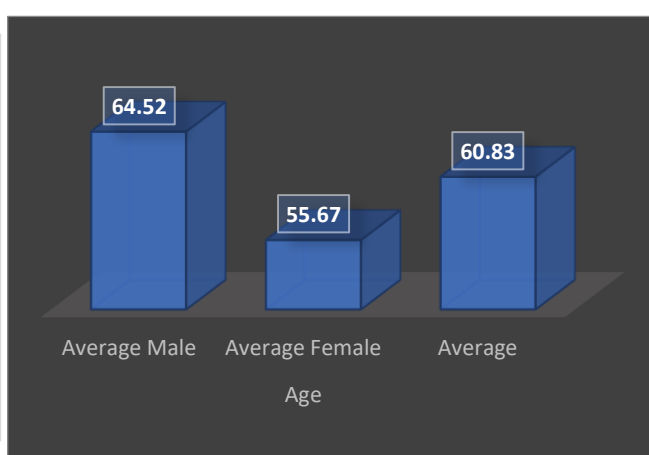
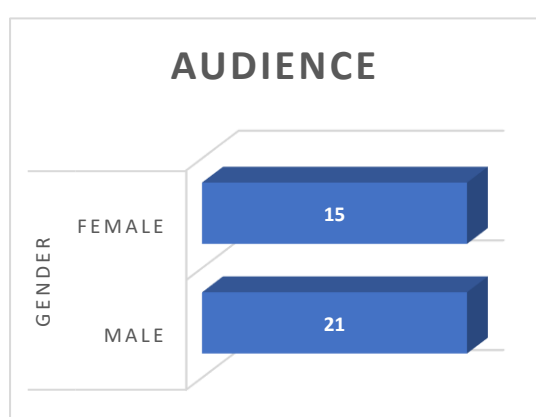


Folkestone Nepalese Community (FNC) Survey Data Analysis

5th July 2023

The report was undertaken by the FNC Community Participatory Action Researchers under the guidance of General Secretary, Project & Centre Manager. It was predominantly surveyed within the Folkestone Nepalese Community Centre (FNCC). It consists of 15 females and 21 males. The average age of the females is 56 years old, and the average age of males is 65 years old. Moreover, the overall average age is 61 years old. Therefore, the survey can only detect responses of an elder generation. Nonetheless, the elder generation necessitate help and support from the local councils the most and therefore, the results will be appropriate.



There was a huge limitation to the answers as they posed too difficult for the elder generation due to lack of awareness of the structure of the local council and NHS. This was apparent with their hesitation in the responses and the similar answers that were slightly vague. A section that prompted them organically was the Shared outcome 4: ‘How can we improve GP services?’. This is because they rely on this service and thus, the data for the aforementioned section was probed.

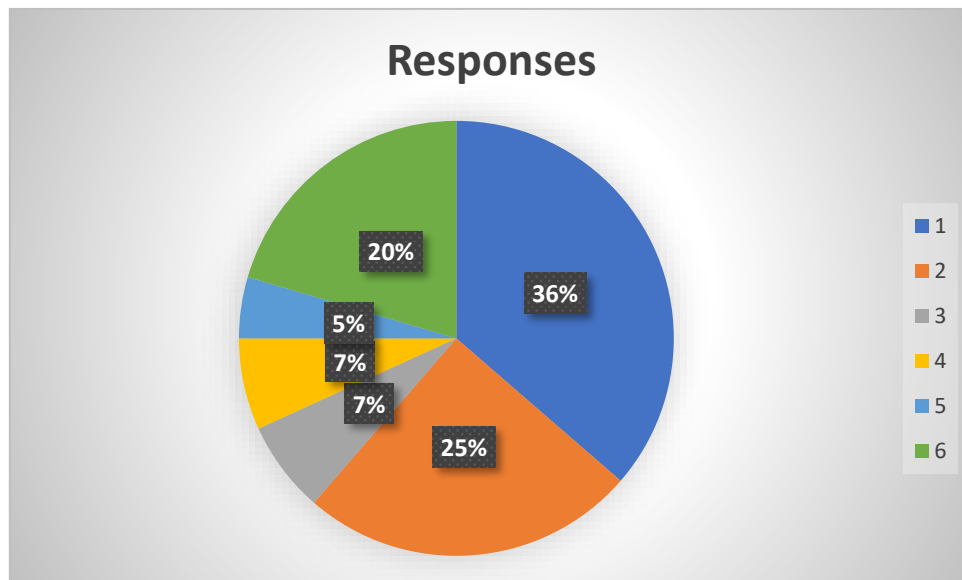
The large and myriad qualitative data were categorised with responses that shared similar characteristics at its core and expressed in numbers as shown below:

1. Nepalese staff/Nepalese translator
2. Cut waiting times
3. More GPs
4. Access to Medication
5. Clear instructions
6. Miscellaneous

It should be highlighted that the Miscellaneous response either did not chime with other responses or the responses were superfluous. Nevertheless, some miscellaneous feedbacks were profoundly insightful after learning their background story such as “Increase the pay of NHS staff” and “Happy with the current state”.

It is evident that a third of the responses were a demand for the NHS to allocate a ‘Nepalese staff’ so as to make it more accessible. Furthermore, ‘waiting time’ is a chief concern; “old people will forget it if it’s (waiting time) too long”. A quarter of the responses alluded to availability of ‘More GPs’ however, at a closer inspection it is another manifestation of the aforementioned ‘waiting time’ and henceforth, after coalescing the feedback the ‘waiting time’ is just as crucial as employing ‘Nepalese staff’.

The result of the data is rational primarily because the prolonged ‘waiting time’ is a national issue derived from the decade of austerity policy from the Government, shortages in the workforce and growing population; ubiquitous in every community. The elder generation are accustomed to face to face appointments and therefore, computer generated responses and online health check-ups are obsolete. Communication barrier is a quintessential hindrance encountered with every non-native community and as such, a necessity for an interpreter.



In conclusion, it was deduced that there was a lack of awareness that the local council can provide help. And that compulsory workshop enlightening issues on maternity services, helping families thrive, safeguarding children’s mental health, reducing inequalities, encourage people to live healthy lives, and age well – should be scheduled. These owe its inception to the fact that the Nepalese society disassociate themselves from the juxtaposed English society mainly due to discrimination, embarrassment, language barrier, fear of losing their identity, anxiety, or just a sharp contrast in the culture disables effective integration. The elder Nepalese generation are the zeroth generation and henceforth, will always face resistance and ultimately acquiesce opportunities to integrate. This can be extended to the other non-native communities in the UK. Instead, the respective communities should highlight the benefits of integrating and eradicate the superfluous fears such as loss of identity and culture, celebrating the plethora of culture and diversity.