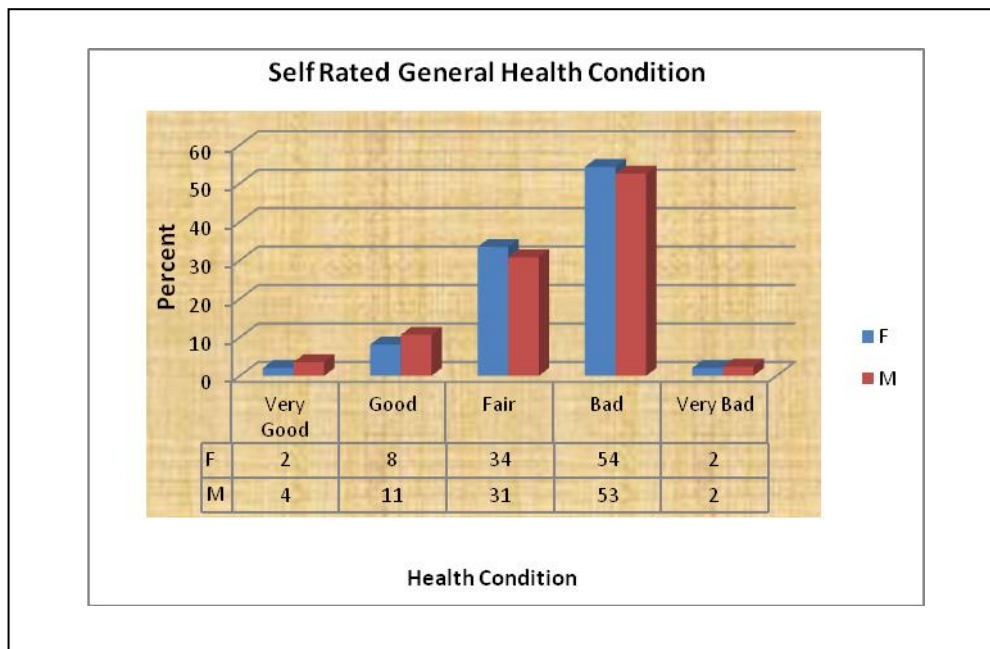


Community Empowerment and Support Initiatives (CESI) - UK

Greenwich Nepalese/Gurkha Integration Project

Baseline Survey Report



March 2014

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Chapter 1: Introduction

1.1 Introduction:

Community Empowerment and Support Initiative (CESI)-UK is a charitable organisation established in 2007 in response to the needs of the Nepalese Community within the Royal Borough of Greenwich, London. Its goal is to improve the quality of life of the Nepalese community in the UK in general and particularly in the Royal Borough of Greenwich. The objective of CESI is to facilitate the integration and wellbeing of the ethnic minority groups in general and Nepalese community groups in particular into the broader community within the Royal Borough of Greenwich.

Community Empowerment and Support Initiative (CESI)-UK has been awarded a three year long project by Big Lottery Fund, Reaching Community in April 2013. The project has been implemented within the Royal Borough of Greenwich. The overall aim of the project is to facilitate the integration and wellbeing of the Nepalese/Gurkha and their families into the Royal Borough of Greenwich broader community through targeted facilitation to access employment, training and health services and services from statutory and voluntary organisations. To achieve the above objective following outcomes and indicators set:

Outcome 1	75 Youths of Gurkha families, both male and female, per year will have increased employability opportunities through training support provided by the project.
Outcome 2	150 Gurkha Elderly people, both men and women, per year will have reported improvement in their health through specialised health and healthier consultations provided by the project.
Outcome 3	150 Gurkha families per year will have demonstrated their increased confidence to access local level services through specialised thematic consultation support provided by the project.
Outcome 4	75 Gurkha families per year will have reported reduced isolation and are able to participate in wider community activities per year.

Box: 1 (Source: Adapted from CESI, Programme document)

Each of the outcomes above has more than one activities and plan of action in place. The project intends to implement the planned activities in collaboration with statutory and local voluntary organisations such as Royal Borough of Greenwich, Greenwich housing rights and Greenwich Gurkha Ex-Servicemen Association (GGESA) etc. The beneficiaries of the project are Nepalese people living within the Royal Borough of Greenwich including Ex-Gurkha soldiers and their families in general; and any interested youth of working age (16-45) specially for enhancing employability opportunity.

This report contains the findings from the baseline survey carried out to assess the present situation and set benchmark information of the beneficiaries within the project area so that it will enable to compare and measure the changes (impact) after implementation of project activities at the end of the project period.

1.2 Objective of the Baseline Survey:

The baseline survey aims to collect and collate data from the beneficiaries to assess their present situation based on the project outcomes and indicators. The following were specific objectives set out for the baseline survey:

1. To collect data related to project outcome and indicators to establish benchmark for tracking the change during the project life and assessing the impact after completion of the project.
2. To establish a beneficiary profile (database) so that relevant data could be easily available as and when required.
3. To prepare a document that helps to serve project implementation and evaluation as a project management tool.

1.3 Methodology:

Structured questionnaires were used to carry out the baseline survey. Both quantitative and qualitative data were collected to serve the purpose. Questionnaires (Annex 1) were designed separately for all four outcomes and administrated applying Paper and Pencil Interview (PAPI) mode as data collection tool. Survey was carried out during April-June 2013. Population for the survey were all the service recipients from the CESI under this project. It was not representative sample survey rather it was a purposive survey covering all population involved in the service delivery. Some of the interviews were carried out during the visit to the CESI by respondents and others were carried out at their home and during the events organised around the Plumstead. CESI staff and volunteers were involved in carrying out the survey. Especial team was formed within the CESI for data entry, analysis and writing up of the findings. Excel package was used for designing database and data analysis. Simple cross tabulation and frequency count were carried out and bar charts, diagrams and pie charts were drawn after data analysis.

Chapter 2: Findings

In this chapter findings from the survey are presented separately for each of the four outcomes.

2.1 Outcome 1: 75 Youths of Gurkha families, both male and female, per year will have increased employability opportunities through training support provided by the project.

In this outcome, it has been planned to organise training/coaching programmes to enhance knowledge/skills relevant to employment in the current job markets especially for the working age youths. To set the benchmark data in knowledge, skills and behaviours for employment related area, some questions were asked in questionnaire survey and then responses from the respondents were compiled and interpreted which are presented in the following sections.

2.1.1 Qualification of the training participants.

Of the total participants registered for the Employability skills enhancement training, around half (45%) are with A level qualification (Figure 2.1). There is only a slight difference between male and female participants in qualification. Around 15-20 percent of them have either secondary level or GCSE level qualification, and the scenario is same for those who have bachelor or above level.

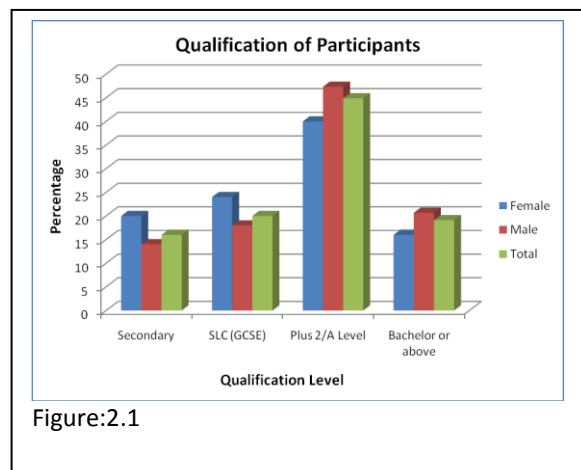


Figure:2.1

2.1.2 Level of knowledge/skills of participants.

The main indicator to assess the participants' level of knowledge/skills was on CV writing, job search, making job application and interview facing techniques. Scoring system was applied in which 1 was given for the lowest level and 5 was given for the highest level of knowledge/skill. Most of the participants scored under 1 in all the competency categories, and the second score was under score number 2 whereas score 3 and 4 were negligible (Figure 2.2). This result shows that most of the participants had low level of skills/knowledge.

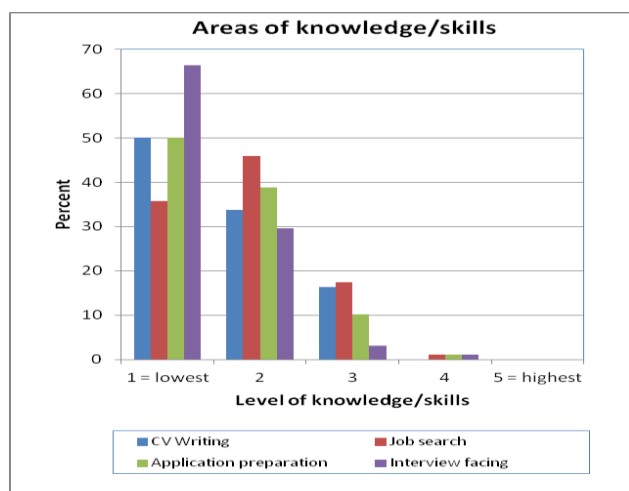


Figure:2.2

2.1.3 Frequency of job application made by the participants during the last year period:

Nearly a half of the female (43%) and a third of male participants were found not having made job application even a single attempt whereas one and two attempts were made by 14 to 21 percent of participants. Men and women were similar to make such efforts (Figure 2.3). 28% of Male participants found to make three attempts whereas only 15% of female to make such attempt. There were nominal figures under 4th and 5th attempt ranging from 2 to 6 times and similar to male and female.

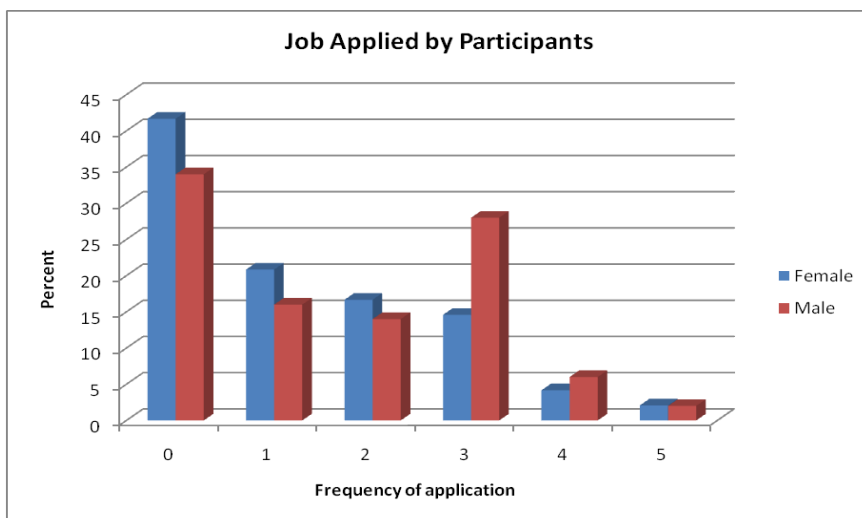


Figure:2.3

2.1.4 Participants' called for interviews during last year.

In all application made during the last one year, the majority (68%) were rejected to call for interview whereas only 15% and 16 % were called one and two times during the same period (Figure 2.4). It shows that there is very rare chance to be called for interview even if they made job application in the job market.

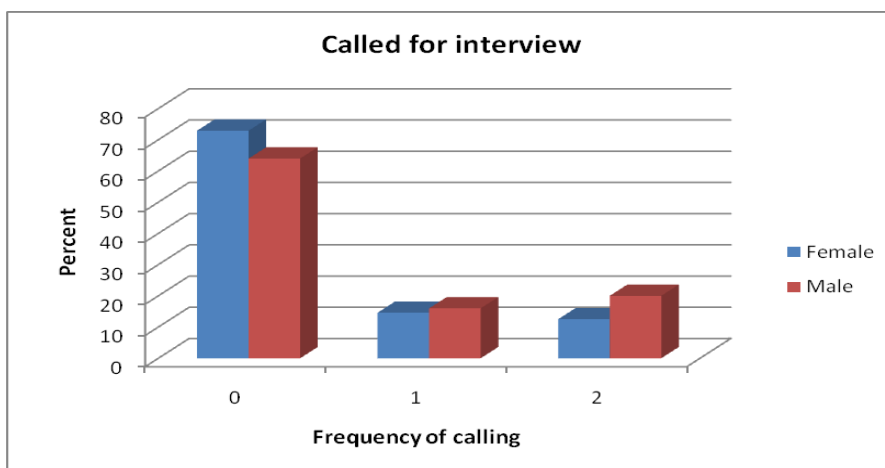


Figure:2.4

2.1.5 Job offer received by the participants:

Only 17% of the total participants who had faced interview were offered jobs (Figure 2.5). It shows that very limited applicants are able to secure job passing through the all job hunting process.



Figure:2.5

From the above analysis it is found that most of the participants do not have knowledge and skill of writing CV, job search, making job application and facing interview. Around 43% of participants were found not making any attempt to apply and remaining 57% tried to apply but very few of them were called for interview. Those who had applied, 68% of them were not called for interview and only 32% called for interview. Out of 32% interview facing participants only 17% were offered job during the last year.

2.2 Outcome 2: 150 Gurkha Elderly people, both men and women, per year will have reported improvement in their health through specialised health and healthier consultations provided by the project.

In this outcome, a number of training, consultation, awareness classes and yoga/keep fit exercises have been planned to enhance knowledge/skills, change behaviours, and improve health conditions throughout the project period. To set the benchmark data in current health conditions and knowledge, skills and behaviours related to this were asked in questionnaire survey and then responses from the respondents were compiled and interpreted which are presented in the following sections. Major three areas of data have been collected and analysed in this outcome e.g. General Health Condition, Eating/lifestyle and Keep Fit exercise. Each of the areas are presented briefly as follows:

2.2.1 General Health Conditions

Under the general health condition section, three types of data are presented. 'Self rated health condition' which is a widely accepted health measure used to measure their personal health under five categories such as Very good, good, fair, bad and very bad. The next type of data used is prevalence of chronic illness such as blood pressure, cholesterol, asthma, diabetes and uric acid. It was asked that whether they were affected by any of these five chronic illnesses. The third type of data is GP visit made by the participants during the last. It was found that participants were not accessing health services e.g. GP, hospital and other volunteer sector services due to barriers such as lack of knowledge of English language, information about service etc. Therefore, the project aimed at increasing access to such services so that their illness would be reduced/maintained resulting to improved health wellbeing.

Self rated Health Condition:

Out of all participants, 2% were rated as their health was in 'Very Bad' condition (Figure: 2.6). They have chronic illnesses. More than half (53%) of them had rated their health condition as 'Bad' having multiple illness (BP, Cholestorel, Astham, Uric Acit, Diabetes etc..) and a third (32%) were rated with 'Fair' condition (having one or two illnesses). Very low (10%) rated as 'Good' (having no any illness diagnosed, and managing their health properly) whereas very negligible portion of respondents rated 'Very Good' (3%). There is not marked differences between male and female respondents.

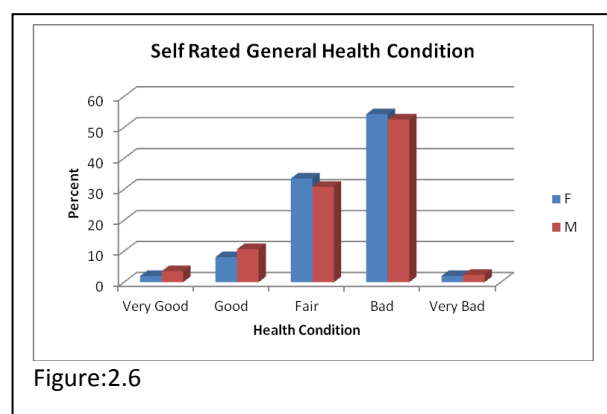


Figure:2.6

Prevalence of Chronic Illness

Out of all respondents, 87% percent reported that they have one or more chronic illness (BP, Cholesterol, Asthma, Diabetes and Uric acid). Among them, 38% responded that they have two types of illness, 25% reported three illness and 19% reported at least one illness. Very few participants (5%) have reported more than three whereas around 13% of total have mentioned that they have no illness at all (Figure: 2.7). Such chronic illness prevalence is found one of the factors determining their present health condition. Among all five types of illness, blood pressure occurrence was highly reported (68% respondents) followed by cholesterol (61% respondents), diabetes (28% respondents), Uric acid (21% respondents) and Asthma (12% respondents). Occurrence of such illness was based on their response.

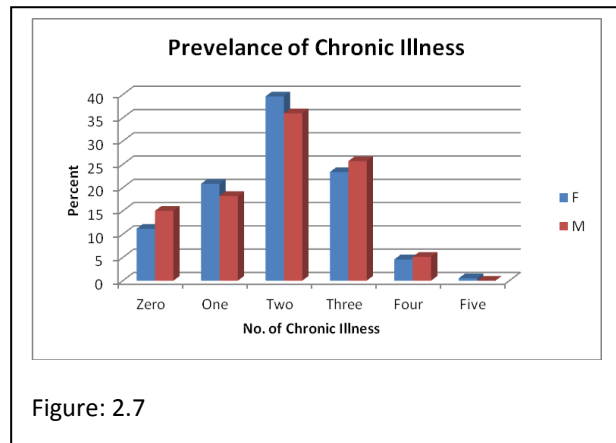


Figure: 2.7

GP Visit During Last Year

One of the measures of participants' health condition measurement was GP visit made by them during the last one year period. It was reported that in many instances they were reluctant to visit GPs due to lack of information about the services they can access and language skills to express their feelings clearly with the GPs. However, it was found that most of them (75%) had made visits during the last year. Visits they made was not very useful as they could not report their illness clearly with the Dr. as they cannot speak English. The other barriers for not visiting GP is their cultural beliefs/practice of pursuing home remedy until illness getting severe.

2.2.2 Healthier Eating (life style):

People's health and wellbeing determined by the consumption of healthy food and drinks. In this section baseline of participants were recorded level of consumption of alcohol, smoking, fruit and vegetable, meat/fish/egg/pulse, dairy products and sugar/fat. Quantity of food and drinks consumed by the participants were recorded per day basis.

Alcohol Consumption

Alcohol consumption (units) was reported quite high both for men and women. Among the respondents, around 20% women reported they do not drink at all whereas this figure was only 2% for the men. As per recommendation for healthy eating, daily alcohol consumption for women is 2-3 units and 3-4 units for men. The data in the diagram (Figure: 2.9) shows that a majority of both men and women are consuming

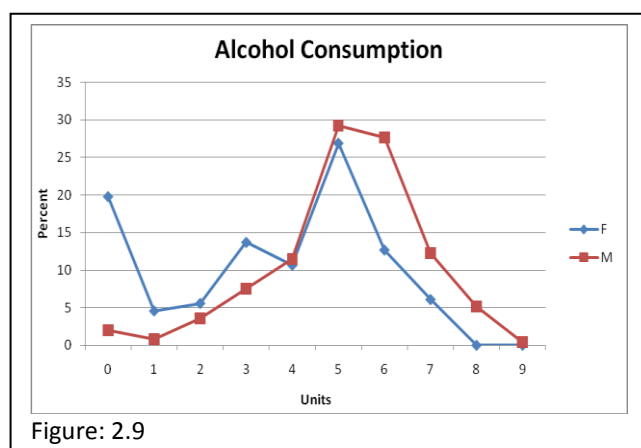


Figure: 2.9

more than recommended rate. 57% of women are consuming more than 3 units (up to 8 units) and 75% men are consuming more than 4 units (up to 9 units) of alcohol per day which could be a matter of concern in terms of healthy eating behaviour (Figure: 2.9).

Cigarettes Smoking

Majority of the respondents reported that they are not smoking cigarette. 87% of women and 65% of men are not smoking. This shows that they do not have much worrying behaviour of smoking as is in drinking alcohol.

Fruit and Vegetables

Fruit and vegetable consumption is considered very important in daily food in-take pattern. As per eat well plate (as described by health department), a third of food should come from this group in each of our diet. The data in the diagram (Figure: 2.10) shows that nearly a half of the respondents eat two portion a day and a-third people eat only one portion a day. Recommended rate is five portion per day which is far behind as per the response of the respondents in this survey. This shows that they need more information and guidance so as to increase fruit and vegetable consumption.

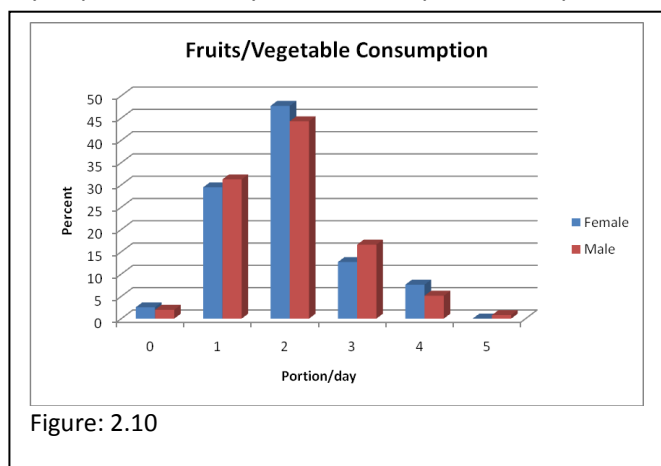


Figure: 2.10

Meat, Fish, Egg and Pulse (beans....)

Meat, fish, egg and pulses are major source of protein in our diet. As per eat well plate (recommended quantity), around 2-3 portions per day of such foods are expected to be included in our daily diet plan. However, the diagram (Figure: 2.11) shows that majority of respondents (51%) are eating 4 portion per day which is more than recommended rate. In such food, as per Nepalese practice more people eat red meat instead of fish or chicken which is not healthy as fish and chicken. Thus, in this category, the respondents are needed to be informed and guided in maintaining the quantity and type of source of protein to be consumed in daily diet table.

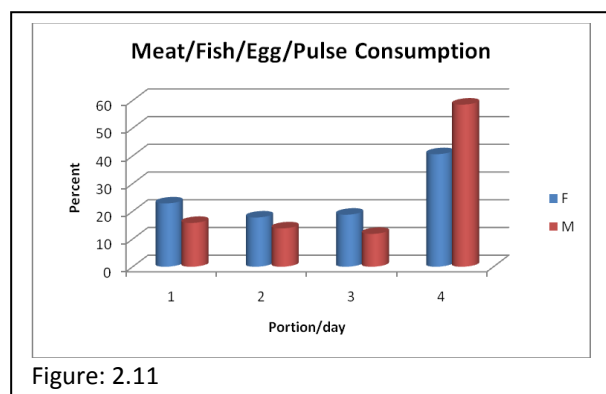


Figure: 2.11

Dairy Product Consumption

Dairy products such as yogurt, milk, cheese are important part in our daily diet. Recommended quantity of this category in our daily diet is 2-3 portion per day. However the data shows that around 70% of the respondents are not consuming dairy products in their daily diet (Figure: 2.12).

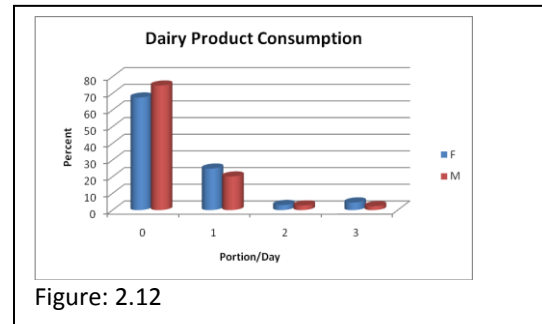


Figure: 2.12

2.2.3 Yoga/Keep Fit Exercise:

Yoga, physical exercise, gentle walking and going to fitness classes are crucial part of keep fit routine in everyday life. It has been recommended that minimum 150 minutes of keep fit exercise per week is necessary for keeping one physically fit. 50% of all respondents were found not doing anything at all whereas remaining 50% were spread among different timing band of which only 2% were found to be giving recommended time 150 minute and more per week (Figure: 2.13). This shows that more efforts are needed to increase their keep fit exercise on routine basis to reach to recommended 150 minute per week.

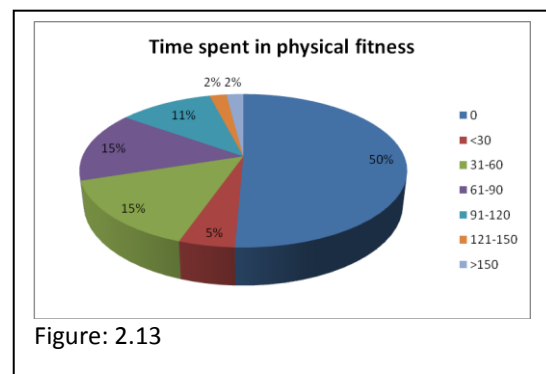


Figure: 2.13

2.3 Outcome 3: 150 Gurkha families per year will have demonstrated their increased confidence to access local level services through specialised thematic consultation support provided by the project.

In this outcome, a number of consultations, interaction programmes and guided visit to housing and welfare benefit departments have been planned to enhance awareness and increase confidence to access local level services. To set the benchmark data in current level of awareness and confidence in accessing services a survey was conducted to create a baseline data of these services and are presented in the following sections.

Major three areas of data have been collected and analysed in this outcome e.g. How easy or difficult they found to access the benefit, How they rate their present confidence level to access these services and types of benefits they were receiving currently. Each of the areas are presented briefly as follows:

2.3.1 Access to Benefit:

How easy/difficult was to access the housing and welfare benefits?

How difficult was it to access the benefit? In the response of this question, 93% of them responded that it was difficult for them to access benefits from statutory and voluntary organisations. Only 7% of them reported that they felt it was easy (Figure: 2.14) to access. Even if they found it difficult, some of them were partially accessing the benefit.

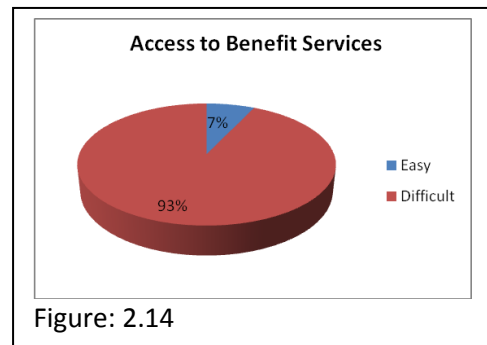


Figure: 2.14

Why they feel difficult in accessing the housing and welfare benefits?

The reason why they felt it difficult in accessing the benefit, 42% reported that the barrier was 'lack of information' about the benefits, 55% told because of 'language problem' whereas 3% told it was 'complex system' of benefit (Figure: 2.15).

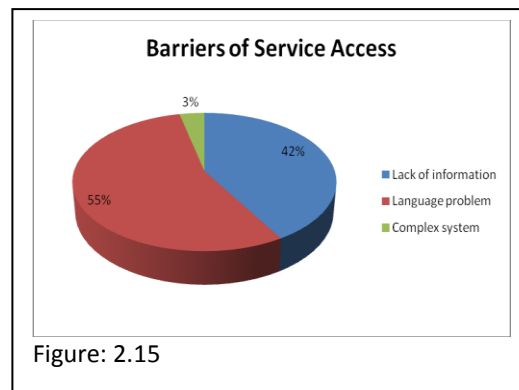
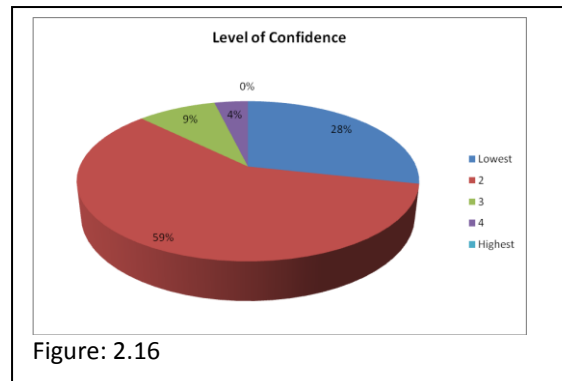


Figure: 2.15

2.3.2 Level of Confidence in Accessing Housing and Welfare Benefits:

In the question 'how confident they were in accessing benefit' the responses were in five rankings, in the range of 'one' to 'five'. One being the lowest level in confidence whereas ranking 5 was the highest one. The response on rank one was 28% whereas two was 59%. Ranking three was 9% whereas and four was 4% (Figure: 2.16). There was no one responding at ranking five in confidence level. The figure shows that majority of respondents (87%) were found not have confident in accessing the services.

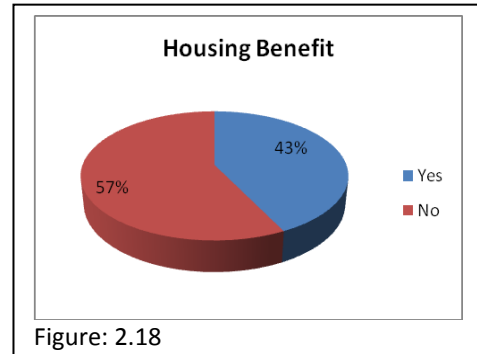
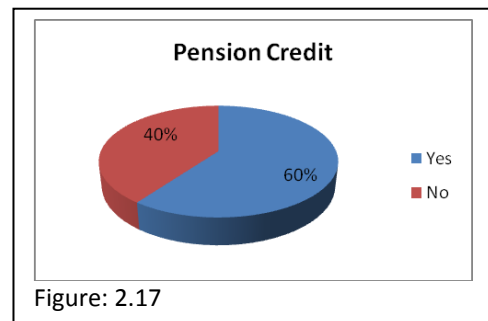


2.3.3 Present Status of Receiving Housing and Welfare Banefits:

Housing and Welfare Banefits

Most of the people were getting pension credit benefit (60%) and 40% were not getting it (Figure: 2.17). Similarly, in housing benefit, 43% have been receiving in full but 57% were either receiving none or receiving partially (Figure: 2.18).

In conclusion, the housing and welfare benefits are not easily accessed by the participoants themselves. Barriers were lack of information, language problem, complex system of benefit. Majoroty of the participants have low level of confidence to access the services and resolve issues arising from changes in policy and their circumstances.



2.4 Outcome 4: 75 Gurkha families per year will have reported reduced isolation and are able to participate in wider community activities per year.

Nepalese are the new community to settle in the Britain. This is specially began after British government allowed the Ex-British Gurkha soldiers and their family to settle here in 2004 and 2008. Because of the new arrival and comparatively old age the Nepalese/Gurkha people settled here are feeling loneliness and isolated from the rest of the wider community. Lack of information in various wave of life and language competency, they are limited in certain locality and activities in the community. Such limitations prevent them from integrating into wider British community. Considering such limitations, CESI has been implementing this project facilitating to reduce such isolation through various activities for these communities in London Borough of Greenwich. To measure the present situation of this community in the isolation issue, various indicators have been considered in the baseline survey and findings are presented below.

2.4.1 Family Composition and Feeling in the Beginning:

Family composition

As per the government provision, only the applicants (ex-service men) their spouse and dependent children were allowed to come over Britain. Majority (62%) of people were living here in couple and 35% were alone as a significant number of such people were widowed (Figure: 2.19). Only a small number of people (3%) were living with extended family members. Most of them have left their remaining family members back home in Nepal. Majority of participants(97%) reported that they are feeling isolated from their children who are in Nepal as they could not meet requirement to settle in the UK. Thus, such issues contributes them to feel isolated and made them panicking.

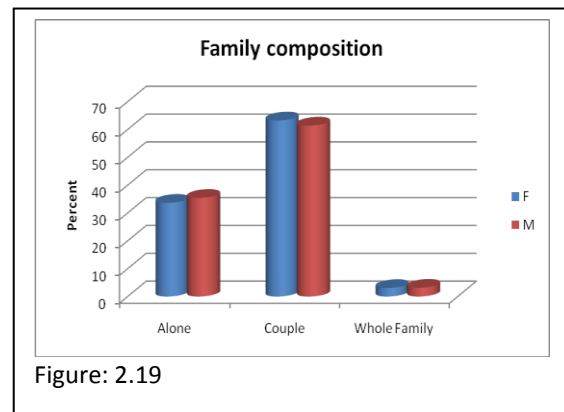


Figure: 2.19

Feeling in the Beginning

A question was asked about how did they feel in being in the UK residence. Majority of respondents (61%) reported that they felt loneliness and stressful when they arrived and started living in the UK. Around 29% reported that they felt it was struggleful and were lost in the beginning. Six percent reported that they had mixed feeling (some happy and some loneliness) whereas only 3% felt happy to be settled here in the beginning. It shows (Figure: 2.20) that 90% of the respondents felt loneliness, isolated and stressful in the beginning in which men and women do not have much difference.

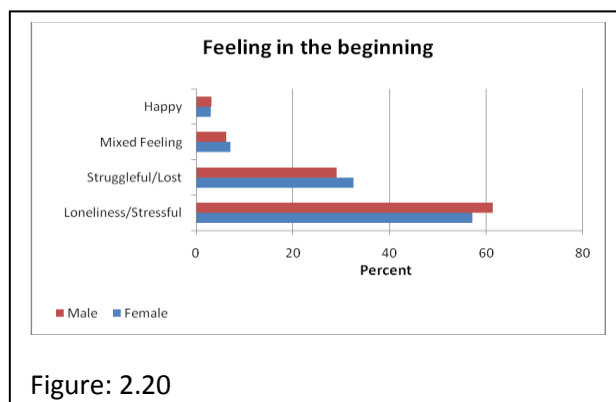


Figure: 2.20

Reason for feeling loneliness

The respondents reported major three reasons for feeling loneliness or isolated while arriving and settling in the Britain. 'Away from family and relatives' was main reason which received 35% response. Similarly, 'unaware of local area and system' and 'no one to approach for help' were second and third receiving 33% and 32% responses respectively (Figure: 2.21). This project aims to mitigate such issues of loneliness and isolation through organising various relevant activities during the project period.

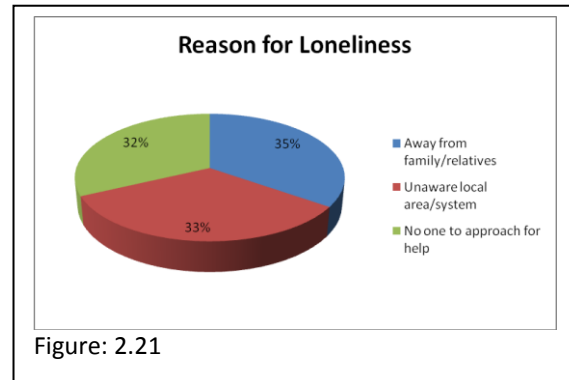


Figure: 2.21

2.4.2 Participation in community events:

One of the indicators to reduce isolation is participation in community events and functions to gettogether, have interaction and celebrate various cultural and social occasions. In this study, 95% of people responded that they did not participate in any community events. The reason for not participating such community events were 'lack of information (65%)' and 'lack of opportunities (35%)' (Figure: 2.22). Thus, the majority of people are struggling to receive relevant information and getting opportunities to participate in community activities.

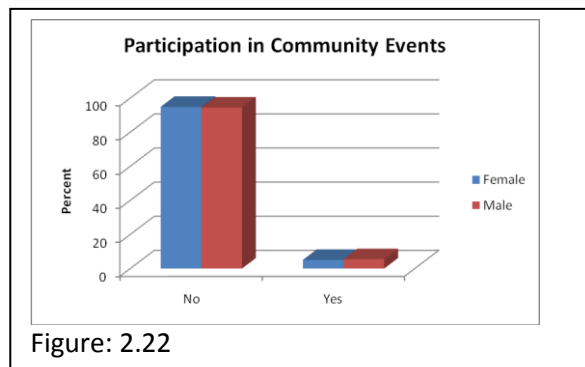


Figure: 2.22

2.4.3 Time spending:

Most of the respondents reported that they spend time either 'living at home watching TV', or 'shopping and going around local streets'. Very few of them reported that they spend time to 'attend community/cultural activities' (Figure: 2.23).

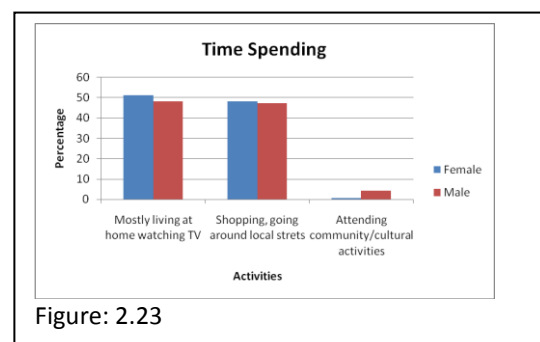


Figure: 2.23

2.4.4 Overall Rating of Living Condition:

Respondents were asked, how they rate their living condition in the UK. The responses were found around 90% 'sad/lonely' and 'not very happy' whereas 'mixed feeling' (to some extent happy) around 8% and 'happy' 3% (Figure: 2.24)

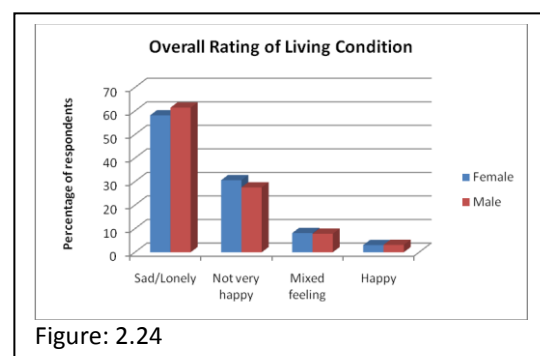


Figure: 2.24

Chapter 3: Summary

3.1 Summary of the findings of the Baseline Survey.

In this chapter overall finding of the baseline survey has been presented in a concise form. It presents the major findings in figures for each of the four outcomes separately.

Outcome 1: 75 Youths of Gurkha families, both male and female, per year will have increased employability opportunities through training support provided by the project.

The objectives was to establish baseline information regarding the knowledge and skills of the youths in the areas of job search skills, CV writing, application preparation and interview facing techniques. A total of 225 youths, both male and female, were surveyed. A scoring scale of 1 to 5 was used to measure their baseline knowledge and skills, one being at the lowest level where as 5 at the highest.

Knowledge/skill level in employability opportunity

- Around 2 third respondents scored 'one' in CV writing, application preparation and Interview facing skills where as only one third scored one in job search skills.
- Around one third respondents scored 'two' in CV writing, Application preparation and Interview facing skills where as nearly a half scored two in job search skills.
- 10-15 percent participants responded that they fall under skill level scoring 'three' in CV writing, job search and application preparation whereas only 3 percent in interview facing. Scoring 4 was very nominal (only one percent) and no one was in skill level 5.

Outcome 2: 150 Gurkha Elderly people, both men and women, per year will have reported improvement in their health through specialised health and healthier consultations provided by the project.

To measure the improvement in health, three broad categories of data were collected which are presented as follows:

General Health Condition: (Total survey population- 450 people)

- 55% responded 'Bad health condition' where as only 13% rated themselves as having Good or Very Good health condition. 32% ' responded having Fair' health condition under the self rated health condition, referencing last one year period.
- Second category was to assess health condition having chronic illness (BP, Cholesterol, Asthma, Diabetes and Uric acid). In this category, 38% responded having at least two illnesses, 25% three illness, 19% one illness and 5% told they have four illness whereas 13% were found without having any chronic illness.
- Questions in the third category were to find out the frequencies of the respondents visits to the local level service e.g. GPs, Hospitals etc during last one year period. The response was quite spread in frequencies 1-6 times. 21% and 20 % visited two and one times respectively in a year, similarly, 17 % visited 3 times whereas 6% visited 6 times. Five percent people did not visit even a single time. Visits they made was not very useful as they could not report their illness clearly with the Dr. as they cannot speak English. The other barriers for not visiting GP is their cultural beliefs/practice of pursuing home remedy until illness getting severe.

Healthy Eating Habit/Life Style:

Under this measure, what they eat and how much they eat was asked which can be compared and contrasted with NHS recommended quantity.

- **Alcohol consumption-** Only 24% of both male and female were consuming up to 4 unit of alcohol per day which falls under the recommended quantity by the NHS/healthy food. 57% of female and 75% of male reported that they were consuming more than recommended quantity which is >4 units per day. 20 % of female and only 2% of male are not consuming any alcohol.
- **Fruits & Vegetables-** 46% respondents reported that they consumed two portion of Fruit/Vegetable per day whereas 30% reported only one portion per day. The percentage of the respondents consuming three and four portions were 15% and 6% respectively. This shows that Fruit/Vegetable consumption pattern is far less than recommended portions of 5 a day.
- **Meat/Fish/Egg/Pulse** - 51% respondents reported that they consumed four portion a day whereas 31% reported 2-3 portion and 19% reported only one portion. Recommended quantity by NHS was 2-3 portion per day. Nepalese practice shows that people are consuming more red meat compared to fish and chicken. Data shows that the consumption pattern is more than recommended quantity per day.

Keep Fit/Yoga:

Under this measure, the survey tried to measure time spent (in minutes) per week.

The responses are as follows:

- 50% of the participants were not doing any exercises. 15% reported doing physical exercise from 31-60 minutes per week. Similarly another 15% said that they spent 61-90 minutes per week. 11% reported that they spent 91-120 minutes per week whereas only 2% reported spending 121-150 minutes. There were only 2% who spent more than 150 minutes per week. There is not remarkable difference between men and women.

Outcomet 3: 150 Gurkha families per year will have demonstrated their increased confidence to access local level services through specialised thematic consultation support provided by the project.

(Total survey population 450)

- Of the total respondents, 69% reported having partial knowledge about housing and welfare benefits and the process to claim it whereas 26% did not know anything. Only 5 % claimed to be fully aware.
- 93% reported it was difficult to access benefit whereas only 7% felt easy.
- In response to the reason asked for being difficult, 42% said lack of information, 55% said language difficulty and 3% reported the complex system.
- **Confidence level of respondents:** Respondents were given a scale measuring 1 to 5, 1 being lowest level and 5 highest, to indicate their level of confidence in accessing the services. 28% indicated at the lowest level score One, 59% in score level two; 9% in score 3 and 4% in score level 4. None of the respondents were fully confident.
- 60% are receiving pension credit, 43% housing benefit whereas others are either have some issues outstanding to be resolved or under process.

Outcome 4: 75 Gurkha families per year will have reported reduced isolation and are able to participate in wider community activities per year. (Total survey population-225)

Around 60% reported that they felt loneliness/stressful when they arrived in the UK whereas 30% reported being struggleful and lost. Around 7% reported having mixed feeling and only 3% reported that they felt happy.

- In response to the reason asked for feeling lonely, 35% gave the reason being away from the family whereas 33% said being unaware of the local area the local environment. The remaining 32% said that they found no one to approach for help
- Only 5% of the respondents were attending some community level events whereas 95% did not. Lack of information and lack of opportunity were the main the reasons for not attending any community events for 64% and 36% respectively.
- The overall living condition of the respondents was found to be not so good. Only 3% reported that they were happy whereas 60% said that they felt very lonely and sad.

Annex 1: Questionnaire used for survey



Community Empowerment and Support Initiatives (CESI)- UK

Greenwich Nepalese Integration Project

Youth Employability Training Baseline Information

PERSONAL DESCRIPTION					
Title	Mr	Mrs	Miss	Ms	Other ?
First Name					
Middle Name					
Surname					
Ethnic Background					
Gender	Male		Female		
Disability	Disabled		Not Disabled		
Age group	18-25 Years	26-40 Years	41-50 Years	51-64 Years	65 +Years
Religion or Belief	Hindu	Buddhist	Christian	Islam	No Religion
Marital Status	Married	Unmarried	Divorced	Widowed	Widower
Sexual Orientation	Heterosexual		Lesbians/ Gay men/ Bisexual		
Contact Address					
House/Door No					
Name of the Street/ Road					
City/ Town					
Post Code					
Mobile Telephone Number					
Landline					
Email address					
Qualifications (Please tick mark as appropriate)					
Primary Level (Up to class 5)					
Lower Secondary Level (Up to class 8)					
Secondary Level (Up to class 10)					
SLC Pass					
Higher Secondary Level- Intermediate Level Pass (I.A, PCL, Plus Two, A Levels)					

Higher Education- Bachelor or above Level Pass

Please tick the following statements in appropriate box. One indicates very beginning level and five indicates the highest level of your knowledge and skills in the given area.

S/N	Area of knowledge/skills	Score of Responses				
		1	2	3	4	5
1	CV Writing					
2	Job Searching					
3	Application Preparation					
4	Interview Facing					

Please answer the following questions

How many places have you applied during the last year ?

How many times have you been called for an interview?

Have you been offered a job after the interview?

Trainings Attended Please mention about any training attended (What was the training about, How long, When, What were the learning etc)

Name of Training	Duration	Year	Learning outcomes

Employment History in the UK Please mention what kind of jobs you have done so far

Name of the Employer	Position	Duration (From -To)	Duties

I am interested to attend the employability enhancement training.

Signature:

Date:

**Community Empowerment and Support Initiatives (CESI)- UK
Greenwich Nepalese Integration Project**

**Health and Healthier Living Programme
Baseline Information Collection Form**

PERSONAL DETAILS					
Title	Mr	Mrs	Miss	Ms	Other?
First Name					
Middle Name					
Surname					
Ethnic Background					
Gender	Male		Female		
Disability	Disabled		Not Disabled		
Age group	50-55 Years	56-60 Years	61-65 Years	66-70 Years	70 +Years
Religion/ Belief	Hindu	Buddhist	Christian	Islam	No religion
Marital Status	Married	Unmarried	Divorced	Widowed	Widower
Sexual Orientation	Heterosexual Lesbian/ Gay /Bisexual				
Contact Address					
House/Door No					
Name of the Street/ Road					
City/ Town					
Post Code					
Mobile Telephone Number					
Landline					
Email address					

1. General Health Condition

At present, how do you mention about your health condition? Please tick

Very Good	
Good	
Fair	
Bad	
Very Bad	

2. How do you mention yourself in the following health conditions?

General Health Indicators	High	Low	Normal
Blood Pressure			
Cholesterol level			
Asthma			
Diabetes			
Uric Acid Level			
Any other(Pls mention).....			
.....			

3. Access to different health services through frequency of visits

Health Services	Number of visit made during last one year period.
GPs	
Hospitals	
Health Clubs (walk in centres)	

Fitness Centres	
Leisure Centres	
Pharmacy	
Any other (Pls mention)	

4. Healthier Living Style (drinking/smoking/eating behaviour)

Healthier Living Indicators	Yes	No	If Yes, how much ?	
			Per day:	Per Week:
Alcohol consumption				
Beer (Can)				
Hard Drinks (Peg, quarter, half, litre)				
Wine (Bottle)				
Smoking Cigarette (stick-Khilli)				
Chewing tobacco/Khaini (times)				
Consumption of Fruits (Number)				
Juice (Litre)				
Water (Litre)				
Tea/Coffee (Cup)				
Vegetable (times)				
Daal (Pulse)				
Meat/Fish/Poultry				
Sugar/Sweets				
Fat/Butter				
Milk/Yogurt				

5. Physical Fitness

Fitness Type	Time Spent Per Week
Jogging/Walking	
Yoga	
Physical Exercise	
Sports	
Others, (Pls mention)	

**Community Empowerment and Support Initiatives (CESI)- UK
Greenwich Nepalese Integration Project**

**Access to local level services- Housing and Welfare
Baseline Information Collection Form**

PERSONAL DETAILS					
Title	Mr	Mrs	Miss	Ms	Other?
First Name					
Middle Name					
Surname					
Ethnic Background					
Gender	Male		Female		
Disability	Disabled		Not Disabled		
Age group	50-55 Years	56-60 Years	61-65 Years	66-70 Years	70 +Years
Religion/ Belief	Hindu	Buddhist	Christian	Islam	No religion
Marital Status	Married	Unmarried	Divorced	Widowed	Widower
Sexual Orientation	Heterosexual	Lesbian/ Gay /Bisexual			
Contact Address					
House/Door No					
Name of the Street/ Road					
City/ Town					
Post Code					
Mobile Telephone Number					
Landline					
Email address					

1. Housing and Welfare Services/benefits

Please answer the following

Various benefits					
Do you know about the different types of benefits provided by the local authorities?	Yes	No	Partially		
Do you find it easy or difficult to access the local level services	Easy	Difficult	-		
If easy or difficult, please explain how/why was it easy or difficult?					
How confident are you now to access housing and welfare benefit services? Mention in level of score.	Confidence Level to access services				
	1	2	3	4	5

(Score 1 stands for lowest level of confidence and increases gradually to 5 for highest level).					
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What types of welfare benefits are you receiving? Please indicate in the list given in the table below:

SN	Name of the benefit	Yes or No
1.	State pension credit	
2.	Working tax credit	
3.	Child tax credit	
4.	Severe disablement allowance	
5.	Social fund payments	
6.	Income-based jobseeker's allowance	
7.	Income support	
8.	Housing benefit	
9.	Disability living allowance	
10.	Council tax benefit	
11.	Council tax reduction	
12.	Child benefit	
13.	Carers allowance (previously invalid care allowance)	
14.	Attendance allowance	
15.	Help with housing from the local authority	
16.	Personal Independence Payment	

**Community Empowerment and Support Initiatives (CESI)- UK
Greenwich Nepalese Integration Project**

**Reducing Isolation
Baseline Information Collection Form**

PERSONAL DETAILS					
Title	Mr	Mrs	Miss	Ms	Other?
First Name					
Middle Name					
Surname					
Ethnic Background					
Gender	Male		Female		
Disability	Disabled		Not Disabled		
Age group	50-55 Years	56-60 Years	61-65 Years	66-70 Years	70 +Years
Religion/ Belief	Hindu	Buddhist	Christian	Islam	No religion
Marital Status	Married	Unmarried	Divorced	Widowed	Widower
Sexual Orientation	Heterosexual	Lesbian/ Gay /Bisexual			
Contact Address					
House/Door No					
Name of the Street/ Road					
City/ Town					
Post Code					
Mobile Telephone Number					
Landline					
Email address					

A. Who do you live with?.....

B. Where are other family members?.....

C. How did you feel when you started living here?

Please tick mark your feeling at the beginning:

- 1) Loneliness/stressful/helpless
- 2) Struggle full /lost
- 3) Loneliness but somehow happy
- 4) Excited and happy

- 5) Others (mention...)

Reasons of your feelings in the beginning:

- 1) Away from family members/relatives
- 2) Unfamiliar with local area/systems
- 3) No one to approach for help
- 4) Language problem, bad weather
- 5) Living with my immediate family members
- 6) Others (mention...)

D. Have you attended any community activities since you came ?

- 1) Yes= 1
- 2) No= 0

If yes, Type of Activities:

- 1) Festival party
- 2) Ethnic/cultural events
- 3) Ex-army related events
- 4) Community meetings
- 5) Others (mention...)

What was your roles in the events:

- 1) Participant
- 2) Volunteer/helper
- 3) Facilitator

If not, reasons for not being involved in activities:

- 1) Lack of information
- 2) Lack of opportunity
- 3) No invitation
- 4) Others (mention...)

E. How are you mostly spending your time ?

- 1) Mostly living at home/watching TV
- 2) Shopping/going around local streets
- 3) Attending ethnic/cultural activities
- 4) Attending community meetings
- 5) Others (mention...)

F. Overall, how do you rate your living condition:

- 1) Lonely/sad
- 2) Not very happy
- 3) Mixed feeling of sad and happy
- 4) Excited and happy
- 5) Others (mention...)

Thank you