

CICADA Study Update: Qualitative analysis – Bromley By Bow Centre



Our qualitative analysis

We have interviewed over 230 people about their pandemic experiences. Our participant group is national and encompasses a range of ethnicities with a focus on people of South Asian, Eastern European, Black African, and Arabic heritage. We have been supported by an amazing group of lay researchers and charity groups. Below we present some of the findings from the Bromley by Bow dataset. The Bromley by Bow centre is in East London, serving mainly the Bangladeshi community www.bbbc.org.uk.

About this data

Asian British	23
Southern European	1
South Asian	2
Mixed Race	2
African Caribbean	1
White British	5

Participants experienced a variety of long-term health conditions, most commonly diabetes, high blood pressure, and mental health conditions, and most were at different stages of diagnosis and management of their conditions. They were affected by the loss of function and strength, effect on energy levels, and challenges in processing the world around them.

Key Findings

Pandemic experiences

Across the research study, interviewees largely experienced a deterioration in their health conditions during the pandemic. More specifically, the change in interviewees' health conditions was largely attributed to COVID-19 or factors related to the pandemic, particularly lifestyle changes and demands, increased stress, and lack of timely access to services.

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Commented [AK2]: Can we use brilliant group of 'community' researchers? lay was used but later was objected by some of them (such as Feryal).

Commented [AK3]: I also did demographic analysis for gender- there is imbalance...

Coping strategies

Interviewees managed their conditions through medication and by making lifestyle changes. They also managed stress and energy level through practical problem-solving. However, these coping strategies were supported and hindered by the environment in a variety of ways: offering (or not offering) therapeutic experiences, access to services, appropriate space at home, and confidence in moving outside the home.

Impact of ethnicity

Interviewees responded to the question on the impact of ethnicity on their health experiences in two ways: one group shared that ethnicity played no part in their stories, particularly in what they saw as a “diverse” and “mixed” community of Tower Hamlets; the other group had specific examples of different treatment and possibilities based on their own or others’ cultural background, ethnicity, and country of birth. Explanations of how interviewees’ ethnicity had shaped their experiences ran through each of these themes in nuanced ways, and there was reflection and concentration on the numerous challenges faced by people recently moving to the UK.

Key concerns

Interviewees’ experiences suggest two key concerns: an increase in long-term health conditions and poor health because of the pandemic, potentially yet to be fully uncovered by the NHS; and an over-stretched health and social care system.

Concluding remarks

The study shows how upheaval and uncertainty emerged around both the constantly changing present, interviewees’ health conditions, the fragility or robustness of the supports which enabled their quality of life, and the potential for change in the future. The interconnectedness of mental health and physical health was a recurring motif among the interviewees, as they sought to manage and shape their day-to-day lives, their bodies, and their habits of mind. Often the stories told within interviews were individuals interacting with structures – whether this was a more emergent community or a bureaucratic health and social care system.