

Citizens Advice Bureau Rushmoor – Community Engagement Fund feedback for Reconnect, Reset, Rebuild

Community group or individual(s) engaged with and number of people in attendance:

The session was held during the English Conversation Cafe that is held every Friday in Aldershot library. The attendees at this session were Nepali. The number of attendance at this session was 29, mix genders and mixed aged 35+ to 75.

What was most important to participants about their health, care, and wellbeing?

Attendees shared that many live in private rented accommodation or rented with housing association. During the session, I raised awareness about Mould and damp in properties as part of my energy project delivery. Many were unaware that a house with mould growing and dampness could impact their health with extreme cases leading to respiratory illnesses. There was a collective response that they were not aware of their rights with regards to housing, repairs their landlords has to support with etc. It was important for all participants to be able to afford heating during the winter to actually keep themselves warm to avoid winter spells. Participants shared that although access to care is available, getting to the location to access is the problem.

Participants shared that being healthy means they can continue doing their best to look for work, look after themselves and their family.

Top priorities identified for health and care in the community (list any specific priorities raised by participants)

- communication to be in-person
- digital communication does not support the elderly at all or those with a language barrier
- unable to get appointments at GP due to lack of Nepali interpreter, or lack of appointments, and at times simply not being able to communicate the problem across.

What barriers did participants highlight? (e.g., access to services, financial concerns, transportation)

The main barrier highlighted during the session was the language barrier they faced as many do not understand or speak English. With the support of such English classes made available, it has allowed participants to identify letters and numbers. Due to the language barrier, participants feel that all help stops there. They put forward that if they cannot even get across their issue, how can they expect to receive any treatment that is necessary.

Second barrier highlighted was the digital illiteracy. With the modern age adapting it's services to become more digital, this is where participants struggle to understand. Specially those who are elderly will not be able to navigate this with many still using a keypad phone. The elderly are not equipped to understand how to navigate with a digital smartphone, apps and such.

The third barrier noted was transportation for hospital appointments. Many of the elderly have not travelled out far from their local communities, one participant shared that they were asked to go to Ascot for an appointment from the hospital which would cost them a lot of money from the taxi as they were not familiar with the bus route. It leads to a lot of confusion travelling to a new place. Also bringing in financial strain as many rely on their pension credit to get them through.

What improvements did participants feel would have the biggest impact?

Participants suggested that with every health service there should always be a Nepali worker available to interpret and to understand the urgency of the matter. Participants disclose that at times when they have tried their best to express the urgency, they couldn't get through to the other person due to the language barrier.

For health care providers to learn basic phrases in Nepali that would help the elderly understand if it is not an emergency so that they do not have to stay in fear and panic, for e.g if they have received a simple letter that notifies them of a change that they should not be concerned about or take action.

Your reflections - Key Takeaway(s) and next steps:

It is important that we are looking further into the accessibility of travel & transport for specially the elderly Nepali community as they are much more vulnerable. If by chance an elderly couple were to board the wrong bus and end up somewhere far, they would immensely struggle to communicate unless there is another Nepali person present at the location.

I will plan to further hold a couple more conversational sessions to get more insight on the views from the Nepali community.