Kensington and Chelsea had higher temporary and permanent exclusion rates in primary and secondary state-schools (0.14 and 6.7) than both London (0.07 and 3.5) and England as a whole (0.10 and 5.4) in the academic year 2018/19.
- Exclusions for Black and Mixed ethnicity students are twice as high as their White or Asian peers. For students with some form of Special Education Needs (SEN) provision they are three times as high as those without SEN.

And these have been exacerbated by the pandemic.

- One of the biggest challenges has been the impact of inadequate housing. 13% of Kensington and Chelsea households are overcrowded and 29.8 out of 1,000 households are in temporary accommodation in the borough, compared to 17 in London 4.1 in England overall.
- A combination of lack of space to learn effectively at home and language and cultural barriers has meant that many children have struggled to access the education that they needed during the pandemic.

Skills and employment inequalities

Despite a strong labour market, not everyone in the borough participates economically and many struggle to access opportunities they need.

- In 2019, the borough had a higher unemployment rate (4.9%) than London (4.6%) and Great Britain (3.9%).
- Economic inactivity rates were also higher, with 30.1% of the borough's working-age population economically inactive, compared to 21.9% for London and 21.1% for Great Britain.
- Economic inactivity and barriers to participation are also highly correlated with deprivation, with the areas with the highest economic inactivity also being some of the most deprived ones. Prior to the pandemic (February 2020), the 20% most income deprived neighbourhoods had out-of-work benefit claims rates (19.6%) that were 11 times as high as the 20% least income deprived neighbourhoods.
- While pre-pandemic, 71% of white working-age residents in the borough were in employment, only 52% of BAME working-age residents were employed – an ethnic gap that is significantly larger in the borough (19 percentage points) than in London as a whole (14 percentage points).

Even those in work are not protected from poverty:

- In 2020, almost 1 in 5 (18.1%) jobs in Kensington and Chelsea paid below the London Living Wage.

The main drivers of in-work poverty in Kensington and Chelsea are high housing costs, insecure work and skills inequality.

- The median rent makes up 69.5% of London's median pay, whereas in London overall this is 45% of the median pay, and within England the median rent makes up 24% of London's median pay.
- Whilst the UK Prosperity Index ranks the borough among the best 10 local authorities for the element "Adult skills", these skills are not evenly distributed across Kensington and Chelsea residents. For example, residents in the Northern wards have lower levels of English proficiency, are more likely to have no qualifications, and less likely to have a university degree, than their neighbours in the south of the borough.

The pandemic has had a huge impact on the labour market;

- At the peak, one in four (25%) employments in the borough were furloughed in July 2020. At the time of writing, the latest available data showed that 8% of employments in the borough were furloughed in July 2021.
- The unemployment rate increased from 4.3%, in April 2019 - March 2020 to 5.5% in the same period in 2020/21, broadly in line with the rise across the country.
- 4,505 more people in the borough were claiming out-of-work benefits in February 2021 than a year earlier.

This has intensified employment inequalities;

- The increase in claimant count (a measure of those claiming benefits because they are unemployed) in the 10% most deprived neighbourhoods (6.6% of the working-age population) has been four times higher than in the 10% least deprived neighbourhoods (1.5% of working-age the population).

Health inequalities

Overall physical health outcomes are strong:

- According to the UK Prosperity Index, Kensington and Chelsea is the 4th best local authority in the United Kingdom for the element "Physical Health".
- Kensington and Chelsea is also among the local authorities with the highest life expectancy at birth (83.9 for males and 87 for females), standing well above London (80.9 and 84.7 years, respectively) and England averages (79.8 and 83.4 years, respectively).

But these averages hide significant disparities:

- For example, there are large gaps between life expectancy of the least and most deprived residents. This gap stands at 14.8 years for males and 11.9 years for females in the borough. In simple terms, this means that a male born in one of the most deprived neighbourhoods of the borough would, on average, die nearly 15 years earlier than a male born at the same time in one of the least deprived neighbourhoods.

- There are a wide range of interlinked determinants that are driving these inequalities, including poverty and deprivation, access to green spaces, air quality, healthy lifestyles and housing quality.

And the borough performs poorly on mental health:

- The UK Prosperity Index suggests that the borough's performance on mental health is among the worst 20% of local authorities.
- Our qualitative research has identified the Grenfell fire as a major driver of poor mental wellbeing in the borough. In the words of a local resident in North Kensington: "After Grenfell, there were a huge number of mentally unwell people wandering the streets day and night, for a very, very, very long time".
- Whilst mental ill health, isolation and loneliness in the borough has often been regarded as a challenge for the older population, the issues are widespread amongst younger adults and children.
- People interviewed for this research repeatedly suggested that the combined impacts of housing affordability, low levels of benefits and reduced state funding for public and communal spaces have eroded community cohesion and created a transient population.

"You had a population in North Kensington that already suffered from mental health problems before Grenfell, and this has been compounded with Grenfell and then Covid."

Participant in qualitative research

Covid has deepened health inequalities that were already stretched by Grenfell:

- Mortality rates in Kensington and Chelsea's 20% most deprived neighbourhoods have been three times higher than the 20% least deprived neighbourhoods.
- Kensington and Chelsea's (completed) vaccine uptake has been lower than London's and the United Kingdom's as a whole.
- Access to GPs and healthcare for many communities have been limited because of barriers around technology and language.

Concluding remarks

Kensington and Chelsea is the home of diverse communities, where huge prosperity and wealth coexists with significant levels of deprivation, poverty and inequality. The borough has been hit hard by the Grenfell tragedy and now, the Covid pandemic. Both have deepened and widened pre-existing inequalities.

Looking to the future, the changing labour market and the long-term impacts of the pandemic stand to make all of these issues more acute. But they also provide an opportunity to build on the economic, social and community strength of Kensington and Chelsea.

"I find it really alarming with Government's levelling up...London's not quite been left to go under a bus...but second or third down the line...the Government needs to wake up and come and support us "

RBKC Councillor

The case studies included in this report demonstrate the power of positive interventions made by small, local charities providing targeted and tailored support. The size of, and resources available to, these charities often mean that they are unable to meet the scale of the local need. As a trusted and independent partner, The Kensington + Chelsea Foundation's challenge is to harness the philanthropy and investment available in the borough and ensure that it is directed to support services that have demonstrated impact and are able to scale, along with innovative new solutions which address long-standing needs.

The findings indicate that improving mental health, addressing educational inequalities and increasing skills and meaningful employment should be key priorities for the K+C Foundation and that future strategies should focus on supporting projects and partners able to demonstrate the following key features.

- **Community-led and services informed by the lived experiences of users:** Communities need to be engaged not only as users, but also as key stakeholders in planning and delivery, to ensure services are culturally-sensitive and encompass the diversity of the borough.
- **Tailored support centered on the individual:** Blanket solutions and one-size-fits-all approaches will not tackle the inequalities highlighted in this report. Services need to be centred on the diverse problems of different individuals and communities, and be flexible enough to tailor support to people's needs.
- **Collaborative and signposting services that capitalise on existing support:** Lack of knowledge of where and how to access support was a challenge identified by our research. Initiatives seeking to guide and help people navigate the system, establishing collaborative partnerships with other providers in the borough, could contribute to address this problem while maximising the impact of existing organisations.
- **Preventative services for long-term solutions:** While ensuring accessibility and effectiveness of support is an immediate priority, investment in preventative action is required to deliver more sustainable change and reduce the number of residents reaching crisis point.

These features will become key principles underpinning The Kensington + Chelsea Foundation's grant-making programmes and priorities over the coming years. Building on the Foundation's successful relationships with local residents, businesses, funders, the local council and community groups, it is possible to build partnerships with real purpose and to make measurable progress in tackling the issues outlined in this report. The Kensington + Chelsea Foundation looks forward to mobilising supporters and empowering local partners to build better lives, together .

1. Kensington and Chelsea: a picture of poverty and inequality

Context

The Royal Borough of Kensington and Chelsea (RBKC) is a picture of economic success, wealth and prosperity. Average incomes are amongst the highest in the UK, the education and health systems are strong and outcomes good, and there is vast housing wealth in the borough. This underpins the fact that, although the borough's population represents only 1.7% of London residents, Kensington and Chelsea produces over 2.1% of the city's GDP, making it the borough with the 8th highest GDP per capita in the capital.² Nationally, Kensington and Chelsea's economy is among the top 10% of UK local authorities for a whole range of economic measures in the recently published UK Prosperity Index, performing particularly well in the pillars "Investment environment" and "Enterprise conditions".³

However, these economic headlines mask significant variations in outcomes, between both different groups in and different parts of the borough. These variations mean that for some, deprivation, poverty and inequality is just as great and sometimes greater than that seen in other parts of the UK.

Understanding this means looking beyond averages, considering outcomes street by street and family by family, not by headline statistics. This report uncovers some of these issues, using as granular data as possible and qualitative work to dig beneath the averages and seek to understand the perspectives of those working on the ground and residents themselves.

Kensington and Chelsea is the home of richly diverse communities

To understand poverty and inequality in Kensington and Chelsea, one first needs to understand the rich diversity of people, communities and geography that is present in the borough.

"The thing about RBKC is that it's different to everywhere else...it's the smallest, most densely populated, most diverse, most unequal...."

Local councillor

One of the most apparent aspects of diversity is a significantly higher proportion of the population from a Black, Asian or Minority Ethnic (BAME) background than England overall.⁴ The percentage of those who were not born in the United Kingdom is also higher in the borough than London overall and England.⁵

Table 1: Demographic breakdowns

Demographic groups	RBKC	London overall	England
Black, Asian or Minority Ethnic	34%	42%	17%
Born abroad	48%	35%	15%

There is also variation within RBKC. In Golborne, a ward in North Kensington, more than half (52%) of residents are from a BAME background. In contrast, in Royal Hospital, a ward in the riverside of Chelsea, only 16% of residents come from a BAME group.⁶ Similarly, residents with countries of birth in Africa and the Caribbean are relatively more prominent among foreign-born residents in the North, while in the South, European and North American countries are more common.⁷

The diverse composition of the borough helps explain why Kensington and Chelsea is among the 10 UK local authorities with the highest share of the population where English is not the main language (27.9%).⁸ Important differences can also be seen across the borough; the wards in the North of the borough typically have a higher proportion of the population that do not speak English well or at all and Arabic tends to be the most common non-English language. In the South of the borough, in contrast, other European Languages like French and Italian dominate.⁹

Beneath strong economic performance, Kensington and Chelsea is a highly unequal borough, with some residents suffering from severe deprivation

The Council's economic strategy highlights many of the economic strengths of the borough and given its world-class offerings in retail, hospitality and the arts, entertainment and recreation industry, these headline strengths are not surprising.¹⁰

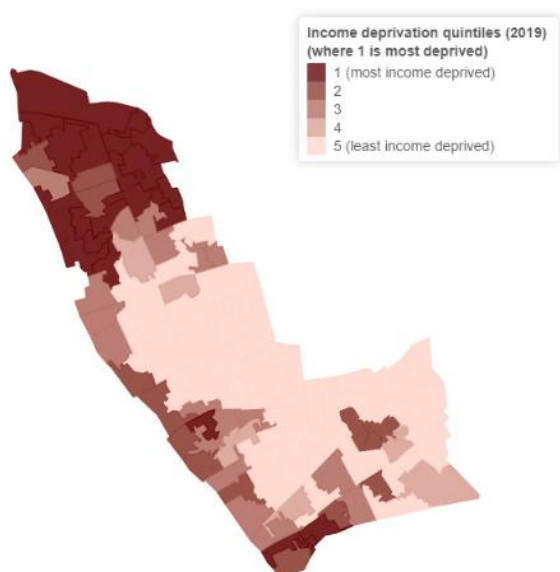
However, beneath this, there are significant variations in outcomes.

For example, research from 2016 identified Kensington and Chelsea as the most unequal borough in London, with a Gini index almost twice as high as the United Kingdom overall.¹¹ More recently, the Office for National Statistics has identified Kensington and Chelsea as the most segregated local authority in the country, as measured by the geographical clustering of the most and least income-deprived neighbourhoods.¹²

This inequality is most easily seen through measures of deprivation. In fact, data from the Index of Multiple Deprivation, mapped below, shows that more than 1 in 5 (23%) Kensington and Chelsea neighbourhoods are among the 20% most income-deprived at national level (England and Wales).

Importantly, this also shows both the over-representation of deprivation in the North of the borough and the fact that, even in more affluent areas in the South and West of the borough, there are significant pockets of deprivation.¹³

Figure 1: Income deprivation within Kensington and Chelsea



Source: English Indices of Deprivation – Income deprivation

"You're in a rich borough - but you realise that you can't access it...You can see wealth, but it's not accessible to you"

Focus group participant

This analysis also resonates with the perceptions of local residents and those working on the ground in the borough. For example, one participant in a focus group for this research commented:

"The only bit of the borough that we see, as residents, that's thriving, is this increased level of catering to the very wealthy parts of our community."

A worker in a local charity highlighted the stark differences in outcomes between different parts of the borough and, in particular, 'the North v. South divide':

"...you get on a bus and you go from High Street Kensington towards Notting Hill, (...) and as your bus journey continues towards Ladbroke Grove and Portobello Road, it just looks so different. (...) The further north you go the more stark the contrast."

Focus group participant

"We waited every Monday for food from the food bank to survive"

Deprivation in Kensington & Chelsea is not a new phenomenon, but the Grenfell Tower fire highlighted - and the Covid-19 pandemic intensified - the issues

Many of the participants in our qualitative research pointed out that deprivation in the borough has long-standing historical roots. However, they also highlighted that it was the fire in Grenfell Tower that brought national attention to this issue. As one Councillor highlighted:

"Grenfell has highlighted it [poverty]...and brought a much wider public awareness of the disparity...but the council has always been aware of it."

More broadly, for many in the community, the fire was a story about the marginalisation and neglect experienced by the most deprived residents of the borough. It was the most extreme representation of the challenges many Kensington and Chelsea residents experience in securing safe and adequate housing. As one of our interviewees put it:

"...it's [poverty] a long-time thing that was there for so many years, but ignored. So many things were just not dealt with...then Grenfell happened."

In line with national evidence on the impacts of the Covid-19 pandemic, findings in this report also reveal the fact that the Covid pandemic has widened and deepened existing problems. Two members of community organisations that participated in one of our focus groups summarised that:

"The pandemic has made things worse...they were bad before, but the pandemic has put the icing on the cake."

"There are people that have suffered [the effects of the pandemic] more than others, and it's due to poverty. You're going to suffer more because you're poor - that's the way it is."

Looking over the longer-term, it was argued that many of the Kensington and Chelsea residents most affected by the pandemic had also been directly and indirectly impacted by the Grenfell fire. As an employee of a local charity explained in one of our focus groups:

"It still feels like the community is recovering from Grenfell and then the pandemic after that....it just set everything back...it's been a really challenging time."

At the heart of the challenges for more deprived communities in Kensington and Chelsea, have been successive lockdowns. As well as the economic consequences of not being able to work, our research uncovered a range of wider issues related to the impact of the pandemic. Most prominent has been how the extent of overcrowded and inadequate housing, and unequal access to open and green spaces in the borough have impacted on residents' education, wellbeing and quality of life.

Many have also struggled to meet the increased costs of heating, food and electricity associated with staying at home. Here, one of the clearest signs of the negative impact of the pandemic has been the increasing need for foodbanks in the borough, an issue that had already been rising in prominence prior to the pandemic.¹⁴ Data collected by the Trussell Trust shows that the total number of food parcels distributed within the borough has more than doubled during the pandemic (April 2020 – March 2021) in comparison to the previous year (April 2019 – March 2020).¹⁵ Equally, fuel poverty was highlighted as a significant issue even before the pandemic, with some 12.9% of residents in the borough estimated to be living in fuel poverty, and in some neighbourhoods as high as one in five residents (20%).¹⁶ As lockdowns confined people to their homes during the winter months, this situation is likely to have worsened during the pandemic.¹⁷

"We are hungry during this lockdown, [it's] wintertime, we stay cold because we can't afford to pay for the gas bill "

*Participant in research coordinated by
Midaye Somali Development Network*

As with many of the themes covered in this report, these challenges have also highlighted the positive contribution that the borough's charitable and community sector has made to alleviate the impact of the pandemic.

What next?

The country is now beginning to adapt to life living with Covid-19 and policymakers, politicians, businesses and those providing support to individuals, families and communities on the ground are starting to plan the economic and social recovery from the pandemic. In Kensington and Chelsea, the backdrop to this is a long-term challenge of poverty, inequality and deprivation that sits below the headline economic success of the borough.

This has been highlighted and deepened by the twin crises of Grenfell and the pandemic and, according to many we spoke to, is only going to get worse as central Government support through the furlough scheme and Universal Credit uplift come to an end. Of course, these are huge challenges, but this report shows that with the right support, charities and voluntary sector service providers can support people and communities to vastly improve outcomes. The upheaval of the last 18 months and subsequent policy agenda also offers an opportunity to turn lives around, provide the support that people need and ensure that the economy that grows out of the pandemic is both strong and fairer than what came before.

To grasp this opportunity, we need to fully understand the extent and nature of poverty and inequality we are tackling and some of the drivers behind and implications of these. This report aims to do that by analysing areas related to the priorities of The Kensington + Chelsea Foundation, including opportunities for children and young people, improved skills and employment outcomes and better mental health.

2. Children and young people suffering from education inequalities

This section explores the educational outcomes of children and young people in Kensington and Chelsea. At the headline level, the borough performs well, with some of the best average school outcomes in the country. However, these averages mask inequalities between outcomes of different groups of young people, which are much larger than in other parts of the country.

Local schools are among the best in the country, but inequalities in educational attainment remain

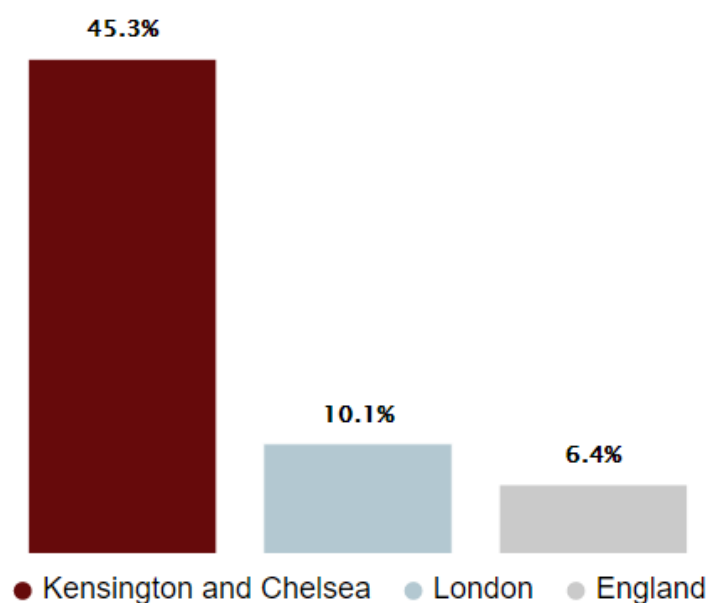
Across many indicators and for all education levels, the UK Prosperity Index ranks Kensington and Chelsea's schools among the best in the country.¹⁸

However, beneath this overall strong performance, there are significant differences in outcomes for different groups of young people. In this respect, one of the most apparent features of the educational system in the borough is the large percentage of Kensington and Chelsea students that attend independent schools (45.3%). This is much higher than both London (10.1%) and England (9.7%) averages.¹⁹ In fact, Kensington and Chelsea is the UK local authority with the second highest share of local students attending independent school, behind only the City of London.

The UK Prosperity Index ranks RBKC 6th out of all local authorities for both primary and secondary education.

Legatum Institute, UK Prosperity Index 2020

Figure 2: Percentage of students in independent schools (academic year 2020-2021)



Source: School, pupils and their characteristics – Department for Education

Evidence at national level indicates there are important education inequalities between independent and state school students, as revealed by the gap in their rate of progression to Higher Education (18.5 percentage points), which widens when focusing on selective Higher Education (HE) institutions;

while 56% of students from independent schools in the UK progress to selective Higher Education institutions, only 19% of state schools do so.²⁰

The borough's state schools outperform London and England on average educational outcomes. However, this outstanding aggregate performance hides educational inequalities between different groups of residents. For example, across the UK, educational attainment amongst many ethnic minority groups is lower than the White population, suggesting that the demographic diversity of the borough could lead to significant educational inequalities.²¹ In particular, Kensington and Chelsea has:²²

“We've up to 34 different languages at the school, and always have had.”

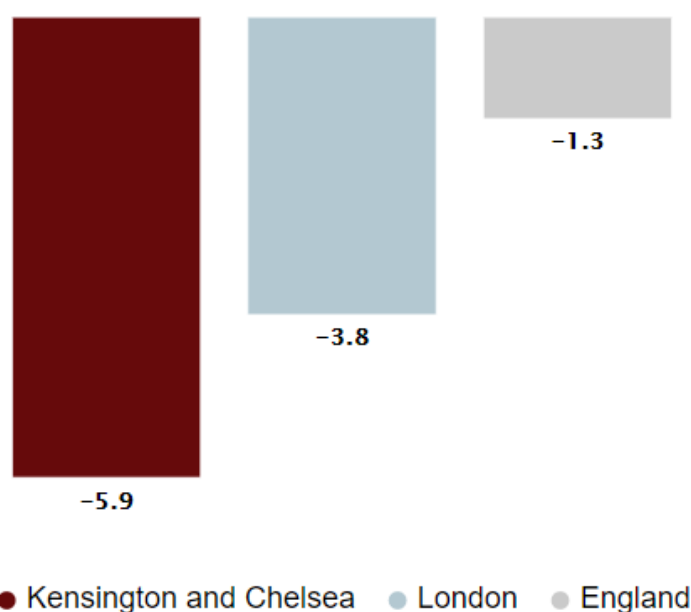
RBKC primary school headteacher

- A higher percentage of Black students (the broad ethnic group with the lowest level of Average Attainment 8 score nationally);
- A much lower representation of Asian students (who on average perform better academically) than England as a whole and the rest of London; and
- A higher proportion of Traveller students (of Irish or Roma/Gypsy heritage), who are one of the two ethnic groups with lowest average Attainment 8 score, than in London or England as a whole.

The borough's state schools also have a significantly higher percentage of students whose main language is not English (49.8%) than London (44.2%) or England as a whole (19.3%).²³ This diversity was highlighted in an interview with the headteacher of a small primary school in the borough, who confirmed having pupils with over 34 different spoken languages.

Educational outcomes in Kensington and Chelsea vary significantly across these groups, and more so than the rest of England. For example, while Black students in Kensington and Chelsea have an

Figure 3: Black student's attainment gap in Attainment 8 scores (in percentage points)



average Attainment 8 score²⁴ (an indicator of academic performance based on GCSE results²⁵) significantly higher than their peers in the whole of London and England,²⁶ the gap between White and Black students is four and a half times larger in the borough than in England overall.

Other sub-groups also experience educational inequalities. For example, national evidence shows that even though White British pupils may have a higher average Attainment 8 scores, White British pupils eligible for Free School Meals (FSM) are the largest educationally disadvantaged group in terms of GCSE performance and higher education (aside from Travellers of

Source: Key stage 4 performance – Department for Education

Irish and Gypsy/Roma heritage in the case of higher education outcomes).²⁷

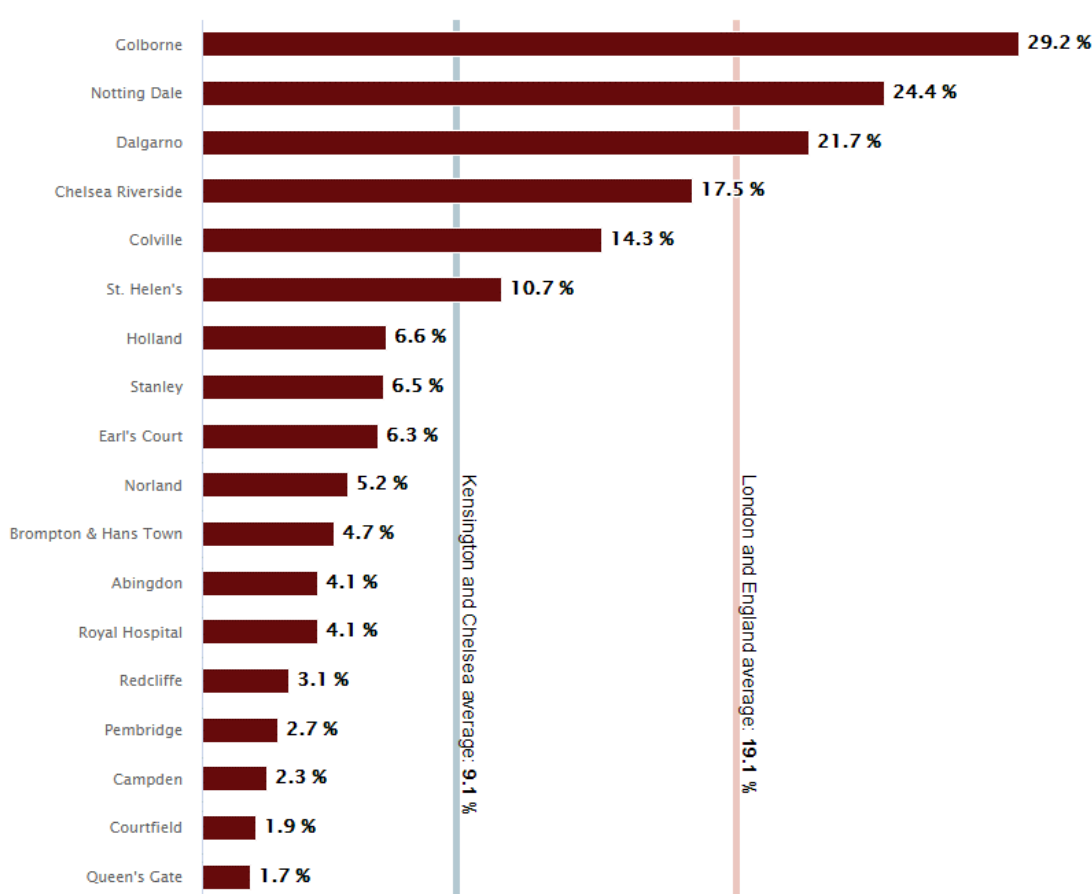
Wider problems with deprivation and living standards inequalities in the borough are also evident in the borough's younger population, as one in four children in Kensington and Chelsea (24.4%) lived in poverty in 2019/20.²⁸

There is also significant variation within the borough. While data is not available for after-housing-cost measures, rates of before-housing-cost measures of low income vary from 1.7% in Queen's Gate ward to 29.2% in Golborne ward.²⁹ These figures would be even higher if after-housing-cost measures were available.

“In 2019/20, one in four children in Kensington and Chelsea lived in poverty”

Centre for Research in Social Policy
(Loughborough University) for End Child Poverty

Figure 4: Proportion of children (aged 19 and under) in low-income families by ward



Note: Low-income is defined as Before Housing Costs income being below 60% of the median income.

Source: Children in low-income families: local area statistics – Department for Work and Pensions.

The wider impacts of low incomes and inequality on children is clear to see. A local charity worker we interviewed commented:

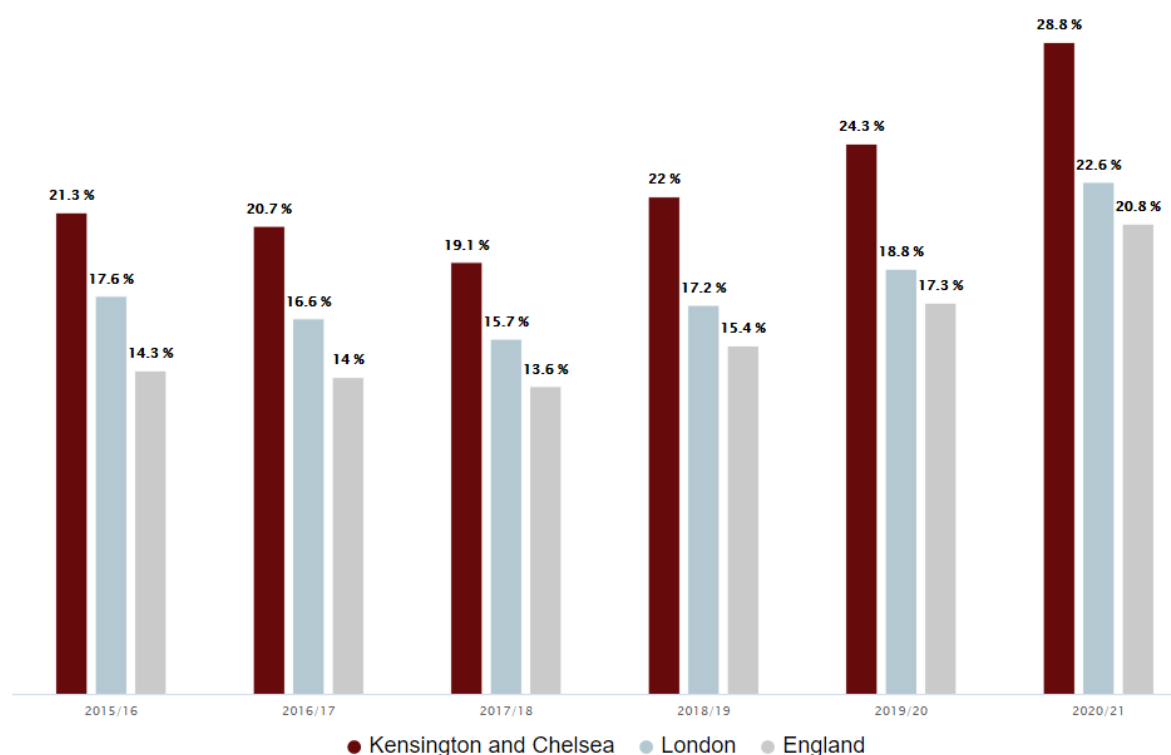
“In Kensington and Chelsea, one of the richest boroughs in Europe, it’s amazing to think you have to be giving out free nappies and free baby food, but unfortunately it certainly is the case.”

In terms of the impact on educational inequalities, national evidence shows income and living standards inequalities translate into education inequalities. For example, nationally, when compared to their peers at the lowest socio-economic quintile, students from the highest quintile are three times more likely to go to university, and seven times more likely to attend a selective HE institution.³⁰

The impact of poverty and deprivation in education achievement can also be seen by focusing on the learning outcomes of disadvantaged students (defined as those eligible for FSM at any point in the previous six years). Here, national evidence suggests that these students fall behind peers by an average of two months for each year of secondary school, creating a disadvantage gap of 19.3 months at the end of secondary school.³¹

For those students who have been eligible for FSM for at least 80% of their school lives, the disadvantage gap widens to 24.3 months – the “equivalent to over two years of learning”.³² This evidence is particularly important because Kensington and Chelsea has a higher percentage of state-school students eligible for FSM (28.8%) than both London (22.6%) or England (20.6%) as a whole, having increased by 50% in the last four academic years.³³

Figure 5: Percentage of state-school students eligible for Free School Meals



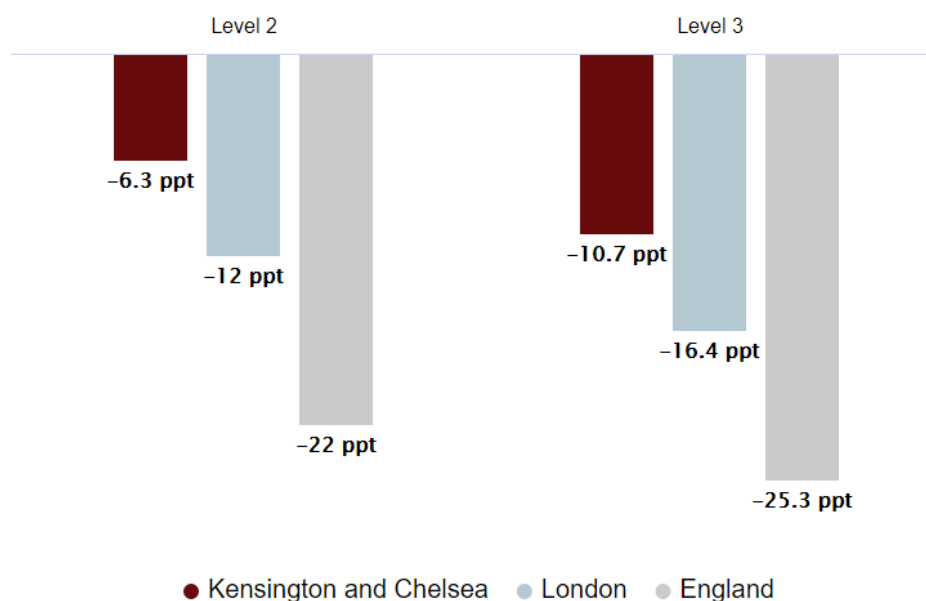
Source: School, pupils and their characteristics – Department for Education

However, despite this high rate of FSM-eligible children, the borough is among the best local authorities in England in terms of the education outcomes of disadvantaged students. Kensington and Chelsea is the local authority in England with the highest percentage of FSM-eligible students achieving a Level 2 qualification (based on GCSE results) by the time they are 19 (an average of 85.1% between the 2017/18 and 2019/20 academic years), and the second for these students achieving a Level 3 qualification (an average of 63.4% between the 2017/18 and 2019/20 academic years).³⁴

This leads to Kensington and Chelsea having the third lowest attainment gap at 19 between students eligible for FSM and the rest of their peers (an average of 6.3 percentage points for Level 2 and 10.7 percentage points for Level 3 qualifications between the 2017/18 and 2019/20 academic years),

significantly lower than both England (22.0 and 25.3 percentage points, respectively) and London averages (12.0 and 16.4 percentage points, respectively). While this is positive, the percentage of students on FSM in Kensington and Chelsea achieving a Level 3 qualification at age 19 is still almost 11 percentage points lower than the rest of their peers, a gap which evidence at national level suggests impacts employment inequalities: while the employment rate of working-age population with Level 3 qualifications is 83%, for those with no qualifications it is only 47%³⁵.

Figure 6: Attainment gap for Free School Meal students at the age of 19 in percentage points (2017/18 – 2019/20)



Source: Level 2 and 3 attainment by young people aged 19 – Department for Education

High levels of school exclusions and their disproportionate impact on the most disadvantaged fuel education and social inequalities

The previous section painted a mixed picture of educational outcomes in Kensington and Chelsea: on the one hand, overall outcomes are amongst the best of the country; on the other, significant inequalities remain, with Black students and students eligible for FSM lagging behind their peers.

One important missing part of that analysis is understanding outcomes for those residents that do not fully participate in the borough's excellent education system because of school exclusions. This is a problem that was repeatedly highlighted in our qualitative research with residents, community organisations and charities and members of the council.

"Our schools do fantastic, if you go to one of our schools you will get a top education and it should stand you in good stead for the rest of your life... if you can stay there. We just need our schools to not lose anybody along the way" (RBKC member of staff)

"The schools are doing a great job for the majority, but possibly at the expense of that minority of children who are at risk of exclusion" (employee in charity working with local young people)

In Kensington and Chelsea, as well as in the rest of the country,³⁶ school exclusions take place both through formal and informal mechanisms, although data is only available for the former.

On formal exclusions, data from the Department for Education shows that Kensington and Chelsea had significantly higher temporary and permanent exclusion rates in primary and secondary state-schools (0.14 and 6.7) than both London (0.07 and 3.5) and England as a whole (0.10 and 5.4) in the academic year 2018/19.

More specifically, Kensington and Chelsea is the borough with the highest permanent exclusion rate and the third highest temporary exclusion rate in London.³⁷ The impact of exclusion rates is also varied across Kensington and Chelsea, more regularly affecting the most disadvantaged and vulnerable students.

- Exclusions for Black and Mixed ethnicity students are twice as high as their White or Asian peers.
- Exclusions for FSM-eligible students are more than twice as high as their more affluent peers.
- Students with some form of SEN provision have exclusion rates three times as high as those without SEN. To give an idea of the scale of the group and how many students may be affected, 14% of the total student population in the borough receive some sort of SEN provision.

Table 2: Fixed-term exclusion rates across socio-demographic groups (academic year 2018/19)

Socio-demographic group	Characteristic	RBKC (rate per 100 pupils)	London overall (rate per 100 pupils)	England (rate per 100 pupils)
All groups		6.7	3.5	5.4
Ethnicity	Asian	4.3	1.3	2
	Black	9.5	5.5	5.5
	Mixed	8.8	4.7	6.3
	White	4.3	3.6	5.8
	Unclassified	13.1	6	8.5
Free school meals	Eligible pupils	11.5	8.4	13.8
	Not eligible pupils	5.3	2.7	3.8
Special Educational Needs (SEN)	No SEN	5.3	2.4	3.6
	SEN with statement or EHC	15.7	11.2	16.1
	SEN without statement	15.5	10.1	15.6

Source: Education Permanent exclusions and suspensions in England (2018/19) - Department for Education.

As with existing evidence from across the UK,³⁸ our qualitative research also revealed different mechanisms for informal exclusions in the borough. If included in the official data, these would make the already high exclusions figures significantly higher.

For example, our qualitative research highlighted two informal mechanisms which put pressure on parents to voluntarily remove their child from their current school. Local residents and members of local charities reported that “managed moves” were sometimes used as a way for schools to transfer underachieving students to other schools (including Pupil Referral Units); though this takes place with parental agreement, the alternative outcome is permanent exclusion of the child. Similarly, “elective home education” is a mechanism where some local schools may *“lean heavily on parents to agree that they want to ‘home-school’ their child, and these are some of parents who are least well-equipped to home-school”* (as reported by a local charity worker).

This is not to say that all voluntary changes of school should be seen as an example of informal exclusion, as some interviewees reported that a *“fresh start in a new school”* was sometimes beneficial. However, these interviewees recognised that in such moves the underlying issues were not addressed, *“benefiting the school and not benefiting the student”*.

The role of behaviour management policies in schools were also highlighted to us by interviewees, echoing previous research on this issue at national level.³⁹ This issue is of particular relevance in secondary schools due to the higher number of pupils; one respondent, a local charity worker, expressed that schools *“have to be experts on crowd control”*. According to another local charity worker, *“one of the things that causes the high levels of exclusions are ultra-strict behaviour policies”*. and which in itself may partly explain the unequal impact of exclusions on Kensington and Chelsea residents reviewed above. Professionals working with children and young people in the Council or charity sector emphasised that strict silence policies have had a disproportionate impact on children with attention deficits, other learning disabilities and mental health problems, and *“extreme policies and procedures about uniforms, hair, where afro styles were not allowed”* disproportionately impact on students from a BAME background.

National research has highlighted that a key driver behind the rise in school exclusions, and their unequal impact, is the lack of staff and workforce development in schools. Teachers are ill-equipped to identify learning disabilities and mental health problems among their students and to cater for their diverse needs.⁴⁰ This was also an issue that was raised repeatedly in our interaction with local residents, particularly immigrants and BAME communities, who reported a lack of support for children and young people with Special Education Needs; some reported children’s learning disabilities or mental ill health going undetected for years, hampering their educational attainment and increasing the likelihood of exclusion. This is compounded by socio-demographic factors, such as in families with little English or experience navigating the education, health or administrative systems.

Other research has also highlighted the longer-term consequences of exclusions and the inability to participate fully in education amongst an already deprived and vulnerable population. For example, national research has highlighted the negative impact of school exclusions on excluded students’ future mental wellbeing and employment chances, as well as increasing their chances of going to prison.⁴¹ According to Just for Kids Law, *“...more than 8 out of 10 children in custody have been excluded”*.⁴²

This theme of increasing vulnerability, including exploitation and gang activity, amongst excluded children was echoed by many of our interviewees.⁴³

“...my daughter has dyslexia...no-one noticed from nursery to year three that she was dyslexic.”

Participant in resident focus group

"They get excluded and they become, suddenly, exponentially more vulnerable than they already were" (employee in charity working with local young people)

"When exclusion happens, the route is from exclusion to prison" (employee in local charity helping families deal with school exclusions)

School exclusions were routinely linked by different local charities to rising problems around youth crime in the borough. This is highlighted in the UK Prosperity Index, which identifies Kensington and Chelsea as the local authority with the third lowest performance in its "Safety and security" pillar, (an aggregation of a different range of crime-related indicators), after losing 20 positions in the national ranking in the last decade. In fact, a 2020 Annual Report for the Director of Public Health and Joint Strategic Needs Assessment for Westminster and Kensington and Chelsea found out that 1 of every 3 young people engaged by Kensington and Chelsea's Youth Offending Team (YOT) were registered with the Pupil Referral Unit at the time of assessment by the YOT, evidencing the clear link between school exclusion and youth crime in the borough.⁴⁴

Pre-existing educational inequalities have intensified during the pandemic

Analysing the impact of the pandemic and lockdowns on children, and particularly of their experiences of education, is complex. Changes in assessment modes during the pandemic make exam results difficult to compare to previous years, and assessment results do not capture the breadth and depth of impacts of the pandemic on children and young people's education.

However, our qualitative research has revealed a consensus amongst Kensington and Chelsea's community and charity sector about the negative impact of the pandemic on education inequalities.

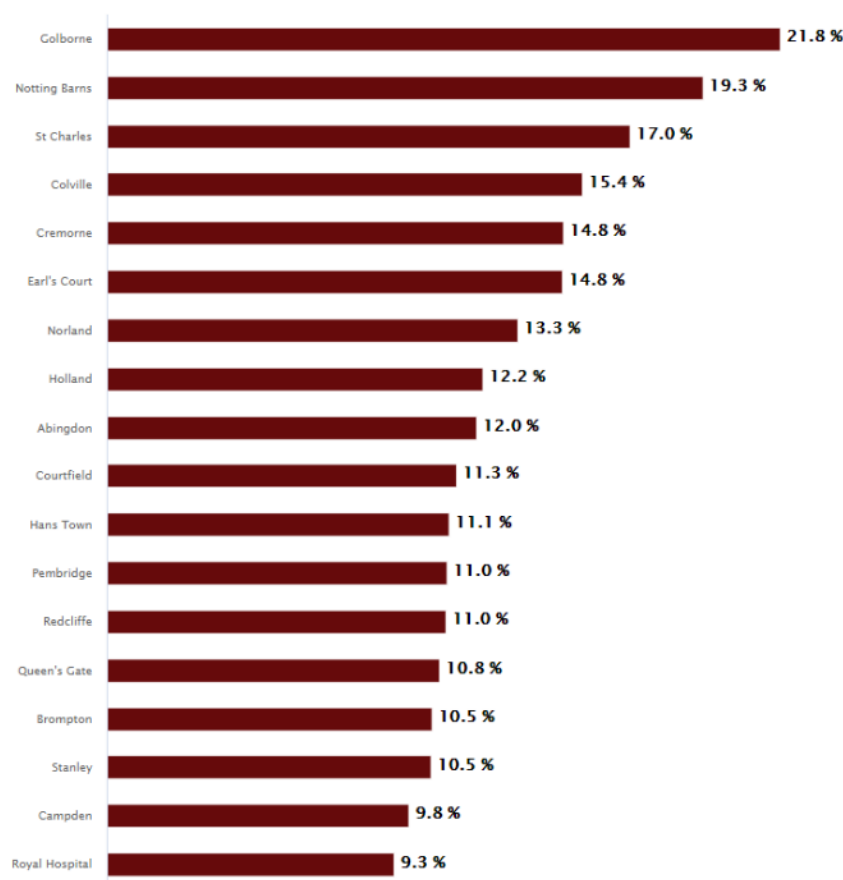
"The pandemic has made education inequalities more extreme" (employee in charity working with local young people)

One of the key issues raised in our qualitative research was that as most students across the UK were confined to home-learning during an extensive period of school closures, the negative impact of inadequate and overcrowded housing on children's education became more evident. As the headteacher of a local primary school stated during our interview:

"In terms of poverty levels and what we are having to deal with in terms of families not having enough money, bad housing... all those things have really increased since the pandemic".

Modelled data based on the London-wide trend of the increase in overcrowded households between 2011 and 2020 suggests that 13% of Kensington and Chelsea households were experiencing overcrowding in 2019/20.⁴⁵ Based on this data, overcrowding is twice as high in the wards in the North of the borough (Golborne with 22%), than in the wards with the lowest in the South (10% in Royal Hospital).⁴⁶

Figure 7: Modelled estimations on the percentage of overcrowded households by Kensington and Chelsea ward (2019/20)



Source: Census 2011, Family Resources (2011-2020), Households Below Average Income (2019/20)

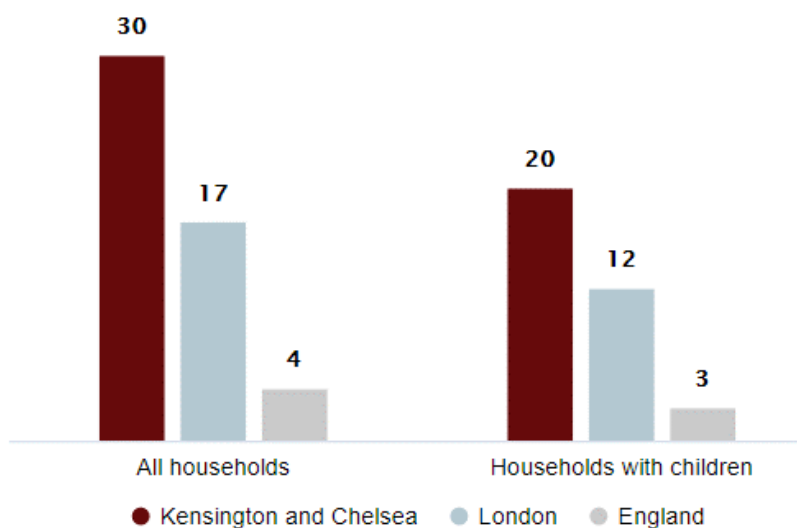
Alongside overcrowding, the borough also has a significantly higher proportion of people living in temporary accommodation than London and England overall. Some 29.8 out of 1,000 households are in this precarious situation in the borough, compared to 17 in London and 4.1 in England overall, and including 19.6 per 1,000 households with children. These rates, which are over 50% higher than in London overall, evidence the acuteness of problems in accessing housing for some Kensington and Chelsea residents.⁴⁷

Research at a national level has revealed that poor housing negatively impacts on children's education (by limiting their ability to attend classes, engage with their education and socialise with their peers)⁴⁸ and mental and physical health outcomes.⁴⁹

"I had three boys in one bedroom...they were telling me it was OK...I was homeless ten years ago...and I don't want to go back to being homeless again."

Participant in resident focus group

Figure 8: Households in temporary accommodations as a rate per 1,000 households



Source: Live tables on homelessness, Q2 2020 – Q1 2021 (MCHLG)

Inadequate housing's impact on learning was identified by interviewees as particularly detrimental in the context of the pandemic; a lack of space to study at home meant that many children did not have the right environment to be able to participate. As a teacher in a local college explained:

"...we see a lot of challenges around working space at home: we've got a student who's incredibly promising as a student, but shares his bedroom with 5 other siblings"

As many students were prevented from accessing the resources and equipment they normally have access to in schools, the pandemic also revealed a large digital divide in Kensington and Chelsea.

"Digital inequalities continue to be a challenge even now we are out of lockdown. Children still need good IT to do their homework and additional study and learning" (employee in charity working with local young people)

"Wi-Fi was another particular problem. (...) A lot of families don't have, or have very limited bandwidth. We soon found out a lot of families did not have enough connection to do their home learning." (headteacher of local primary school)

In some instances, this digital divide was successfully addressed with the delivery of IT equipment made possible by the combined action of central Government, the local council, schools and charities, which ensured most children had access to the necessary technology for their home learning. However, the digital divide persisted in the case of many young children as some families did not have the necessary digital skills to support them with home learning. The challenges were summarised by a local headteacher interviewed for this report:

"Families had laptops, but they didn't know how to use them. We couldn't go into their homes to explain to them, and we tried over the phone, but it didn't work. So they had laptops that weren't being used"

As well as a digital divide, challenges of home learning during the pandemic were deepened by existing inequalities between those with parents able to support their children with their education, and those whose parents could struggle. People we spoke to highlighted that parents' inability to support their children's education might come from a lack of knowledge of the English language or of the education system and curriculum; a challenge some local parents themselves recognised in our conversations and in prior research:

“Many of the parents we work with can't support their children at home...they have language barriers...they don't understand the system...”

Local charity worker

“So I came here in my 40s, and I didn't understand English language, and I didn't know what these school subjects are about. It was a nightmare to learn how to teach my daughter mathematics” (participant in research coordinated by Midaye Somali Development Network)⁵⁰

The combined impacts of poverty, poor housing and health and the pandemic also presented very significant mental health concerns for young people in the borough, negatively impacting on their education now and their life chances in future. One focus group participant highlighted how the pandemic had deepened existing mental health challenges that had resulted from the Grenfell tragedy:

“Lockdown highlighted more, the housing and health issues. There are families with a large number of children and there are not enough rooms for the children to learn online...we have three or four children sitting in their beds...it's very overcrowded, very difficult to learn. This impacted a lot on children with special needs...we have a lot of PTSD because of Grenfell...people were already struggling, the kids were feeling suffocated, and that really impacted on them.”

These themes were echoed by a headteacher we interviewed, who argued that mental health issues and family crisis were as bad now as they were a year after Grenfell.

“[we have] a lot of children presenting now, in ways that they were presenting, a year after Grenfell. We're investing heavily in therapy...we have to deal with a lot of families in crisis.”

The same interviewee also highlighted how problems with housing had hollowed out the community, meaning that less support was available to people at a time of great need.

“A lot of families are being moved out to West London, Outer London, this started long before Grenfell and has continued...there's been a real exit that we've noticed in this area...it's made the community quite unsettled and transient...the soul of the community is being sucked out...the whole community is broken”.

Overall, this evidence presents a concerning picture of the challenges facing children from more deprived and disadvantaged communities in Kensington and Chelsea. The twin crises of Grenfell and the pandemic, combined with the fallout from housing challenges seen across the borough, are negatively impacting mental health and educational outcomes. If unaddressed this could lead to a lifetime of disadvantage and a cycle of deprivation.

However, alongside the challenges, interviewees demonstrated some optimism and highlighted positive actions. Interviewees explained that local and national charities were responding to problems highlighted by the Grenfell tragedy and the pandemic, providing educational resources and support for some of the most disadvantaged children in the borough. Schools also argued that the pandemic presented them with an opportunity to establish a closer and more candid relationship with parents:

“The pandemic has enabled our relation with families to grow. And to get another insight into families. They would tell you things they normally wouldn’t.”

Our research also highlighted the clear ambition of all of those in the borough to provide the opportunities that children need to succeed and the wider community to blossom:

“Looking at area like this, which is really run down, particularly since Grenfell, it’s about looking at how we can regenerate it, make something new, how we can have new businesses and new opportunities. And the answer to that is the children. It’s about making them [the parents] believe that and be excited by that”
(headteacher in local primary school)

“...the challenge is to get children to see and understand what pathways are open to them in the first place...[telling them] don't hold yourself back, there are lots of really amazing things that you can do” (headteacher in local primary school)

3. Skills and employment inequalities

The introduction to this report highlighted the economic strength of Kensington and Chelsea. This section shows how inequalities in skills provision and attainment, and access to employment opportunities, combine to leave some individuals, families and communities struggling to make ends meet in one of the most prosperous local authorities in the country.

Overall rates of activity and employment are very low, and the participation of residents in the local economy varies significantly across different communities

In 2019, the borough had a higher unemployment rate (4.9%) than London (4.6%) and Great Britain (3.9%).⁵¹ Economic inactivity rates were also higher, with 30.1% of the borough's working-age population economically inactive, compared to 21.9% for London and 21.1% for Great Britain. Given these statistics, it should come as no surprise that the UK Prosperity Index shows that "labour engagement" in the borough is in the bottom decile of UK local authorities.⁵²

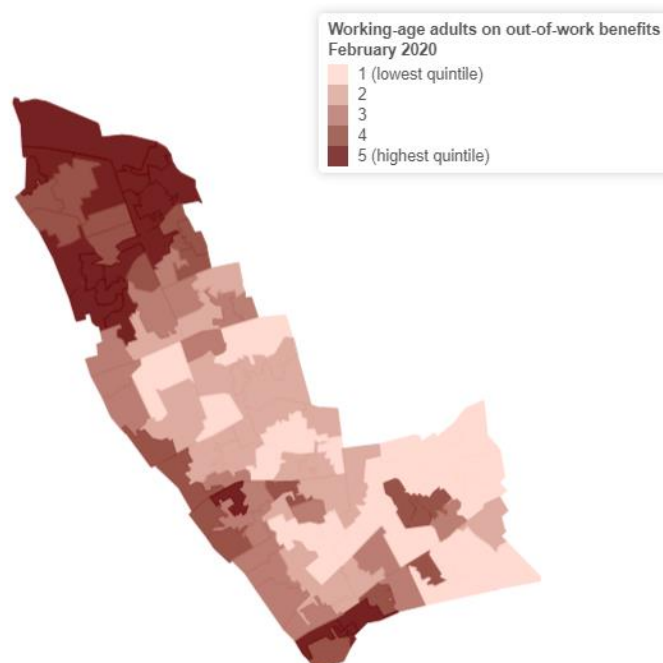
The above data, however, requires careful interpretation. The extent of inequalities in the borough means the reasons behind people's lack of participation in the job market are as diverse as its population. For example, there is a small but significant portion of residents who do not work because they may not need to, due to their comfortable financial position. The borough also has a high proportion of its inactive population that are students: more than four in ten (42.8%) of Kensington and Chelsea's economically inactive residents are students, compared to 31.9% in London and 27% in Great Britain.⁵³

However, for many of the borough's residents, their lack of economic participation is a product of their more vulnerable and disadvantaged position, including refugees, people with a long-term disability, and people without knowledge of the English language. Economic inactivity and barriers to participation are also highly correlated with deprivation, with the areas with the highest economic inactivity also being some of the most deprived ones. For example, there is a clear concentration of residents with disabilities in more deprived areas in the borough: almost 2 of every 3 disability benefit claimants in Kensington and Chelsea (63%) lives in the 20% most deprived neighbourhoods of the borough.⁵⁴

There are also important inequalities regarding employment experiences among different communities in Kensington and Chelsea. Before the pandemic, while 71% of white working-age residents in the borough were in employment, only 52% of BAME working-age residents were employed – an ethnic gap that is significantly larger in the borough (19 percentage points) than in London as a whole (14 percentage points).⁵⁵

Unemployment inequalities in Kensington and Chelsea have also a geographical dimension. For example, there was a large variation between different neighbourhoods in rates of people claiming out-of-work benefits before the pandemic. Rates ranged from 0% (in the lowest quintile) to 28% (in the top quintile).⁵⁶

Figure 9: Working age adults on out-of-work benefits in Kensington and Chelsea



Source: Out-of-work benefit caseload by benefit combination and local authority – Department for Work and Pensions

There is also a clear link between deprivation and employment outcomes. Prior to the pandemic (February 2020), the 20% most income deprived neighbourhoods had out-of-work benefit claims rates (19.6%) that were 11 times as high as the 20% least income deprived neighbourhoods (1.7%).⁵⁷

A range of barriers prevent some from finding work, even where opportunities exist

Our qualitative research highlights some of the different factors behind these employment inequalities. For example, workers from a local charity supporting people into employment reported that, for some, the way the benefit system works (i.e., ineligibility of some support for people working 16 hours a week) and the prevalence of jobs with uncertain and unstable hours (see more on this in the next section) act as disincentives to finding employment:

“You’d get people finding employment and then realising they were financially worse off. Not only zero hours contracts, but the hours would vary, so they’d often be worse off for doing more hours.”

Additionally, it has been highlighted that the benefits system’s emphasis on work search requirements leave many claimants wary of the Jobcentre, which in itself acts as a barrier to effective job-searching:

“It’s about satisfying the need of that 35 hours of job search, so it basically becomes about whatever you can do to evidence job applications, and quantity over quality.” (employee in local charity supporting people into employment)

The levels of deprivation experienced by some Kensington and Chelsea residents means they also lack the material resources necessary to look for employment:

“You then have a client who is basically stripped down to living hand to mouth, utilising food bank networks to get by...then your more aspirational goals are limited...living on such a small budget, the tools that someone would have to find employment – to be able to travel, to be able to make a telephone call... and what we’re seeing more is data poverty, where people can’t get online.” (employee in local charity supporting people into employment)

Beyond this direct impact of poverty on Kensington and Chelsea’s residents’ attempts to secure employment, there are also other indirect impacts. An employee in a local college explained this wider problem:

“The impact [of poverty and inequalities on employment opportunities] is the soft skills, the confidence, the ability to engage with work experience opportunities, the idea that you can see yourself doing the thing that you are looking at.”

Not being able to identify potential work opportunities and support / training services may be a barrier stopping people from finding work. Students may also struggle to make the transition to the world of work, even if suitable opportunities exist locally, due to limited knowledge where to find employment or internship opportunities. Workers from a local charity supporting Kensington and Chelsea residents progress into employment suggested that:

“There are certain doors that are not open to them that your average white, English-speaking person could benefit from.”

In line with the above, when we talked with members of the Somali community in North Kensington, they repeatedly expressed their frustration about the lack of employment support services:

“We don’t have any information...my son has graduated from university, but he doesn’t know what to do.”

Additionally, even when residents recognise support is available, there are language or cultural barriers that might prevent them from using and taking advantage of certain services:

“Certain communities have massive barriers accessing things that others would take for granted.” (employee in local charity)

Another important accessibility barrier comes from features of the services themselves. For example, many employment support programs require users to be on benefits. However, our qualitative work highlights that negative perceptions of benefit claimants and a cultural tendency not to claim benefits mean that such support programs are inaccessible for many people who may need them. As a worker in a local community organisation explained:

“Many don’t go to the Jobcentre and don’t claim benefits – and because they don’t claim benefit, they miss out a lot of schemes. They think it’s like addiction – once you go, you are always on benefits...but then these young people are not getting the right opportunities.”

Overall, this evidence shows that many of the barriers preventing people from identifying and accessing support to help them find employment opportunities are a product of rich diversity of Kensington and Chelsea. As a worker from a local charity stated, *“the system at a national and local level doesn’t cater for the diverse needs of the community”*. This fuels higher levels of dissatisfaction and distrust among some communities, who don’t feel supported:

“Employment support is a tick-box exercise, not a genuine way of helping the community. A lot of people feel ignored” (worker in a local community organisation)

In fact, many of the community organisations and residents we talked to argued for the need to move beyond “one size fits all” employment support programs towards more tailored and individual support.

“We have a very diverse community with different skills: some struggle with language, some have not been employed for 20 years... Services need to not be one-size-fits all, we need to recognise the diversity” (worker in a local community organisation)

For those in work, many face poor security and financial rewards

As well as challenges finding work, many in-work Kensington and Chelsea residents still face significant challenges because poor job security and weak financial rewards mean they struggle to make ends meet. In this respect, some residents of the borough have some of the highest average weekly earnings in the country, but many face some of the most significant levels of pay inequality beneath these averages.

With this significant earnings inequality in mind, it is not surprising data from 2020 show that almost 1 in 5 (18.1%) jobs in the borough paid less than the London Living Wage.⁵⁸ Our qualitative research also found a consensus among the borough’s charitable sector about in-work poverty being an increasingly prevalent issue in the borough:

“Something I did not experience in my job nine years ago, but I do experience now, is that I’m supporting clients who are working, and working really hard, with issues around poverty” (employee in a local charity supporting people into employment)

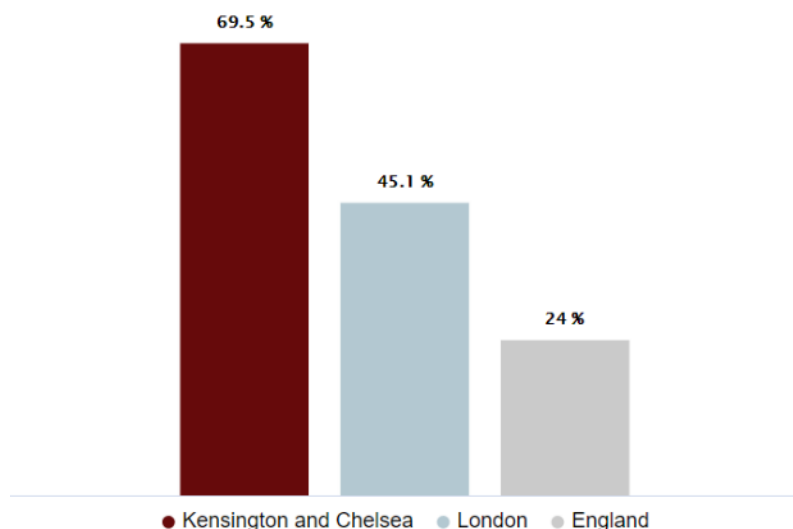
“In-work poverty is a major issue in Kensington and Chelsea. This became more prominent for us when we realised that many people accessing foodbanks are working, but still access foodbanks because they are struggling” (worker in a local community organisation that runs an informal foodbank)

Almost 1 in 5 (18.1%) of jobs in Kensington and Chelsea are paid below the London Living Wage.

Annual Survey of Hours and Earnings

Two of the main drivers of in-work poverty in the borough are high housing costs and insecure work. Kensington and Chelsea is the borough with the second least affordable housing market. In Kensington and Chelsea, the median rent makes up 69.5% of London’s median pay, whereas in London overall this is 45% of the median pay, and within England the median rent makes up 24% of London’s median pay.⁵⁹

Figure 10: Proportion of median London income spent on median rent for a one-bedroom property (April 2020 to March 2021)



Source: Private rental market summary statistics in England, ONS

These high housing costs are compounded by the fact that many residents are impacted by the Universal Credit (UC) benefit cap. Within Kensington and Chelsea, out of all households claiming UC in February 2021, 10% were experiencing a cap on their benefits – a proportion which is higher than the London (8%) and England (4%) averages. Additionally, the amount that households have their benefit capped in is higher in Kensington and Chelsea, where those households facing a Universal Credit cap have it reduced by £69.37 on average, compared to £62.61 in London and £56.74 in England.⁶⁰

As a result, many Kensington and Chelsea residents have to spend the majority of their earnings on rent, often struggling to afford other essentials:

“...what a client is left for their living amount is incredibly low, for some clients it would be £50 for a month, because the bulk is taken by rent” (employee in a local charity supporting people into employment)

At national level, insecure work affects 1 out of 9 UK workers.⁶¹ Workers in insecure work have less knowledge and control over working hours, causing uncertainty over future income and damaging their overall sense of personal and financial security.

So it is no surprise that local residents have expressed their frustration regarding the quality of jobs that’s available for them, particularly for younger people:

“There are only delivery jobs. Young people feel very disappointed with low-paid jobs with long hours” (local resident)

Local charities also expressed their concerns that the inability to predict earnings makes it very hard for people to budget and plan their finances accordingly. As a result, local charities report high debt is one of the key consequences of in-work poverty in Kensington and Chelsea:

“Relying on the jobs of the gig-economy is not sustainable in terms of how people plan their day-to-day living” (employee in charity supporting young Kensington and Chelsea residents)

“...people are in work, and they are struggling a little bit, then they take on debt and it’s just a downward spiral” (employee in local charity supporting people at risk of homelessness)

Challenges around housing, insecure work and problems associated with the benefit system often compound, impacting hardest on some of the most vulnerable residents in Kensington and Chelsea:

“Many of our homeless guests are in work. (...) A lot of people in low-skilled and precarious work, which is very hard to turn into stable accommodation, particularly for people whose eligibility for benefits is complicated” (employee in local charity supporting people at risk of homelessness)

Inequalities in skills are a large driver of unequal job and pay outcomes

One of the key drivers of the challenges of employment and earnings identified above is a significant inequality in skills across the borough. Whilst the UK Prosperity Index ranks the borough among the top 10 local authorities for the element “Adult skills”, these skills are not evenly distributed across Kensington and Chelsea residents.⁶²

For example, residents in the Northern wards have lower levels of English proficiency are more likely to have no qualifications and less likely to have a university degree than their neighbours in the South of the borough.⁶³ More specifically, the percentage of residents without any qualifications is 5 times higher in the three wards with the highest ratio, all in the North of the Borough (Golborne, 22.5%, Notting Dale, 23.6%, and Dalgarno, 24.2%) than in the ones with the lowest ratio around Hyde Park and South Kensington (Campden, 4.6%, Courtfield, 4.0%, and Queen’s Gate 3.8%).⁶⁴ Going beyond qualifications, similar geographical patterns can be seen in terms of inequalities in skill provision. Estimations from 2011 that the percentage of residents with entry level literacy and numeracy skills in Golborne (26.4% and 62.9%), the ward with the lowest percentage in the Kensington and Chelsea, is around twice as high as those in Campden, the ward with the lowest percentages (11.8% and 33.2%, respectively). Wards in the North of the borough also appear to have lower IT skills, with more than half of Golborne residents having entry level email skills (57.3%), and more than 3 out of 4 Golborne residents having entry level word-processing (75.2%) and spreadsheet skills (77.5%).⁶⁵

From a demographic perspective, special-license data from the Adult Population Survey reveals there are important inequalities regarding the qualification level of different ethnic groups in the borough: while almost 2 out of every 3 (65%) white adults in Kensington and Chelsea is educated to degree level, this is the case only for 1 out of 2 (51%) Black, Asian and Minority Ethnic adults.⁶⁶

Another perspective from which to approach the potential lack of skills is looking at the provision of training in local colleges, which, having analysed the courses they offer, is lacking in vocational training, particularly for technical and trade skills (with the exception of IT and computing skills). While it is true that Kensington and Chelsea residents may be able to benefit from this type of course outside the borough, this poses important accessibility barriers for those less likely to commute outside their local area for training. For instance, West London College, whose centres are located outside the borough, has a wide range of courses related to “Building and Construction” and “Engineering and motor vehicle”, but only a minority are available in the neighbouring centre of Park Royal, with the majority being located in Southall Community College, in Ealing (more than 10 miles and almost a 1-hour commute by public transport away). Research at national level shows that access to further education and vocational training significantly improves the overall performance of the labour market (it is estimated that a 10% increase in the number of school-leavers enrolled in

vocational educational would lead to 1.5 percentage points reduction in youth unemployment an national level⁶⁷), as well as people's outcomes in it (people benefitting from Level 3 apprenticeships and vocational qualifications are up to 14% more likely to be employed and have wages that are 20% higher compared to similar individuals qualified only to level 2).⁶⁸

Our qualitative research also suggests that some of Kensington and Chelsea's most deprived residents also suffer from insufficient soft skills. As a worker from a local charity said:

"There is a small but significant cohort young people in Kensington and Chelsea who are really struggling with social and basic employment skills, how to present professionally in a work environment"

A similar sentiment was echoed by a Council member of staff, who reported that one of the most common complaints from local businesses was some people, particularly younger ones, not being "work-ready":

"It's not about a specific technical skillset, it's about employability and being close to the world of work".

The pandemic has intensified employment inequalities in RBKC

Against the backdrop of the challenges in skills and employment faced by some Kensington and Chelsea residents prior to the pandemic, the pandemic has had a varied and long-lasting set of impacts on the labour market and skills acquisition.

One of the most apparent impacts has been on education and skills inequalities.⁶⁹ Although it will only be possible to quantify these impacts when more data becomes available, our qualitative research has revealed the extent of some of the challenges.

Again, the lack of digital skills amongst more deprived communities was raised as a significant issue. This digital and technological gap not only indicates a potential important barrier to employment for some residents in the borough, particularly as remote and hybrid modes of working become more common after the pandemic, but has also prevented some of the most vulnerable residents in Kensington and Chelsea from accessing different kinds of services, including employment support and training programmes:

"...because everything is remote, the administration hurdle for most clients is just too much. (...) it's just been impossible for them to get access to the services they need, even if they are available."

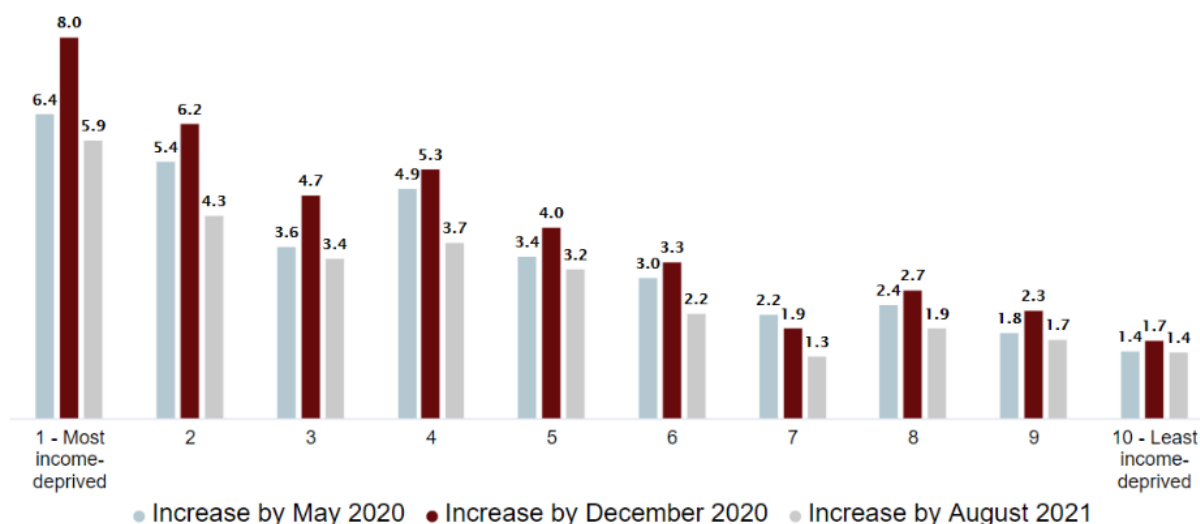
The impact of the pandemic on employment inequalities is also clear. The pandemic has significantly reduced the number of Kensington and Chelsea residents in employment, increased the unemployment rate and led to large numbers of employees and self-employed using government support schemes ("furlough" and the Self Employment Income Support Scheme).

- At the peak, one in four (25%) employments in the borough were furloughed in July 2020,⁷⁰ and, at the time of writing, the latest available data showed that 8% of employments in the borough were furloughed in in July 2021.⁷¹
- More than half (52%) of eligible Kensington and Chelsea self-employed residents benefited from the Self-Employment Income Support Scheme (SEISS) by June 2021.⁷²

- The unemployment rate increased from 4.3%, in April 2019 - March 2020 to 5.5% in the same period in 2020/21, broadly in line with the rise across the country.⁷³
- In February 2021, more than 1 in 10 (12.4%) working-age Kensington and Chelsea residents were claiming out-of-work benefits, an increase of more than 50% since February 2020.⁷⁴
- This means 4,505 more people in the borough were claiming out-of-work benefits in November 2021 than a year earlier.

The impacts on the labour market have also been unevenly spread across the borough. Between February 2020 and December 2020, the increase in claimant count (a measure of those claiming benefits because they are unemployed) in the 10% most deprived neighbourhoods (8% of the working-age population) has been nearly five times higher than in the 10% least deprived neighbourhoods (1.7% of working-age the population). This shows that employment losses in Kensington and Chelsea during the pandemic have been concentrated among those areas with already weaker labour markets.⁷⁵

Figure 11: Increase in claimant counts in Kensington and Chelsea neighbourhoods, grouped according to IMD income-deprivation deciles

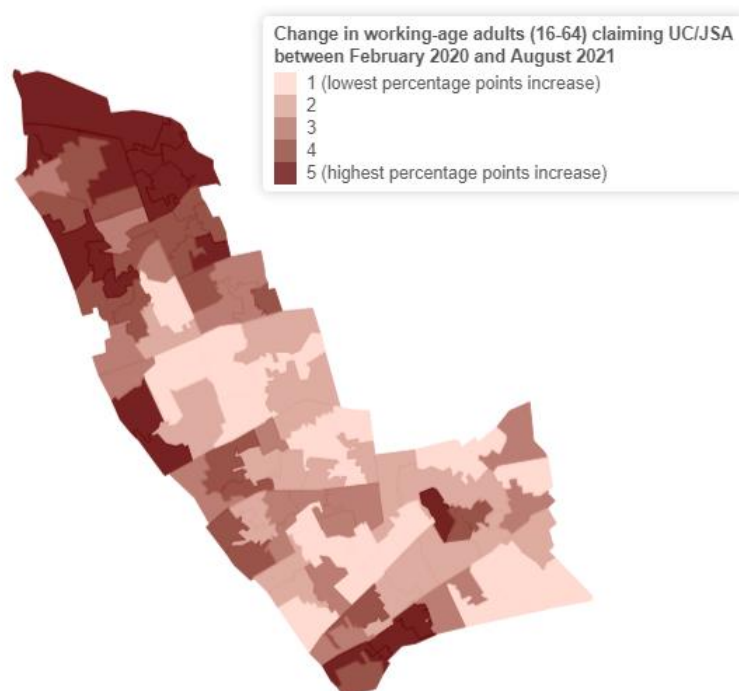


Note: Increase is measured using February 2020 as baseline of the 2019 working-age population.

Source: Alternative Claimant Count (DWP), Income deprivation (English Indices of Deprivation)

In terms of geographic distribution, this means that areas in the Northern part of the borough have seen a more significant labour market impact, with increases in the rates high as 10.6 percentage points.⁷⁶

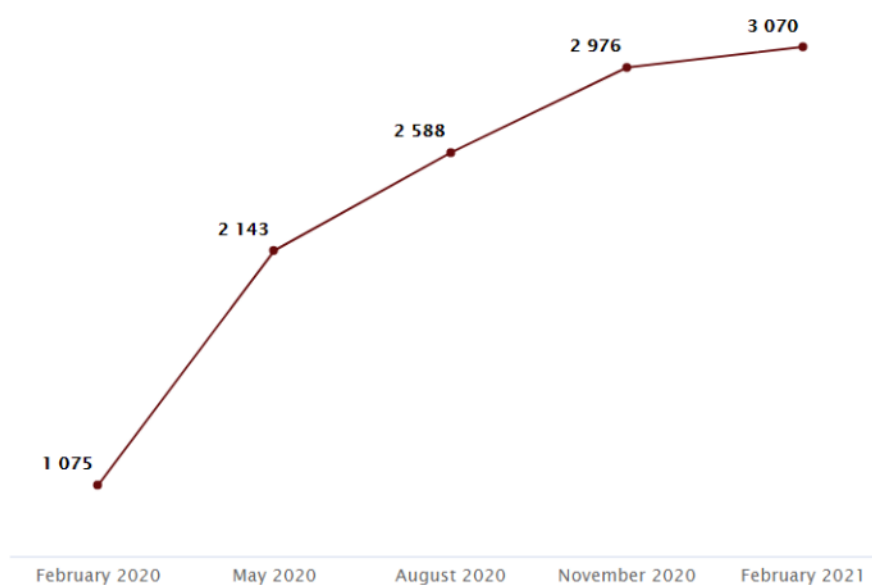
Figure 12: Increase of working-age adults claiming Universal Credit/ Jobseeker's Allowance



Source: Alternative Claimant Count (DWP)

More broadly, the economic impacts of the pandemic have not been confined to those who have lost their jobs or been furloughed. Alongside increases in out-of-work benefits, there was almost a tripling of the number of people claiming in-work-benefits; from 1,075 people in February 2020 to 3,070 people in February 2021.⁷⁷

Figure 13: Increase of working-aged people on in-work benefits in Kensington and Chelsea



Source: Benefit combinations (DWP)

It is also important to consider the economic consequences for those individuals and families that may be less likely to claim benefits because of cultural barriers, lack of familiarity with the system or problems with the remote application. Alongside this, it is also clear that the challenges of insecure work highlighted above made many Kensington and Chelsea residents more vulnerable to the economic effects of the pandemic. The impact on financial resilience resulting from these dual impacts of insecure work and challenges in accessing benefits was a common theme across existing work and our own qualitative research:

“You had a lot of people plunged into debt because they wouldn’t claim UC right from the get go” (worker in local community organisation)

“When you work on a zero-hour contract and you get sick with COVID, like I did... there is no help coming. I am in so much debt, I can’t pay my bills, I can’t afford to pay rent...” (Participant in research coordinated by Midaye Somali Development Network)⁷⁸

As well as impacting on outcomes now, these issues could also leave the same residents equally vulnerable to future challenges. For example, wider evidence shows that many of these groups could also be most at risk from changes to the labour market as the country looks to build an economic recovery from Covid-19.

4. Health inequalities within the borough

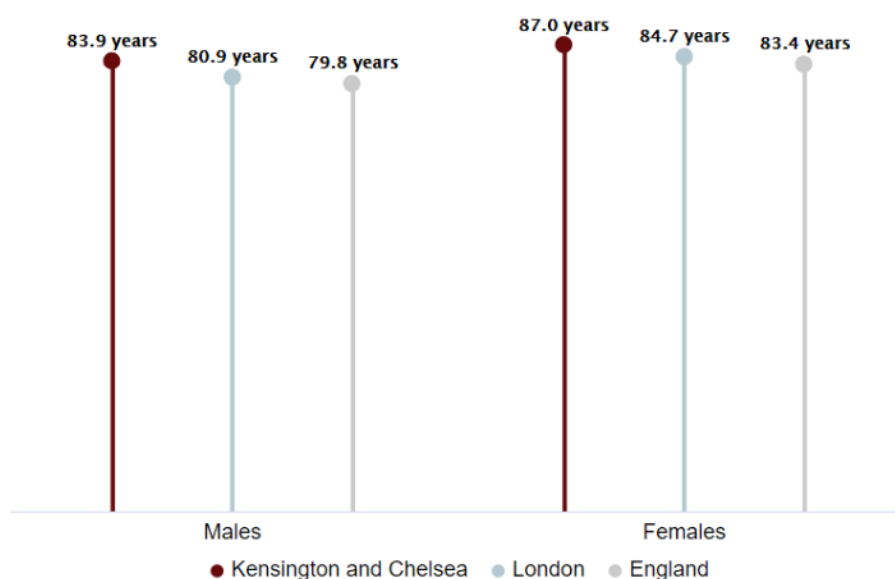
The final area that this report considers is the extent of health inequalities in Kensington and Chelsea. The UK Prosperity Index shows an average ranking in the “Health” pillar.⁷⁹ This comes from the borough’s mixed performance across different health-related fields. For example, while the Index suggests that Kensington and Chelsea’s physical health outcomes are outstanding, mental health is poorer in the borough, as is the level of institutional support. More broadly, this section highlights the clear links between health outcomes and inequalities prior to the pandemic and a range of factors, including neighbourhood demographics and deprivation. In turn, these have led to unequal health impacts of the pandemic across different communities and people in the borough.

Overall physical health outcomes are amongst the best in the country, but remain very unequal

According to the UK Prosperity Index, Kensington and Chelsea is the 4th best local authority in the United Kingdom for the element “Physical Health”, which aggregates the results of several indicators regarding the prevalence of different diseases in the borough, such as cardiovascular (14th) and respiratory conditions (2nd), cancer (27th), chronic kidney disease (4th) or musculoskeletal conditions (9th).⁸⁰

Kensington and Chelsea is also among the local authorities with the highest life expectancy at birth in the United Kingdom (83.9 for males and 87 for females), standing well above London (80.9 and 84.7 years, respectively) and England averages (79.8 and 83.4 years, respectively). There are more mixed outcomes for healthy life expectancy: outcomes for females in Kensington and Chelsea (66.7 years) are again above London (64 years) and England (63.5 years) averages, yet males’ outcomes (61.3 years) are below the average for England (63.18 years), and one of the lowest in London (where the average is 63.5).⁸¹

Figure 14: Variation in life expectancy (2017-19)



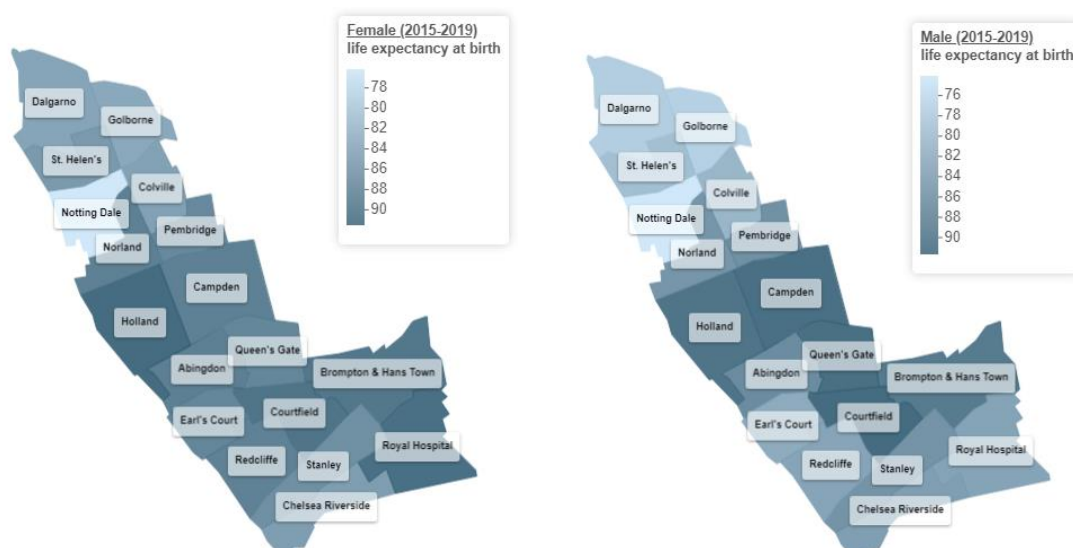
Source: Healthy state life expectancy, all ages, ONS

These differences between male and female outcomes compared to the rest of the country are just one aspect of the significant health inequalities in the borough. The most extreme form of health inequalities in the borough are the large gaps between life expectancy of the least and most deprived residents: this gap stands at 14.8 years for males and 11.9 years for females. In simple terms, this means that a male born in one of the most deprived neighbourhoods of the borough would, on average, die nearly 15 years earlier than a male born at the same time in one of the least deprived neighbourhoods.

These life expectancy inequalities are also twice as large as those found within London as a whole (7.2 and 5.1 years), and significantly larger than those in England as whole (9.4 and 7.6 years): in fact, Kensington and Chelsea has the largest life expectancy inequalities for men of any local authority in England.⁸²

Given the link to deprivation, it is no surprise that inequalities in life expectancy in Kensington and Chelsea also have a geographic element. The difference in life expectancy between Courtfield, one of Kensington and Chelsea's most affluent wards, and Notting Dale, one of its most deprived ones, reaches 14 years for females (between Courtfield with 90.2 and Notting Dale, 76.2) and 17 years for males (between Courtfield with 91.7 and Notting Dale, 74.1).⁸³

Figure 15: Variation in life expectancy across Kensington and Chelsea wards

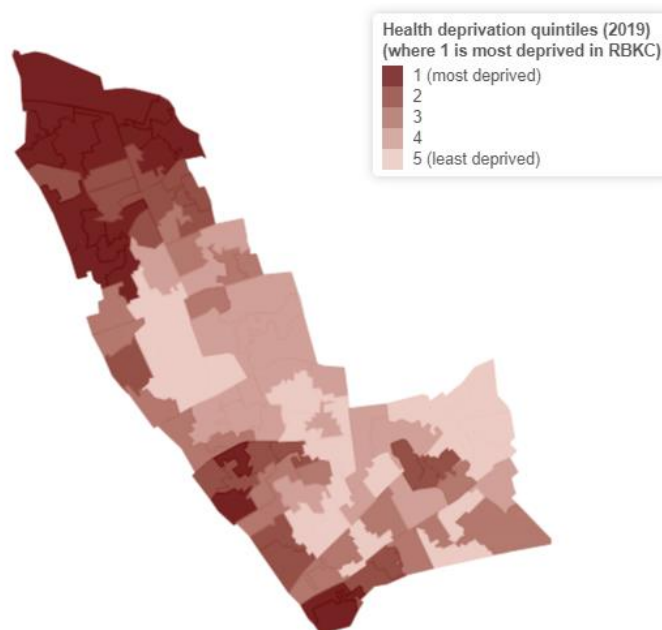


Source: Life expectancy at birth (Public Health England)

Taking a wider perspective and considering a more varied set of health problems, the geographical dimension of health inequalities and its links with deprivation are also visible in the performance of Kensington and Chelsea neighbourhoods in the Health deprivation domain of the Index of Multiple Deprivation (IMD). Comparing the borough with the UK as a whole, the majority of its neighbourhoods are among the 20% least health deprived, in line with the overall positive health outcomes commented above; yet a small but significant minority of 14% of Kensington and Chelsea, mostly in the North of the borough, are among the 40% most deprived at national level.

Focusing exclusively within the borough, the Figure below demonstrates that the great majority of the 20% most deprived neighbourhoods are in the North, as well in some of the other pockets of deprivations in the West and in the South.⁸⁴

Figure 16: Health deprivation across Kensington and Chelsea neighbourhoods



Source: English Indices of Deprivation – Health deprivation

The drivers of these differences are wide ranging and linked to an array of other inequalities. According to Public Health England, these wider determinants of health encompass “the social, economic and environmental factors that shape people’s lives”.⁸⁵

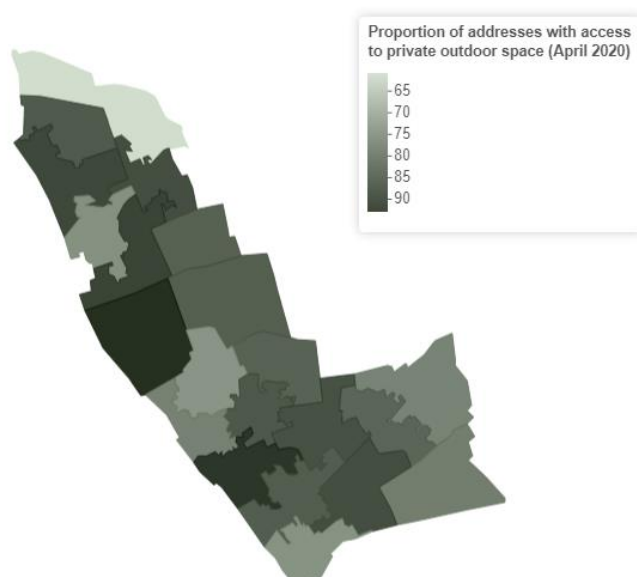
In this respect, there are clear differences in the wider determinants of health across the borough. For example, households in the North of the borough are more likely to suffer from overcrowding. This, and wider measures of housing quality are an important determinant of health, and one in which the importance for physical and mental wellbeing has become more evident during the pandemic. The issue was highlighted by many participants in focus groups and interviews. One local charity worker described:

“Really bad living conditions, damp mainly. My phone is full of pictures that clients send me...people say that services will be sorted – but it doesn't happen.”

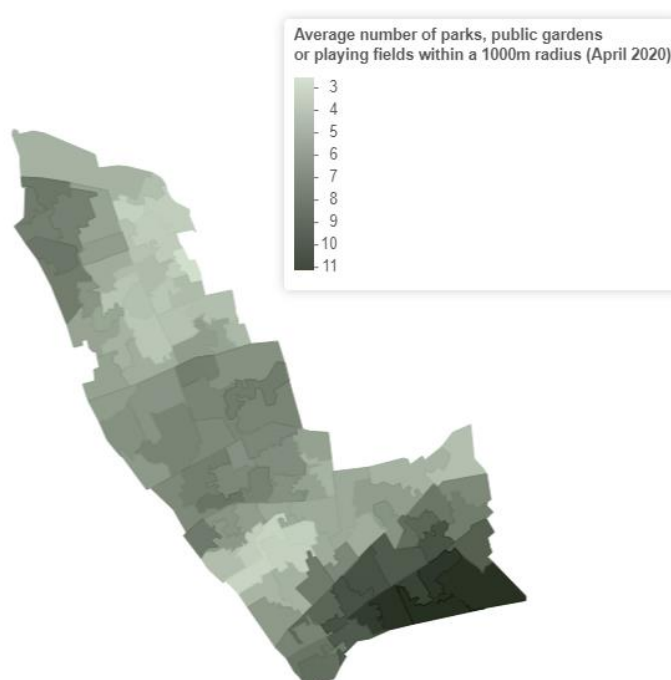
As with other inequalities, the drivers identified included language and cultural barriers:

“A client that has been in temporary accommodation for 16 years...she has sockets hanging off the wall...because of the language barrier, she doesn't know what the next steps are.” (worker in local charity)

Another wider determinant linked to physical housing quality is the access to green spaces. Here, a wide range of evidence shows the positive impacts of access to green spaces on physical and mental wellbeing. However, across the UK, poorer communities typically have poorer available spaces and lower levels of access.⁸⁶ This also appears to be true in Kensington and Chelsea. One aspect of this is access to private outdoor spaces, which in some parts of the borough is as high as 93%, and in others as low as 61%. More generally, there are varying degrees of access to public green spaces, with some neighbourhoods in the North and West of the borough having fewer parks, public gardens and playing fields within a 1,000m radius than others around Holland Park and Chelsea.⁸⁷

Figure 17: Access to private outdoor space

Source: Access to gardens and public green space in Great Britain (ONS)

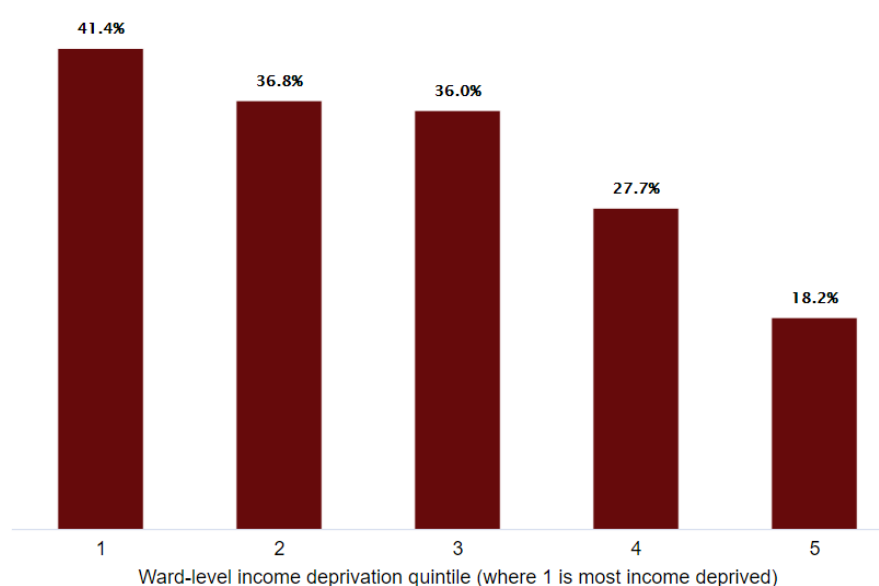
Figure 18: Average number of public outdoor spaces

Source: Access to gardens and public green space in Great Britain (ONS)

Another potential driver of health inequalities is air quality. Data from Public Health England shows Kensington and Chelsea is the London borough with the 7th highest level of air pollution in the capital, as measured by the presence of fine particulate matter ($12.1 \mu\text{g}/\text{m}^3$), with figures significantly higher than the average for England ($9.0 \mu\text{g}/\text{m}^3$).⁸⁸ Data from the Air quality indicator of the IMD shows, additionally, that this pollution is suffered more or less evenly across Kensington and Chelsea, as all its neighbourhoods are among the 20% with the poorest air quality in the UK.

Across all of these issues, an important point to remember is that as well as leading and contributing to health and wider inequalities now, there are also impacts on children's life chances. While understanding this issue fully is complex, one aspect of where data is regularly collected is child obesity. This is an area often analysed from the perspective of how socio-economic factors influence health outcomes,⁸⁹ and this also holds true in Kensington and Chelsea. Wards with higher rates of deprivation and child poverty (mostly in the North of the borough) have higher rates of child obesity, although, the highest proportion of Year 6 children who are overweight (including obesity) is found in Stanley (40%).⁹⁰ When looking at child obesity within the wards through the lens of income deprivation, the prevalence of being overweight among Year 6 children is more than twice as high in the most-income deprived wards in Kensington and Chelsea (41%) compared to the least income-deprived (18%).⁹¹

Figure 19: Proportion of Year 6 children who are overweight (includes obesity) by ward-level income deprivation in Kensington and Chelsea (2017-2020)



Source: Year 6: Prevalence of overweight (PHE), Income deprivation (English Indices of Deprivation)

Kensington and Chelsea residents suffer from lower-than-average levels of mental health and life satisfaction

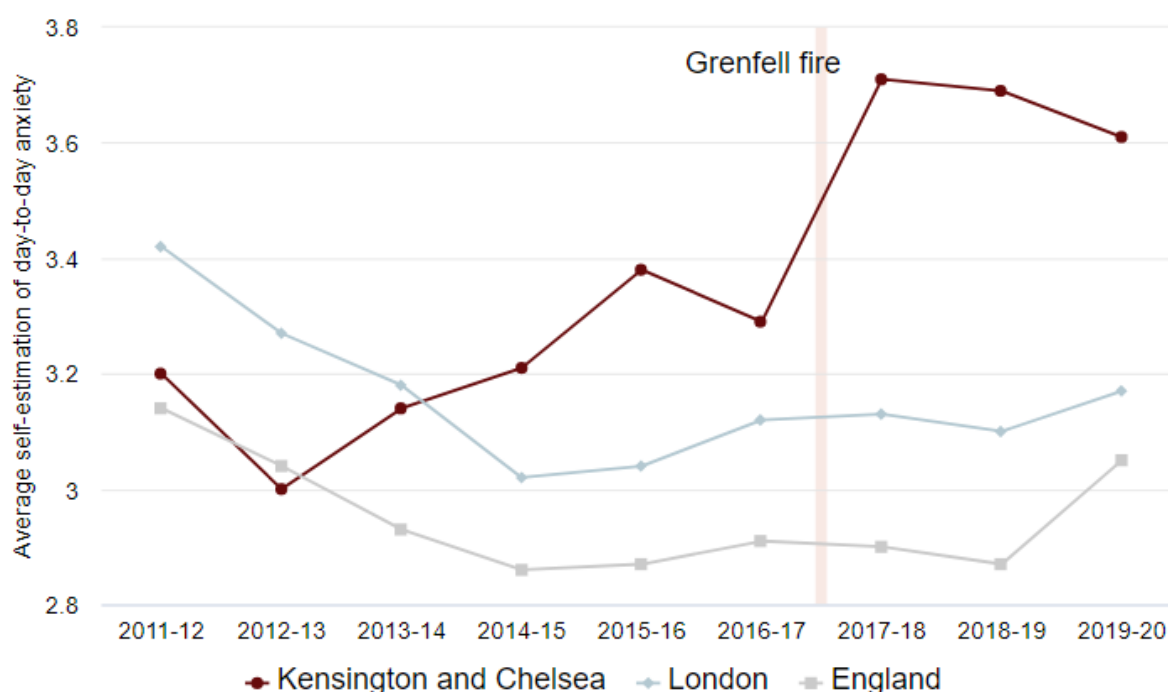
The UK Prosperity Index suggests that borough's performance on mental health is among the worst 20% of local authorities.⁹² In 2017/18 Kensington and Chelsea also showed a higher prevalence of depression amongst adults (8.5% of patients in local GPs) than London as a whole, but below England (9.9%).⁹³ In its more severe forms, Kensington and Chelsea has higher proportions of patients in local GP practices with schizophrenia, bipolar affective disorder and other psychoses than England and London as a whole.

Our qualitative research has identified the Grenfell fire as a major driver of poor mental wellbeing in the borough. In the words of a local resident in North Kensington:

"After Grenfell, there were a huge number of mentally unwell people wandering the streets day and night, for a very, very, very long time"

Different indicators reveal a significant deterioration of mental wellbeing and life satisfaction after the fire, turning the borough from one of the best performers in London in this realm to one of the worst.⁹⁴

Figure 20: Comparison of self-assessed anxiety estimations over time



Note: Self-assessed anxiety scores are based out of 10, where 1 represents the lowest level of anxiety.

Source: Personal wellbeing estimates by local authority (ONS)

Research at a national level indicates that demographic composition and significant levels of deprivation and inequality also contribute to problems around mental health in the borough. The most extreme manifestation of the impact of deprivation and social exclusion on mental wellbeing can be seen in the case of people experiencing homelessness, 80% of whom report suffering from mental health problems and overall, being 14 times more likely to die by suicide.⁹⁵ These general UK trends are particularly relevant for the case of Kensington and Chelsea, which as we have seen have higher than averages percentages of households in temporary accommodation and are at risk of becoming homeless.

More generally, there are important differences in the prevalence of mental ill health across different ethnic groups; Black and Black British people are four times more likely to be detained under the Mental Health Act; partially a product of their higher rates of serious mental illness. Socio-economic status also plays a fundamental role, as differences in households' income have been proven to be correlated with the prevalence of mental ill health amongst children.⁹⁶

The issues around children's mental health were a repeated theme in our qualitative research, with impacts often being associated with Grenfell, the pandemic and wider challenges across the borough.

"it [children's mental health] got worse...the backdrop of gangs and criminality is impacting more and more." (employee in local charity working with young people)

"Overcrowding [is] a real issue for children's mental health - not having their own room - not having a place to study." (headteacher in a local primary school)

More generally, the impact of not only deprivation, but also inequality, and the significant wealth disparities in such a small area, on young people's mental wellbeing was raised regularly:

"You have children coming from low income families, and are walking down the street looking at shop windows with stuff they cannot afford. (...) It's quite difficult for children growing up in that environment, where there is all this material things that are very, very expensive, and they just cannot access it at all." (employee in local charity working with young people)

"What slaps you in the face when you are in Kensington, is [you] go from one street... you only walk one or two streets, it's a 5-minute walk, and suddenly you feel this is an area that doesn't have it, and I imagine myself as a kid growing up in that area, and think everywhere you'd be faced with 'why don't I live there? Why is my life not like that? That's not fair.'" (member of staff of RBKC Council)

Despite a vibrant third sector, some residents in the borough feel marginalised, lonely and left out

Another important factor that impacts mental wellbeing is loneliness and isolation, as most mental health problems are more common in people living alone.⁹⁷ According to the UK Prosperity Index one in ten Kensington and Chelsea residents (10%) feel they "lack companionship", placing the borough among the worst performing 10% of local authorities on this measure. Additionally, 6.2% of Kensington and Chelsea residents "feel left out", and 7.7% "feel lonely", indicators for which the borough is among the top third local authorities in the country with highest percentages.⁹⁸

The causes of this vary among different groups and communities. For Kensington and Chelsea overall, an obvious driver is the proportion of over 65s living alone (43.1%), where rates are higher than both London (34.5%) and England (31.5%) as a whole.⁹⁹

However, as an employee in the West London Clinical Commissioning Group (WLCCG) argued, issues around isolation and loneliness are *"not restricted to older adults, but [are] an issue for all age groups, including younger people and people who are working"*. For this employee, one of the key issues is that *"people have lost the ability to have places to connect"*, as wider social tendencies across the UK, and demographic changes in the borough, mean *"now people are quite transient and move often, so how do you build those connections?"*.

National evidence suggests this might be fuelling problems of isolation and loneliness in the borough, as loneliness is more prevalent among those with a lower sense of belonging to their neighbourhood or have little trust in their local area,¹⁰⁰ and Kensington and Chelsea has consistently been in the bottom 5% of UK Local Authorities for the past decade regarding residents' "sense of belonging to the local community".

According to a local charity helping people struggling with isolation, large inequalities in the borough are a key driver of this poor community integration:

"Inequality in its wider sense, not just health inequality, wealth inequality, which contributes to a breakdown of the community"

Similar concerns were raised by a headteacher of a local school, who explained how rising property prices were destroying the community around their school, as more and more residents cannot afford to stay in the borough, causing a *"massive divide"* between those with *"a lot of money to be able to*

buy a house", and those in social housing. More generally, attempts by the Council to house residents outside of the borough has had a significant impact.

"A lot of families are being moved out to West London, Outer London, this started long before Grenfell and has continued...there's been a real exit that we've noticed in this area...it's made the community quite unsettled and transient" (headteacher in local primary school)

In turn, this transience has deteriorated social ties, as wealthier residents are perceived to be disengaged from the struggles of poorer ones. The result, according to the local headteacher, is clear:

"We are not as united a community as before."

For children in particular, a significant challenge with building bonds that could support mental and physical health has been the closure of community spaces and activities. One participant commented that:

"The art room was an amazing resource, and it just went because of the [loss of] funding. The impact of losing that on the children was very significant...places like youth centres have generally closed down...it's about engaging children and getting them off the streets" (headteacher in local primary school)

In this respect, Kensington and Chelsea's community organisations and charity sector have had to step into the gulf left by reduced publicly funded services, and remain a vital asset of the borough, as our qualitative research has revealed:

"There's quite a good community infrastructure within the borough, because there is quite a vibrant third sector and voluntary sector. And there's quite a lot of vibrant pockets of community engagement" (local NHS employee)

However, the services and activities they provide might not be equally accessible to everyone in the borough. For example, they tend to be more concentrated on the historically more engaged and politically active Northern part of the borough, which may contribute to some residents in the more affluent South feeling lonely and disconnected from their communities.

"There are less of those community-type venues in the south of the borough than in the north" (employee in local charity supporting people struggling with isolation)

"We also need to recognise that simply because there are health inequalities does not mean there are not universal issues, such as isolation, loneliness, living alone or not feeling part of the community... These are not necessarily related to poverty or health inequalities, but are related to structural issues" (employee in local charity supporting people struggling with isolation)

However, higher levels of deprivation and social exclusion in the North of the borough means that, despite the higher density of community organisations, activities and support services, those residents that are most vulnerable and disengaged might still not be aware of or access these services:

"The issue is, if you are not already connected to something, you are not going to find out about it" (local NHS employee)

Kensington and Chelsea residents are less satisfied than average with their local healthcare services, which do not always meet their diverse needs.

According to the UK Prosperity Index, residents in Kensington and Chelsea are among the 10% least satisfied with their local healthcare provision. The index suggests this dissatisfaction is mostly a product of an insufficient provision of services, as Kensington and Chelsea is the local authority with the worst performance in the element “Preventative Interventions”, which aggregates indicators regarding the percentage of patients accessing different kinds of cancer screenings and the coverage of vaccinations.¹⁰¹

Again, the diverse demographics of the borough call for a careful analysis of these figures. For example, there is a small but significant number of wealthier residents whose official residence is in the borough, but live somewhere else in the country or abroad, or who live locally but have private healthcare plans, artificially lowering these preventative intervention ratios. This could also help explain the apparent discrepancy between the lack of preventative interventions in the borough and the outstanding aggregate health outcomes, including for cancer prevalence, where the borough is among the best 10% of local authorities in the country.¹⁰²

On the other hand, the general lower vaccination coverage, might reflect the demographic composition of the borough, with a higher-than-average presence of ethnic minorities, which have historically shown lower levels of vaccination uptake.¹⁰³

Based on our qualitative research, the issues behind this low satisfaction with local healthcare appear to be related, as an employee from the WLCCG notes that:

“Historical issues around how health have been delivered [as well as] the continuous and consistent barriers for communities as well”

Research at a national level reveals that the satisfaction of ethnic minorities with health services is systematically lower than the satisfaction of people with a White ethnic background.¹⁰⁴ Our qualitative research indicates that is also likely to be the case in the borough, with many participants arguing that health services are not adequately tailored to the diverse needs of the borough’s residents. A prime example of this can be seen in the mental health services, which have traditionally been more reactive than proactive, waiting for people to come forward and tackling crises rather than supporting people to improve mental health in the first place. In doing so, it was argued that this approach has driven health inequalities among different communities and ethnic groups in the borough. A key issue identified was language and cultural barriers, which mean that some communities have less knowledge of how the NHS works and how to navigate the sometimes-complex system of health and social care services. In turn, this left them struggling to identify and access available support. As an employee from WLCCG explained:

“Different communities will see mental health in different ways. Often communities won’t recognise the term mental health, so if they don’t recognise it how would they know how to access it?”

A wider point was that some local communities lacked trust in healthcare services, which was exacerbated by a lack of integration between health and social care, and what was perceived as poor engagement with community organisation and charities in the planning and delivery of services. In this respect, our qualitative work highlighted that the Grenfell fire was an important part of this:

“What Grenfell exposed was an increasing distrust of statutory bodies and lack of trust in local government, feeding into lack of trust on healthcare provision” (local NHS employee)

Since then, there have been positive steps to attempt to turn this situation around, with a shift in approach, to work under the premise that:

“We do work in K&C with very very diverse and transient population, (...) you have to understand the cultural backgrounds of the individuals and their preference and choice, the way they use healthcare from their country of origin...” (local NHS employee)

This principle, for instance, influenced the approach taken to mental health support for survivors and the wider community affected by the fire. As an employee of WLCCG explained, for many North Kensington residents, spirituality was seen as a key part of their mental wellbeing, so the decision was made to include faith organisations as an important pillar within a more holistic approach to mental wellbeing, training them as well to identify signs so they could refer to other services when a more clinical approach was needed.

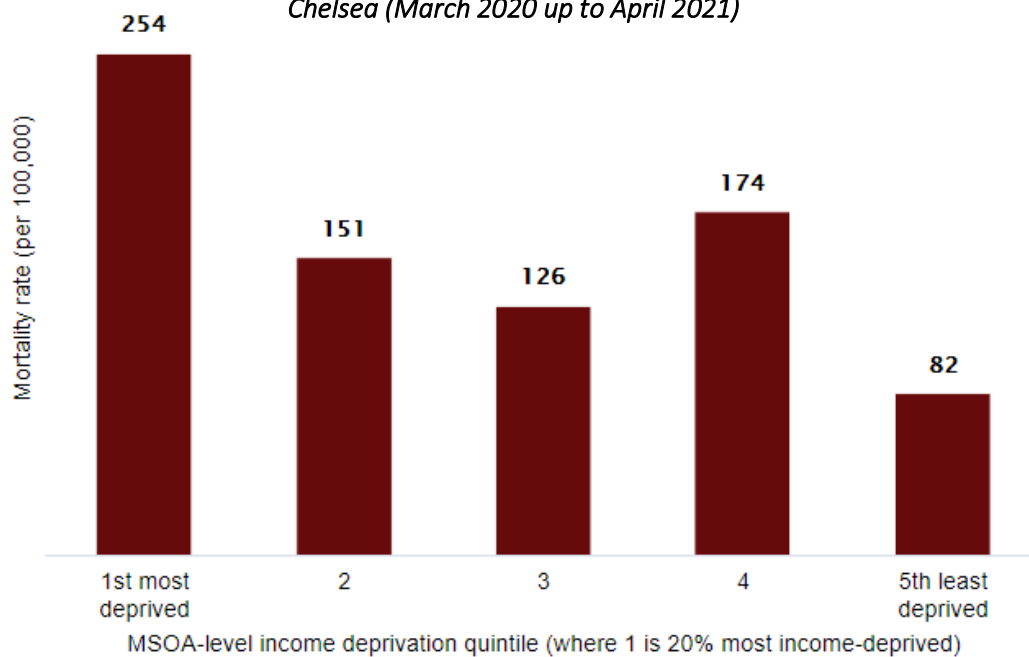
This is just one example of a new approach that aims to engage more directly with communities with the intention of overcoming some of the barriers they have faced in accessing health services in the borough. Programs and initiatives that were praised at various points of our conversations with residents and community organisations in this regard include *My Care My Way*, which aims to integrate health and social care for the over 65s, *Community Living Well*, a more integrated and holistic approach to mental health support in the borough, and the recently launched *Community Connected*, through which local residents are being employed to liaise between the borough’s population and health services, informing the former about available support and the latter about key issues in the community.

The Covid pandemic has had significant impacts on health and has deepened existing inequalities

The impact of the Covid pandemic on Kensington and Chelsea residents’ health has been unprecedented, in line with the rest of London and the country. Although a full assessment will only be possible once the long-term impact of the pandemic can be analysed, preliminary evidence suggests the pandemic has deepened health inequalities within the borough.

At the heart of this is that the most deprived communities in the borough have been the most affected by Covid-19, both in terms of infection and mortality rates. In fact, mortality rates in the 20% most deprived neighbourhoods have been three times higher than the 20% least deprived neighbourhoods. Between March 2020 and April 2021, the Covid-19 mortality was 254 per 100,000 individuals in the most income deprived neighbourhoods, while in the least income deprived neighbourhoods, the mortality rate was 82 per 100,000 individuals¹⁰⁵.

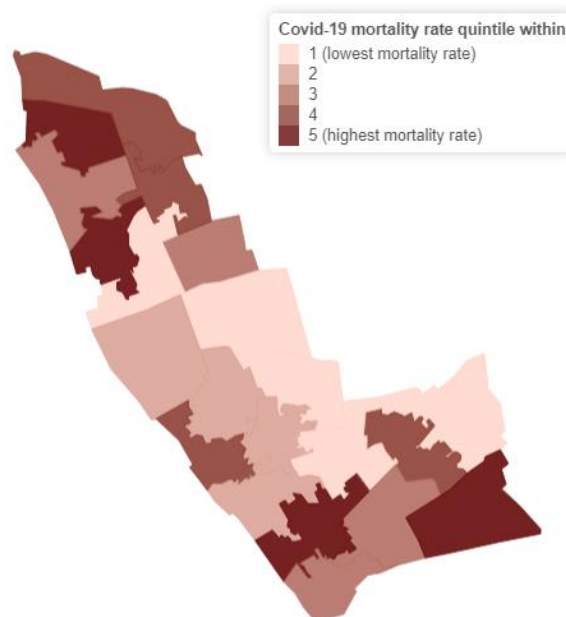
Figure 21: Covid-19 mortality rate by neighbourhood-level income deprivation in Kensington and Chelsea (March 2020 up to April 2021)



Source: Deaths involving COVID-19 by local area and deprivation (ONS),
Income deprivation (English Indices of Deprivation)

The below map on deaths due to Covid-19 shows how the rates varies greatly across Kensington and Chelsea. Ladbroke Grove experienced the highest mortality rate within the borough, with rate of 538 per 100,000 people. This is around 8 times higher than the mortality rate experienced Queen's Gate, which the lowest rate in the borough (63 per 100,000 people).¹⁰⁶

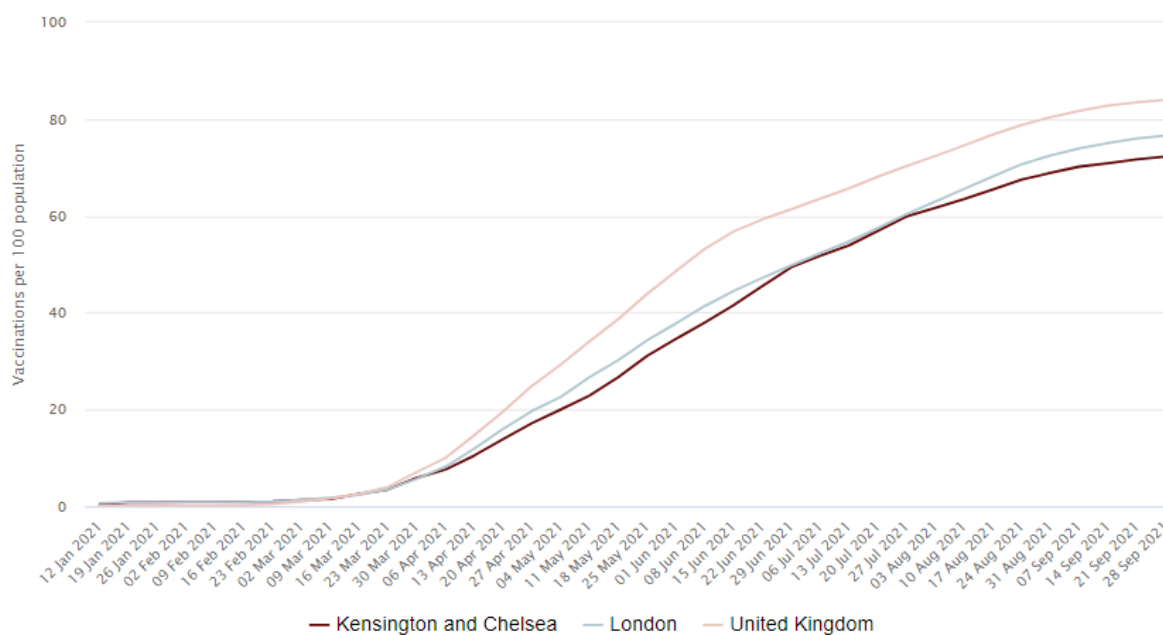
Figure 22: Covid-19 mortality rate by wards in Kensington and Chelsea



Source: Deaths involving COVID-19 by local area and deprivation (ONS)

The challenges around barriers to accessing healthcare have also been seen in the roll-out of the covid vaccination program. As the graph below shows, Kensington and Chelsea's (completed) vaccine uptake has been lower than London's and the United Kingdom's as a whole, potentially influenced by some of the borough's socio-demographic profile, such as higher levels of deprivation, higher presence of ethnic minorities and higher percentage of working-age population. By September 28, 72.3% of Kensington and Chelsea residents had been double vaccinated, almost 4 percentage points below London (76.6%), and more than 7 percentage points below the UK (84%).¹⁰⁷

Figure 23: Weekly Covid-19 completed vaccinations



Source: Coronavirus vaccination rates API

With these challenges in mind, the vaccine rollout in Kensington and Chelsea evolved to try to overcome some of the barriers these communities face. As an employee of WLCCG explained:

"Covid vaccinations started off in massive general sites – nobody went to them; they were empty for days. Then they started to do more localised clinics, based on GP practices, so people were more likely to come to the appointment. Now that's been broken down even further into mobile buses that go into the community, work with the community, work with those trusted individuals."

Indirectly, some of the measures taken in response to the pandemic have also had a negative impact on health inequalities in the borough. Local charities report that the pandemic has worsened existing problems with mental crisis in the borough, as social distance measures were put in place and people were confined to their homes. It was argued that this was particularly true of the Traveller community, as well as those already facing mental health challenges, such as those affected by Grenfell, families with disabled children or children living in overcrowded housing, something research at national level has also identified:¹⁰⁸

"You already had a population in North Kensington that already suffered from mental health problems before Grenfell, and this has been compounded with Grenfell and then Covid." (local NHS employee)

“Families worry about their own mental health, and their ability to continue looking after their [disabled] children. Particularly post-covid, they are feeling like they have post-traumatic stress disorder.” (member of staff in RBKC Council)

Another key mechanism through which the pandemic has worsened health inequalities in Kensington and Chelsea has been by making health services less accessible. Indeed, as GPs in Kensington and Chelsea established a triage system that required phone calls and / or sharing images and other information online, cultural and language barriers highlighted above (not everyone is equally able to express their health problems in English over the phone, when before they might have relied on visual aid and gestures) have been compounded by the lack of digital skills some Kensington and Chelsea residents face. The result, local charities argued, is that the most vulnerable and disadvantaged have struggled to access health services since the pandemic started:

“People who have struggled to interact with technology or struggle to deal with a different way of doing things (...) haven’t been able to manage the process of seeing their GP.” (local NHS employee)

Some members of the Somali community in North Kensington gave us first-hand accounts of their own experience of health services during the pandemic, and how difficult (and sometimes impossible) they found it to access support:

“Neither me nor my children have seen our GP for almost two years”

“I was supposed to see the consultant before Covid, but now for almost two years no one has contacted me to see the consultant.”

“You have to be constantly looking at your phone because there are delays: (...) sometimes they give you an appointment for 10 in the morning, and they’ll call you at 3.”

This is not to say it was not possible to be seen by a GP or access health support during the pandemic in the borough. Firstly, phone appointments and digital support may have worked well for those residents that are more proficient in English and more digitally engaged. Secondly, GPs remained open, and they continued to see people face to face throughout the pandemic, but only those that were able to navigate and persevere with the new access system, with prior phone calls with receptionist and GPs. As an employee for WLCCG explained:

“It did appear that everything was shut and you couldn’t access, but there were systems put into place (...) people weren’t left without any support mechanism, but you would only know that if you knew how to use the system. (...) people that weren’t digitally included or able to research and find that information, they would have been excluded from the health services”

5. Concluding remarks

Kensington and Chelsea is the home of diverse communities, where huge prosperity and wealth coexists with significant levels of deprivation, poverty and inequality. The borough has been hit hard by the Grenfell tragedy and now, the Covid pandemic. Both have deepened and widened pre-existing inequalities.

Looking to the future, the changing labour market and the long-term impacts of the pandemic stand to make all of these issues more acute. But they also provide an opportunity to build on the economic, social and community strength of Kensington and Chelsea.

The case studies included in this report demonstrate the power of positive interventions made by small, local charities providing targeted and tailored support. The size of, and resources available to, these charities often mean that they are unable to meet the scale of the local need. As a trusted and independent partner, The Kensington + Chelsea Foundation's challenge is to harness the philanthropy and investment available in the borough and ensure that it is directed to support services that have demonstrated impact and are able to scale, along with innovative new solutions which address long-standing needs.

The findings indicate that improving mental health, addressing educational inequalities and increasing skills and meaningful employment should be key priorities for the K+C Foundation and that future strategies should focus on supporting projects and partners able to demonstrate the following key features.

- **Community-led and services informed by the lived experiences of users:** Communities need to be engaged not only as users, but also as key stakeholders in planning and delivery, to ensure services are culturally-sensitive and encompass the diversity of the borough.
- **Tailored support centered on the individual:** Blanket solutions and one-size-fits-all approaches will not tackle the inequalities highlighted in this report. Services need to be centred on the diverse problems of different individuals and communities, and be flexible enough to tailor support to people's needs.
- **Collaborative and signposting services that capitalise on existing support:** Lack of knowledge of where and how to access support was a challenge identified by our research. Initiatives seeking to guide and help people navigate the system, establishing collaborative partnerships with other providers in the borough, could contribute to address this problem while maximising the impact of existing organisations.
- **Preventative services for long-term solutions:** While ensuring accessibility and effectiveness of support is an immediate priority, investment in preventative action is required to deliver more sustainable change and reduce the number of residents reaching crisis point.

These features will become key principles underpinning The Kensington + Chelsea Foundation's grant-making programmes and priorities over the coming years. Building on the Foundation's successful relationships with local residents, businesses, funders, the local council and community groups, it is possible to build partnerships with real purpose and to make measurable progress in tackling the issues outlined in this report. The Kensington + Chelsea Foundation looks forward to mobilising supporters and empowering local partners to build better lives, together.

ENDNOTES

¹ Attainment 8 score is a measure of academic performance based on GCSE results. Specific details about how the score is calculated from actual GCSE results can be found at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/561021/Progress_8_and_Attainment_8_how_measures_are_calculated.pdf

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²¹ Ethnic composition of student population data form <https://explore-education-statistics.service.gov.uk/find-statistics/school-pupils-and-their-characteristics#dataDownloads-1>. I've already done the analysis in R.

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