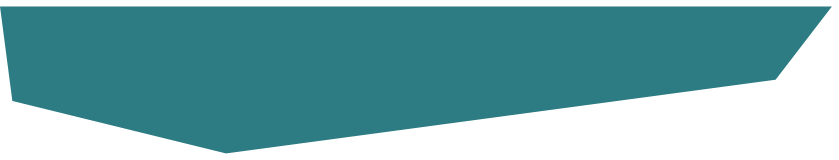
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**Gurkha and Nepalese armed forces CYP accessing SEND services (ASD)**

**March 2021**



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# 1. Introduction & Objectives

## 1.1

**Gurkha and Nepalese armed forces CYP accessing SEND services (ASD)**

The purpose of this evidence summary is to examine the current literature around the Nepalese community and possible barriers to access to the special educational needs (SEN) services.

**Key Words:**

Nepalese/ Nepali, Gurkha community, armed forces, autism spectrum disorder (ASD), special educational needs and disabilities (SEND), special educational needs (SEN), education, cultural differences, language barrier, barriers to access.

**Limits:** N/A

**Databases:** Social Care Online, LAPH database, NICE Evidence, Google Scholar, references from relevant literature

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# 2. Evidence Summary

## 2.1 Background

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There has been a considerable rise in population numbers of Nepali residents in the UK. British Gurkha soldiers and their families account for around 60% of the entire Nepali UK population. [[1]](#footnote-1)

There is limited academic literature regarding the health needs of Nepali living in the UK. The current literature states that there have been limited studies understanding the health and wellbeing of the Nepali population and little is known about their utilisation of the health and social care services in the UK. [[2]](#footnote-2) [[3]](#footnote-3) [[4]](#footnote-4)

Current understanding of health status of the Nepalese community is heavily dependent on results of surveys as epidemiological data available is extremely limited due to the recording of ethnicity.

This literature summary aims to outline some possible barriers to the Gurkha/Nepali community accessing health and social care services, which may help us understand the disengagement of Special Educational Needs (SEN) services for children in Nepali communities.

## 2.2 Language Barrier

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In 2017 North Yorkshire produced a needs assessment on the health of the Gurkha and Nepalese community and found that in the past few years GP practices in a local district noted a significant cohort of Nepali patients who had issues with accessing services due to language barriers. They addressed this with changes to printed material and staffing.[[5]](#footnote-5)

The assessment included a survey of the Nepali community to gain an understanding of differences in health belief between the Nepali community and the general UK population which may affect the ways in which services are accessed.

* 91% of respondents said they felt comfortable seeking medical attention if unwell.
* 60% thought it was sensible to do exactly as medical professionals advise.

A further survey sent to health professionals highlighted that not all the Nepali residents are able to understand and speak English which greatly restricts access to services*. “This makes certain individuals heavily reliant on the assistance of certain community members, who often act as gatekeepers to wider public services*”. 5

A 2020 study was conducted in Greenwich to establish the health and social care needs of the local Nepali community. Greenwich has one of the largest Nepali communities in London.[[6]](#footnote-6) The study found that language was noted as a key barrier to accessing primary care services, with respondents suggesting an interpreter to explain their problems for them. [[7]](#footnote-7)

A 2008 Runneymede Trust report ‘*Soldiers, Migrants and Citizens- The Nepalese in Britain’* states that special educational needs may be masked for children of Gurkhas due to perceived language barriers. Extended Services Manager at Bracknell Forest School comments that learning difficulties of English children is easier to spot than in Nepalese students where learning difficulties are disguised as English not being their first language. He claims that this was the case for several students in his school.[[8]](#footnote-8)

## 2.3 Cultural Differences Cultural Differences

A 2010 Health needs assessment[[9]](#footnote-9) by NHS Hampshire of the Nepali community in Rushmoor highlighted issues around education and the Nepali community identified by local teachers and a Nepali parent. They noted:

• A recent trend of rapid growth in this community

• Differences between educational systems in Nepal and the UK

* **Structure**- One interviewee noted that in Nepal there are fees attached to any additional support given to a child who is not up to a certain educational standard.
* **Teaching Styles**- The learning environment is more formal in Nepal, with children sitting in rows and taught in a more didactic fashion. This means that they are good at sitting down and taking instruction.

• Local problems in integration

• Learning English as well as adapting to a new environment can be challenging

• Parents may have poor English

The assessment also found that in the local area of Rushmoor, parents are generally involved in their child’s education demonstrated by good parent teacher meeting attendance at schools.

## 2.4 Lack of understanding of UK health services

The 2010 study in Rishmoor also identified lack of understanding of the health care system in the UK as a barrier to access. The main difference was the expectation of immediate appointments, care and medicines.3

The 2020 Greenwich study of Nepali access to primary and social care highlighted some cultural differences between UK and Nepal health care. One respondent commented:

*“…Due to difference in the cultural background that plays another role.. In Nepali context we always look for prompt recovery... here it is more like slow recovery and that may be the difference too .. the system is different here and so sometimes we do not wish to wait for longer and we feel more difficult about it which reminds us to think that it was better at home as you could get the service immediately whenever you want, if you pay money. With money you get any treatment at any time but here due to long queues there are waiting times”*6

## 2.5 Mobility

The 2008 Rushymede report highlighted mobility as having an impact on educational development and special educational needs for children of Gurkhas. While it is likely that most of the Gurkhas who have school-aged children in schools in the UK are retired, it is important to understand the legacy of being a service child, such as how mobility can continue to impact on a child’s education even after demobilization.2 A further 2017 report by The Children’s Society noted that mobility can impact the education of service children particularly if they have SEND, and therefore an early assessment of the child is key.[[10]](#footnote-10)

The transport of student records is noted as important to minimize the time a child settles into a new school and will as little disruption to the child’s education as possible. The transfer of special educational needs statements was also included as a particular concern.2

One area which contributed to the report stated that they had a higher proportion of service children with special needs compared to the general population. However, there is no current reliable data to confirm this..1 Heading 2 is Calibri, Teal, Bold, 14pt

## 2.6 Disability in Nepal

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Evidence in the literature suggests that historically disability is not widely understood in Nepal.[[11]](#footnote-11) A 2018 research by Human Rights Watch looked at the barriers children with disabilities face when accessing education in Nepal.11 In Nepal children with disabilities are separated from classmates without disabilities.

2011 Human Rights Watch report “[Futures Stolen: Barriers to Education for Children with Disabilities in Nepal](https://www.hrw.org/report/2011/08/24/futures-stolen/barriers-education-children-disabilities-nepal),” found that many children with disabilities in Nepal face barriers in accessing schools and obtaining a quality education.[[12]](#footnote-12) Since that time, Nepal has improved laws and policies regarding access to education for children with disabilities, and some children have benefited. Thousands of children with disabilities continue to face significant obstacles to education, however.[[13]](#footnote-13) Nepal has no academic curriculum for children with intellectual disabilities, including children with Down Syndrome. Those who do attend school learn only basic skills, largely focused on self-care.

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# 3. Discussion

There is very little evidence on specifically SEND or ASD and the Nepalese community within the current literature. The evidence used in this summary highlights access barriers to health and social care for the Nepalese and Gurkha community and relationship with the education system. This can give a greater understanding of why these communities do not seem to engage with the SEND services, despite there being a need for this for some young members of the community. More evidence needs to be generated to demonstrate the number of children accessing SEND services within the Gurkha communities. Currently available data does not break down to specific ethnicities. Further research into the barriers faced by different communities when accessing services would be required.

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