

FNC Student Placement Summary

Folkestone Nepalese Community (FNC) hosted two final-year Adult Nursing students from University of Portsmouth on an extended spoke placement.

Students:

- Suruchhya Ghale (Student Nurse)
- Prashanna Roka (Student Nurse)

Placement Period: 02 February 2026 – 2 weeks

Placement Supervisor:

Maha Rai PhD, Charity, Programme & Centre Manager

Placement Overview:

During their placement, the students engaged with FNC's community health and wellbeing activities, gaining practical insight into grassroots service delivery and community-based support.

Outputs:

- Completed two literature review reports
- Reports were compiled using evidence and data from FNC project reports and activities

Report Summary – Suruchhya Ghale

Written by: Suruchhya Ghale (Student Nurse, University of Portsmouth)

Date: 13 February 2026

This literature review examines the findings of the *Community Health Services Engagement Report 2024* produced by Folkestone Nepalese Community (FNC), with a focus on the experiences of elderly Nepalese and Gurkha veterans in accessing community health services.

Drawing on wider academic and policy literature, the report explores key themes including ethnic health inequalities, ageing populations, language barriers, digital exclusion, and access to community-based care. It highlights how these factors contribute to reduced engagement with services and identifies the importance of culturally competent, accessible, and community-centred approaches.

The review also emphasises the role of community organisations such as FNC in bridging gaps between statutory services and marginalised communities, supporting improved health literacy, trust, and service access.

Literature review on community health services engagement report

Introduction

Community health services (CHS) play a central role in the delivery of integrated, preventative and person-centred care within the National Health Service (NHS) (NHS England, 2019). The Community Health Services Engagement Report 2024 produced by the Folkestone Nepalese Community (FNC) highlights patterns of service use, experiences, and barriers among predominantly elderly Nepalese and Gurkha veterans in Folkestone. This literature review critically examines the findings of the report in relation to existing research on ethnic minority health inequalities, ageing populations, language barriers, digital exclusion, access to community-based services, and culturally competent care.

Ethnic minority and health inequalities

Substantial evidence demonstrates that ethnic minority communities in the UK experience poorer health outcomes and reduced access to healthcare services compared to the general population (Public Health England, 2018; Nazroo et al., 2020). Structural inequalities, socio-economic disadvantage, and cultural barriers contribute to disparities in both access and outcomes (Marmot et al., 2020).

The FNC report indicates limited engagement with Adult Community Health Services, with only 5% of participants accessing services within the past year. This aligns with findings from Raleigh and Holmes (2021), who report that minority ethnic groups are less likely to access preventative and community-based services, often presenting later with more complex needs. Barriers may include lack of awareness, mistrust, language limitations, and systemic discrimination (Kapadia et al., 2022).

The high proportion of elderly respondents (81.57% aged 75+) further compounds vulnerability. Older migrants often face “triple jeopardy” – ageing, ethnicity, and socio-economic disadvantage – which increases the risk of health exclusion (Torres, 2015).

Community based care

The survey highlights that 37% of participants live with chronic conditions or disabilities and 76.3% provide care for others. Chronic disease management, particularly diabetes (26.3% usage), cardiology (13.2%), and MSK services (18.4%), reflects the broader epidemiological trend of long-term conditions among ageing populations (Kingston et al., 2018).

NHS policy increasingly emphasises community-based models such as Integrated Discharge Teams (IDT), Hospital at Home, and virtual wards to reduce hospital admissions and promote independence (NHS England, 2022). However, the effectiveness of such models depends on accessibility and patient understanding (Goodwin et al., 2017).

The relatively low reported use of rehabilitation, community nursing, stroke services, and preventative services suggests underutilisation rather than absence of need. Research shows that minority older adults are less likely to access rehabilitation and preventative interventions due to limited awareness and referral inequalities (Bastos et al., 2018). This suggests that structural and informational barriers may prevent optimal engagement among the Nepalese community in Folkestone.

Language barriers

One of the most prominent themes in the FNC report is the lack of professional interpreters

and clear communication. Participants identified interpreter availability as a key improvement priority.

Language barriers are consistently identified as a major determinant of healthcare inequality (Flores, 2006; Karliner et al., 2007). Inadequate interpretation is associated with poorer clinical outcomes, reduced patient satisfaction, and increased risk of medical errors (Divi et al., 2007). The reliance on family members or unqualified aides, as described in the report, raises concerns regarding confidentiality, accuracy, and safeguarding (Bischoff et al., 2003).

Culturally competent care requires not only translation but also cultural understanding (Betancourt et al., 2016). Gurkha veterans and Nepalese elders may have distinct cultural perceptions of health, authority, and help-seeking behaviour (Adhikari et al., 2021). Without culturally responsive services, engagement is likely to remain limited.

Digital exclusion and health literacy

The report identifies low literacy and digital skills as significant barriers to independent service navigation. This finding is strongly supported by literature on digital health inequalities.

The NHS Long Term Plan promotes digital-first access, remote consultations, and virtual wards (NHS England, 2019). While these innovations increase efficiency, they risk widening inequalities among older adults and minority groups with limited digital literacy (Watts, 2020). The concept of the “digital divide” highlights disparities in access, skills, and confidence in using technology (van Dijk, 2020).

Health literacy is another crucial determinant. Sørensen et al. (2012) define health literacy as the ability to access, understand and use health information to make decisions. Low health literacy is associated with increased hospitalisation, poorer self-management, and reduced preventative service use (Berkman et al., 2011). The reliance on family members and the FNC Centre for support suggests limited functional health literacy within this population.

Transport and physical activity

Although 66% of participants stated that travel questions were not applicable due to non-recent service use, those who experienced difficulty cited age, distance, and lack of private transport.

Transport barriers are widely recognised as a social determinant of healthcare access (Syed et al., 2013). Older adults without access to cars are particularly disadvantaged in rural or semi-rural areas. Community-based or home-based care models are therefore essential to reduce inequities. The participants’ prioritisation of being treated at home or within their neighbourhood aligns with NHS policy promoting care closer to home (Department of Health and Social Care, 2021).

Patient experience

The majority of participants rated services as good (54%) or fair (38%), indicating moderate satisfaction. Positive aspects included cleanliness, timely treatment, and friendly staff. However, dissatisfaction centred on waiting times, communication and appointment delays.

Person-centred care is recognised as a cornerstone of quality healthcare (Coulter et al., 2015). Feeling listened to and involved in decision-making improves adherence, satisfaction, and outcomes (Doyle et al., 2013). The participants’ emphasis on shared care records, joined-up services, and being involved in decisions reflects principles of integrated care (Goodwin et al., 2017).

Extended NHS waiting times, noted in the report, are a national concern and disproportionately affect vulnerable groups (The King’s Fund, 2023). Delays may reduce trust and discourage future help-seeking.

The role of the community

The FNC Centre plays a significant mediating role between statutory services and the Nepalese community. Community-based organisations often act as “cultural brokers,” improving trust, engagement, and health literacy (South et al., 2019).

Research suggests that partnerships between the NHS and voluntary sector organisations enhance outreach to marginalised populations (Buck and Ewbank, 2020). The FNC Centre’s collaboration with NHS Kent and Medway reflects a community-centred approach aligned with asset-based community development models (Public Health England, 2015).

Conclusion

The findings of the FNC Community Health Services Engagement Report 2024 reflect broader national and international evidence regarding health inequalities among ageing ethnic minority populations. Limited engagement with community health services appears linked to language barriers, low digital and health literacy, transport difficulties, and systemic inequities.

The literature suggests that improving interpreter provision, enhancing culturally competent care, reducing waiting times, strengthening community partnerships, and addressing digital exclusion are critical to improving outcomes. For the elderly Nepalese population in Folkestone, equitable access to community health services requires both structural reform and culturally responsive practice.

Future research should explore co-produced service design with the Nepalese community to ensure that interventions are culturally appropriate, accessible, and sustainable.

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