



Children's Community Health Services Engagement Report 2024

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Introduction

Established in 2005, the Folkestone Nepalese Community (FNC) is a non-profit organisation dedicated to assisting the local Nepalese and Gurkha veterans, along with their families in Folkestone and nearby regions. The report was undertaken by the FNC Staff and Volunteers. The main objective of the survey was to find out about children and young people's experiences with the Community Health Services. The Survey was conducted in the Folkestone Nepalese Community Centre (FNC Centre) for NHS Kent and Medway.

Participants Demography

The participant group consisted of 29% children or young people and 71% adults responsible for children or young people. The gender breakdown was 57% female participants and 43% male. All participants identified as Nepalese in ethnicity, with 29% adhering to the Kirat religion, 24% to Buddhism, 21% to Christianity, 13% to Hinduism, and 13% practicing Other (Yumasamyok). A majority of the participants hailed from the CT20 and CT19 postal areas.

Method

The study was conducted at the FNC Centre with a focus group comprising 14 individuals. Of these participants, 29% were children or youths, while 71% were adults responsible for a child or young person. The survey incorporated a combination of closed-ended and open-ended questions. Interpretation of the survey responses was carried out by the staff and volunteers of the FNC Centre, to accommodate language limitations of the participants.



Result of the Survey

Figure 1 presents the usage data of community services in the past 12 to 18 months, highlighting that other services (Dental, High fever, Stomach-ache) were used by 29% of respondents, making it the most utilized service. Each category of special needs nursery, specialty nurse advisor, speech and language therapy, community paediatrics, and audiology was used by 7% of participants. In contrast, 36% of respondents did not use any community services during the last 12 to 18 months.

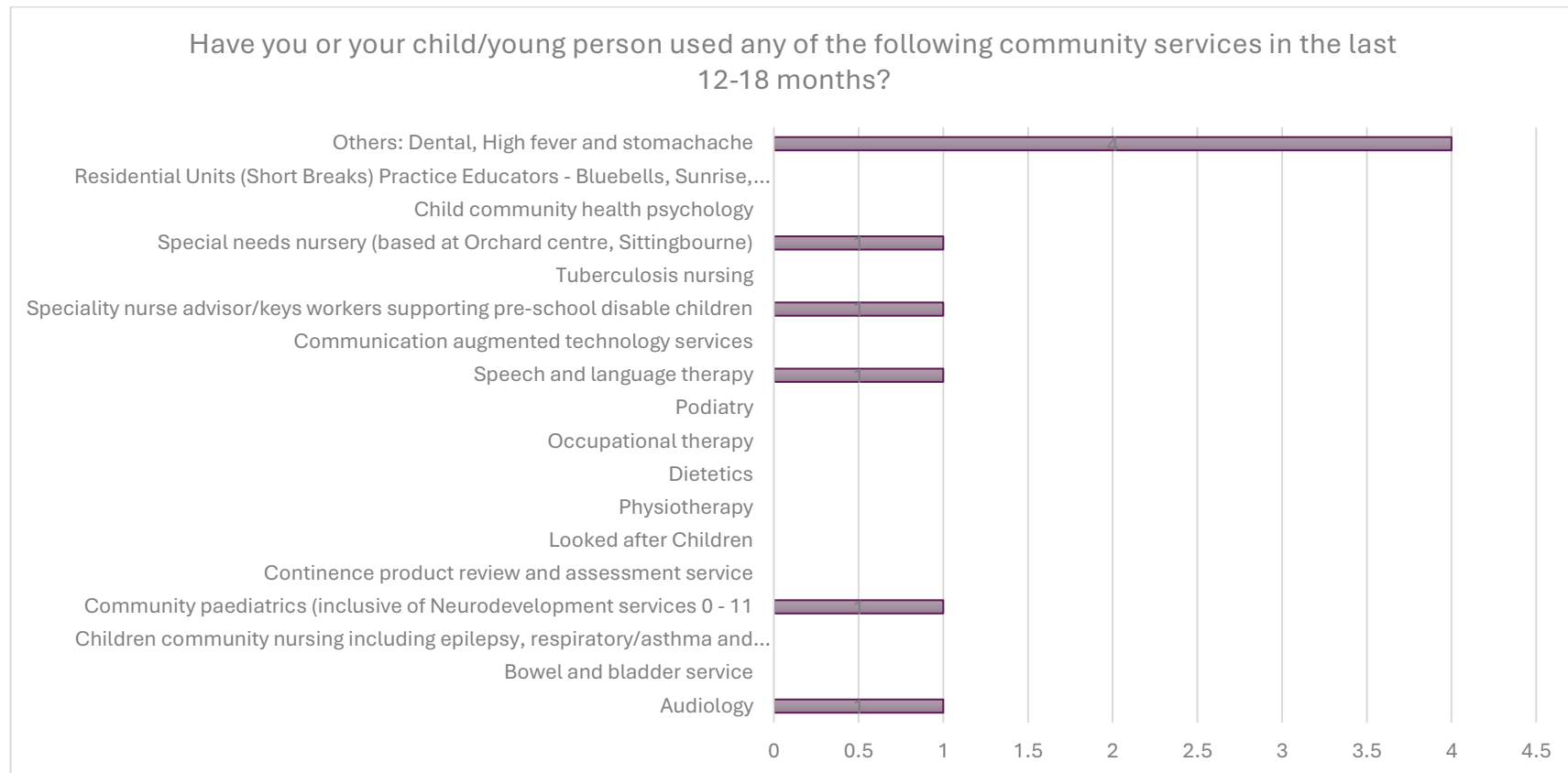


Figure 1: Responses of Participants Regarding Using of the Community Health Service



Figure 2 illustrates the usage of community health services over the last 12-18 months, with 7% having visited over 10 times, signifying severe health conditions in children or young people. Figure 3 displays the collective satisfaction levels with community health services among those who have utilized them, with 72% expressing very good satisfaction.

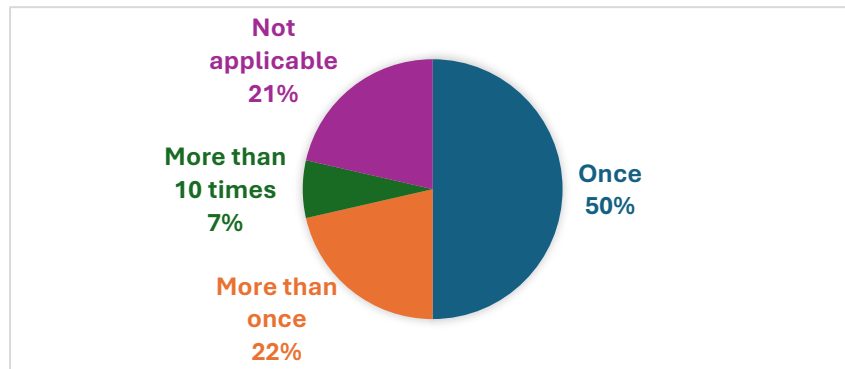


Figure 2 Frequency of Access to Community Health Services

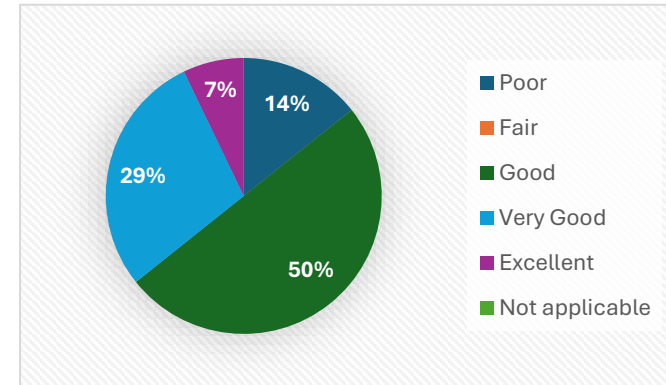


Figure 3 Overall rating of the service

Below are the testimonials from individuals regarding their outstanding service experiences at the community health centre.

“Very kind and informative health professionals created a warm environment with plenty of toys for my little girl to explore while we were talking.”

“Good experience.”

“Staff, Nurse, Specialist good approach and polite.”

“We got the facility even at the mid night / home service.”

“Treat children equally.”

“They care about my health.”

“Everything went well.”



Additionally, the participants offered suggestions for enhancements drawn from their personal experiences with community health services, which include the following:

“Keep helping.”

“Missed my child appointment. They should have sent reminder via email/text”

“Everything up until now is in my favour that is why I am satisfied.”

“Could provide sitting area”

“Usually, doctors are very kind and loving in nature when it comes to children but sometimes, I felt some of the doctors were rude with my children without knowing my children nature”

79% of participants reported that traveling to their appointment was easy, with follow-up comments explaining their reasons listed below:

“When we asked to book appointment, they booked easily and advise us for good time for children.”

“It was near.”

“Easy access.”

“The service was fast.”

“Because it was nearby to our living place.”

“The care and advice given by health professional was helpful, supportive and always being there while needed. Easy to access via public transport or own transport.”



When the participants were asked to rank the key priorities for improving community health services only the 43 % participants ranked the key priorities 1 being the most important and 9 being the least important as follows:

1. I don't have to wait a long time to see someone when I need to (*50% responded this as key priorities 1*)
2. I can use technology to seek advice and care at home, for instance using monitoring devices at home and video consulting.
3. Regardless of where I live in Kent and Medway, I can easily get the same types of community health services.
4. There is a focus on preventing health problems before they start on providing support for isolated on preventing health problems before they start on providing support for isolated people and creating healthier communities.
5. My care is joined up with different professionals working closely together.
6. I can be treated or seen at home or in my neighbourhood.
7. When I need to move from children to adult services my care is unbroken and joined up.
8. I can manage my own health and wellbeing (with information and support from health and care services)
9. I have a shared care record across services and one care plan for me.

The participants also shared their thoughts on other important areas to enhance community health services for children and young people, which include:

“Appointment via email.”

“Hospital service should be accessible our 24 hours.”

“It would be better if one patient can get all facilities regarding dental care in one dental clinic.”



The study shows that 7% of children and adolescents have a disability or chronic health problem affecting their daily life, and 21% are young individuals who act as caregivers for a family member. Additionally, the study results show that although none of the participants have served or serve in the Armed Forces, they are all grandchildren or children of Gurkha veterans.

During the focus group discussion regarding the enhancement of child and youth friendliness in children's community health services, the consensus was that visual materials like posters and leaflets should be readily accessible within these service environments. Moreover, distributing these materials directly to the young would capture their interest. In today's technological era, making such information available online or through a dedicated application could further enlighten children and youths. Additionally, it would benefit the service if there were initiatives to encourage young individuals to engage in surveys.

Conclusion:

Survey results indicate low use of children's community health services by the Nepalese Community in Folkestone, though satisfaction is high among those who have. Adults responsible for young children primarily completed the survey, which focused on ages 6-11 and 12-25. The most used services included dental, treatments for fevers and stomach pain, audiology, and community paediatrics for neurodevelopment in 0–11 year-olds. Most found traveling to appointments convenient and locations favourable. The survey was limited by time constraints, preventing broader participation from parents and youth.