

January 2026

# Executive Summary

## North Kensington

# Health and wellbeing survey findings



THE ROYAL BOROUGH OF  
KENSINGTON  
AND CHELSEA

## Executive Summary

### Rationale

The North Kensington Health and Wellbeing survey was developed as part of the commitments made by the Council following the publication of the 2018 [Journey of Recovery Needs Assessment](#).

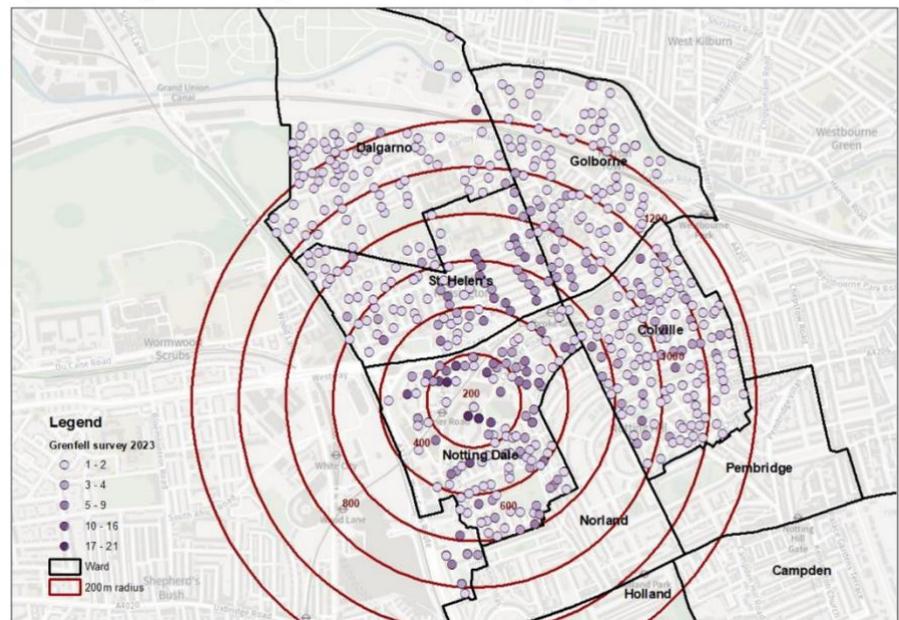
The main aim of the survey was to monitor the impact of the Grenfell Tower tragedy on the North Kensington community. The survey also aimed to assist the Council in improving its understanding of residents' health, wellbeing, social situation and satisfaction with services – information not otherwise available from existing data sources such as GP appointment data.

The findings from this research feed into the Grenfell Recovery Programme and the [2024 Grenfell JSNA](#), which support how the Council and its partners assess, plan and respond to health and wellbeing need within the community.

### Methodology

The survey methodology was developed with expert input from colleagues at Imperial College London. The questions were developed from those used in surveys following other disasters elsewhere in the world; taken from validated tools; and from work by Imperial College. The survey was peer reviewed by Imperial College as well as colleagues from across the Council, before being tested with members of the community and rolled out. It was planned that in Year One of the survey, 2019, 2,000 residential households would be selected at random to participate from six 200m proximity bands<sup>1</sup> of increasing distance from Grenfell Tower<sup>2</sup>. Of the 2,000, half would consent to

Figure 1: Diagram showing the location of the sample population in 2023



<sup>1</sup> For the purpose of this research, North Kensington was divided into six distance bands, equal distance from the tower (every 200 meters). From these, equal numbers of residents were then randomly selected to participate in the survey each year. This approach was recommended by Imperial College to ensure the experience of those living closest to the tower was not lost or diluted among the experiences of the proportionately larger number of participants living further from the tower who may not have been impacted to the same extent.

<sup>2</sup> As the true reach of the impact of the tragedy on local residents was unknown – but the impacts likely to be wide-spread and variable, the research design considered proximity to the tower as a measure of exposure to the tragedy. Those living within 200m of the tower were considered most likely to have been impacted as they would be able to view or need to pass the site as part of daily lives. However, all respondents, irrespective of distance from the tower were asked if they had been affected by the tragedy and given the opportunity to provide their experience and their views on service provision.

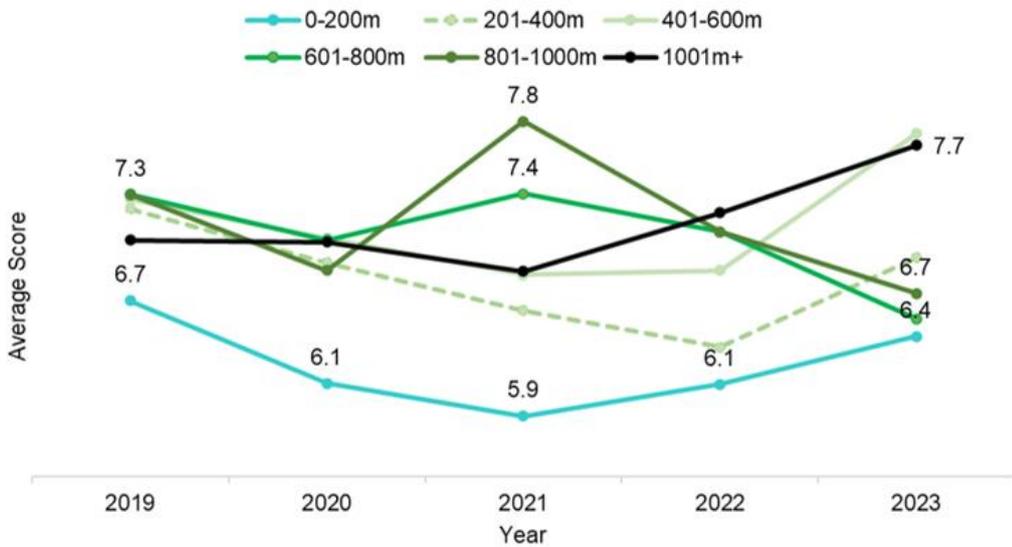
repeating the survey each year after that, allowing the impact on people within the community to be monitored over time.

In practice, too few residents consented to repeat the survey each year to be able to monitor the impact of the tragedy on people within the community over time. In consequence, the method was changed to an annual survey, aiming for 2,000 participants per year, which would give a temperature check and snapshot of the health and wellbeing of the community each year.

The primary measure of the survey was life satisfaction, used to estimate the impact of the tragedy. At the outset of the survey, it was expected that those living closest to the tower (within 200m) and those affected by the tragedy would have lower levels of life satisfaction compared to those living further from the tower, but over time life satisfaction would improve, showing signs of recovery.

In addition to life satisfaction, people completing the survey (respondents) were asked for their views about their health, wellbeing and local services, as well as further questions about specific impacts of the tragedy. In years with significant global events, questions about the COVID-19 pandemic and the 'cost-of-living crisis' were also included.

**Chart 1: Average Life-satisfaction scores by to the tower, 2019 – 2023**



## Interpretation

There are some important considerations when interpreting the findings from the survey.

### What the survey results can do:

- tell us how life satisfaction is different across North Kensington (by distance from the tower), how this has changed over time and who is most likely to experience low life satisfaction, for example those in poorer health.
- suggest how health, wellbeing, the reach and impacts of the tragedy as well as resident satisfaction with areas such as housing and income, vary across North Kensington. However further research would be required to confirm these findings.
- reflect the impacts of the tragedy and the COVID-19 pandemic in residents' own words.

### What the survey results can't do:

- represent the North Kensington community as a whole. It can, however, indicate how health, wellbeing, the impacts of the tragedy and residents' social situation vary across North Kensington in areas defined by distance from the tower.
- as each year's survey is a 'snapshot' and does not follow the same people over time, it is difficult to say that any increases or decreases in the percentages mean that things got better or worse for individuals, and may reflect different people moving in and out of the area or different people being sampled each year.
- the survey cannot direct where services need to be provided based on distance from the tower. The use of proximity bands was made to assess the spread of impact, but it is recognised that local people were impacted in different ways depending on a range of circumstances (including proximity to the tower, experience of the tragedy and personal circumstances).

## Survey population demographic and social characteristics



Almost 7,500 residents' voices  
18+, average age 49



41 per cent of respondents were from Black and multi ethnic backgrounds, Black/Black British was the most common in each proximity band, followed by Asian/Asian British.



55 per cent affected by the tragedy in 2019



Employment: employed, 64 per cent, unemployed, 15 per cent and 19 per cent economically inactive (e.g. retired or in education)



In total, those who completed the survey classified themselves into one or more of the following groups<sup>3</sup>:

- survivors: 46
- bereaved: 185
- emergency workers/first responders: 78
- service providers: 165
- volunteers: 1,185



Of respondents that reported their income<sup>4</sup> 49 per cent reported a household income of less than £30,000



A wide range of languages are spoken in North Kensington, most commonly Arabic, followed by Somali, 33 per cent of respondents reported English was not their first language.



56 per cent lived in social housing

<sup>3</sup> These numbers are based on how the people who completed the survey reported their involvement with the tragedy, and they could select more than one of the five options. The numbers may be overestimates as some households could have been selected more than once over the five years, or, if people moved within the North Kensington area during the survey, there is a chance they were recontacted as if they were a new household.

<sup>4</sup> 39 per cent of residents didn't provide an estimate of their income.

## Grenfell impact and recovery

Life satisfaction scores of respondents living nearest to the tower (within 200m) were consistently among the lowest. However, low life satisfaction was not found to be related to being affected by the tragedy or proximity to the tower itself. Rather, low scores were given by those in fair or poor health, of whom more lived closer to the area around the tower.

Over time the percentage of respondents reporting being affected by the tragedy reduced from 55 per cent to 35 per cent<sup>5</sup>.

Among those living within 200m of the tower, 72 per cent reported being affected by the tragedy in Year One reducing to 51 per cent by the end of the survey.

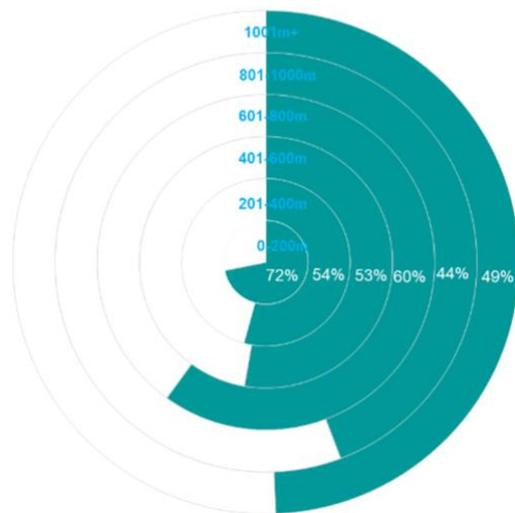
The reductions in the percentages affected and of those still feeling any negative impacts may be due to a reduction in the percentage of people who were living in the area at the time of the tragedy (and who saw it happen) over the course of the survey. In 2020<sup>6</sup>, this was 57 per cent, but by year five had reduced to c 37 per cent.

For respondents who said they were living in the area at the time and saw it happen, the percentage reporting they were affected by the tragedy has remained relatively similar. Over the course of the survey, on average 63 per cent, and for those living within 200m of the tower, 79 per cent, – suggesting proximity to the tower has an additional effect.

Women were more likely to say they had been affected by the tragedy compared to men, while those living outside of the 0-200m radius of the tower and those living alone were less likely to report this. Respondents from a Black or Minority Ethnic background were also more likely to have been affected, especially those of 'Other' ethnicity. Those living in the area at the time who saw it happen were also confirmed as more likely to be affected than those who were not living in the area at the time and more so, the nearer they lived to the tower.

Of four key negative impacts evaluated<sup>7</sup>, the most commonly reported was distress or anxiety due to the tragedy. By the final year of the survey, 2023, this was still reported to be felt 'a bit or a lot' by 10 per cent, overall, 20 per cent, living within 200m of the tower. Over time, the percentage of people still feeling any of the four negative impacts of the tragedy 'a lot' reduced from 11 per cent in Year One, 2019, to one per cent at the end of the survey and was concentrated among those living closest to the tower<sup>8</sup>.

**Chart 2: The percentage of respondents 'Affected' by the tragedy by proximity to the tower, 2019**



2019 Survey data

<sup>5</sup> Median of Years Four and Five, 33 per cent and 36 per cent respectively.

<sup>6</sup> In 2019 details of whether a respondent was a resident at the time of the tragedy was not collected.

<sup>7</sup> Unwillingness to socialise, dealing with frightened, upset or unsettled children, distress and anxiety as a result of Grenfell or relationship problems.

<sup>8</sup> However, numbers were too small to look at the individual impacts of the tragedy among those living in the area and who saw it happen over time or to look at the percentages still feeling the effect of these impacts 'a lot'.

From resident voices, there was a lot of sadness as well as negative opinions about the Council, as they said, “*more could be done*”. The negative impact of seeing the tower (and calls for it to be taken down) was also a common theme. While resilience was expressed as a stronger and strengthened sense of community, and taking pride in that, and closer relationships with family.

## Wellbeing

Respondents living closest to the tower consistently scored lower on the Office for National Statistics measures of wellbeing (life satisfaction, finding life-worthy and happiness) and higher on anxiety compared to survey respondents in the other proximity bands.

However, after considering social and demographic factors (except for proximity and anxiety in 2022), living near the tower or feeling affected by the tragedy wasn't found to be linked to lower wellbeing or higher anxiety. Instead, respondents in fair or poor health were consistently more likely to have low life satisfaction, low sense of purpose (low life worthwhile scores), low levels of happiness, and high levels of anxiety.

Respondents living closest to the tower were also found to be:

- less likely to feel satisfied with their income, housing, transport and access to green space compared to other survey respondents.
- have the lowest levels of optimism and the least likely to feel in control of their lives compared to others.
- as likely to report feeling supported by health and care professionals,
- and more likely to report having opportunities to get involved with their local community compared to other survey respondents.

## Health

Most respondents reported they were in good health, 78 per cent, and most reported that their health was the same or better than the previous year, 84 per cent. In addition, 63 per cent felt confident they could manage issues with their health when they arose, and half of residents felt satisfied with the level of support from health and care services, ‘always’ or ‘most of the time’, 54 per cent.

Respondents living closest to the tower were more likely to report their health as poor and that their health had worsened since the previous year but were as satisfied as other respondents that health and social care professionals were there to support them.

## Healthy behaviours

The survey data did not indicate those living closest to the tower were at risk of a higher tendency to smoke, consume high levels of alcohol or partake in less than the recommended weekly physical activity levels. However, over the five years, respondents living closer to the tower were consistently less likely to agree they could maintain a healthy lifestyle such as eating a healthy diet even at times of stress – 51 per cent of those living within 200m of the tower compared with 70 per cent of those living 801m or more from the tower.

## Satisfaction with Health and Wellbeing services and activities

Respondents consistently valued exercise and sports facilities, and other opportunities to keep active, as ways to improve their health and wellbeing. Traditional health services such as GPs and hospitals were less commonly mentioned, especially after the pandemic. When asked about activities to promote their own wellbeing, walking featured highest, followed by connection (talking with friends and family), and exercise and sport.

## Sense of community

Around 57 per cent of respondents agreed they felt a sense of community with others in their neighbourhood and a similar percentage agreed that people around them were willing to help friends and neighbours. This did not seem to vary between those living closest to the tower and those living further away. Those affected by the tragedy expressed resilience to the tragedy as a deep personal commitment to the area and a strengthened sense of community (and pride in this).

## The impact of global events (COVID-19 and increases to the costs of living)

While the data does not suggest those affected by the tragedy or those living closest to the tower were affected more by the COVID-19 pandemic, it did show that those living closest to the tower were more likely to be shielding due to being vulnerable. There was a slight increase in the percentage of respondents stating they still felt the negative impacts of the tragedy 'a bit' or 'a lot' during the 2020 and 2021 survey. This perhaps suggests spending more time close to the tower during the lockdowns prolonged associated negative impacts.

There was no suggestion from the survey that those affected by the tragedy were more likely to be worried about the rising costs of living or to be struggling financially in either 2022 or 2023. However, slightly higher percentages of those living within 400m of the tower reported struggling financially compared to those living in areas of North Kensington further from the tower.

## Final comments

The survey set out to monitor the impact of the tragedy in North Kensington using life satisfaction as an overall measure of impact and, by comparing the experiences of equal numbers of people by distance from the tower, the reach.

While the research didn't find evidence that low life satisfaction was related to being affected by the tragedy, taking this approach did reveal residents' life satisfaction (and other measures of wellbeing) were closely linked to health (and anxiety linked to income). Those in 'Very good' or 'Excellent' health were less likely to report low wellbeing and high anxiety. In general, the health of respondents was reported as good, but among those living closest to tower it is more likely to be poor and incomes and employment, lower. This reiterates that the tragedy happened in a community already facing unequal outcomes and signals the importance of work to address health inequalities as well as providing opportunities in education and employment.

Due to the survey being asked to different people each year, it isn't possible to tell if the impacts of the tragedy are getting better or worse for individuals. But there is some evidence that living closer to the tower does increase the chances of being affected and still feeling the negative effects today, and in addition to living in the area at the time and seeing it happen

There is an indication that women and residents from some Black, Asian and 'Other' minority groups were more likely to have been affected.

In addition to the main results, this survey has given important insights into the lives of people living in North Kensington and their views on the tragedy, the pandemic, and local services. It has helped us learn more about residents' smoking, alcohol use, physical activity, feelings of connection or isolation, and satisfaction with things like housing quality and access to parks. This information can help inform and direct further work to improve services and reduce health inequalities in the area.

The findings from Year Five, 2023, of this survey do not alter the key messages or recommendations included and shared in the [JSNA 2024](#). However, the five year report does contain additional and extended analyses looking at the impact of the tragedy on those who were living in the area at the time and saw it happen and some statistical analyses<sup>9</sup> have been removed due to confidence in the findings<sup>10</sup>. The exceptions are models run on being affected by the tragedy<sup>11</sup>, measures of wellbeing (happiness, finding life-worthy and anxiety), and to get a sense of whether the COVID-19 pandemic and/or the costs of living increases had had a disproportionate impact on those affected by the tragedy or those living closest to the tower (within 200m).

The survey was designed to monitor the impact of the tragedy but has shown this can be difficult to achieve in practice. The findings and learning from this piece, the response from the community and further support from experts will shape how we continue the commitment to monitor the impact of the tragedy on the community into the future.

The findings from the North Kensington Health and Wellbeing Survey supports the recommendations set out in the 2024 Grenfell JSNA Refresh. Specifically, the survey evidence supports:

- Enhanced mental health and wellbeing support for survivors, bereaved, and the immediate local community
- Targeted support for children and young people, recognising intergenerational trauma and educational needs
- Improved housing quality and culturally competent housing management
- Choice, flexibility, and control in accessing support, including co-production and community-led recovery
- Ongoing monitoring and transparent sharing of health data
- Addressing wider health inequalities and preventive health interventions

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<sup>9</sup> focussed on identifying the social and demographic characteristics of areas such as poor health, lifestyle behaviours (smoking, drinking alcohol, physical activity) and feeling a sense of community.

<sup>10</sup> This was because the number of people surveyed was determined to detect contrasts in life expectancy by proximity with confidence but not other measures.

<sup>11</sup> In the case of the negative/positive impacts of the tragedy, the numbers of response became too small over time to analyse.

## Next steps

The results of this research will be shared with the community through engagement sessions. Residents will be invited to respond to the findings and to help co-develop how the Council conducts future research to monitor the impact of the tragedy and the health and wellbeing needs of the population of North Kensington. The Public Health team is also seeking to commission an academic body to provide expert advice on future surveys/research to ensure the Council is using best practice to capture and represent local need in the future.

# Translations

Information from this document can be made available in alternative formats and in different languages. If you require further assistance please use the contact details below.

## Arabic

يمكن توفير المعلومات التي وردت في هذا المستند بصيغ بديلة ولغات اخرى. إذا كنت في حاجة إلى مزيد من المساعدة، الرجاء استخدام بيانات الاتصال الواردة أدناه.

## Farsi

اطلاعات حاوی در این مدارک به صورتهای دیگر و به زبانهای مختلف در دسترس می باشد. در صورت نیاز به کمک بیشتر لطفاً از جزئیات تماس ذکر شده در ذیل استفاده کنید.

## French

Les informations présentées dans ce document peuvent vous être fournies dans d'autres formats et d'autres langues. Si vous avez besoin d'une aide complémentaire, veuillez utiliser les coordonnées ci-dessous.

## Portuguese

A informação presente neste documento pode ser disponibilizada em formatos alternativos e em línguas diferentes. Se desejar mais assistência, use por favor os contactos fornecidos abaixo.

## Somali

Macluumaadka dokumentigan waxaa lagu heli karaa qaabab kale iyo luuqado kala duwan. Haddii aad u baahan tahay caawinaad intaas dhaafsiisan fadlan isticmaal xiriirka faahfaahinta hoose.

## Spanish

La información en este documento puede facilitarse en formatos alternativos y en diferentes idiomas. Si necesita más ayuda por favor utilice la siguiente información de contacto.

For more details please contact us on:

 [PublicHealthDepartment@rbkc.gov.uk](mailto:PublicHealthDepartment@rbkc.gov.uk)