



*Kings Cross Community
Lay Health Team Report
Bangladeshi, Somali and Chinese
2002-2003*



Introduction

The Kings Cross and Brunswick Neighbourhood Association is a locally managed community organisation, whose three community centres undertake extensive outreach work and community development programmes. The Association's community lay health team was established in 1996 and includes British-born, Bangladeshi, African, Caribbean and Chinese workers whose aim is to respond to the needs of Kings Cross ethnic minority communities with respect to health issues. The health team funding finished in 1999 and only the Chinese worker now remains in the original team. The new team, which started in 2002, includes Bangladeshi, Somali and Chinese workers, who together provide excellent services to local communities. It is funded by Camden Neighbourhood Renewal Fund.

Aims

- To provide community based services for Kings Cross residents, particularly those with low incomes and from disadvantaged groups.
- To promote health/community activities which improve local services, the environment and quality of life, and provide employment opportunities for Kings Cross residents.
- To promote partnership between the Local Authority, the voluntary sector and others, with a view to enhancing and increasing services for disadvantaged groups in Kings Cross.

Chinese Community Achievements

● Chinese Healthy Eating Lunch Club

Many older Chinese people suffer illness, isolation and loneliness. Last year a HAZ grant funded the Chinese community's lunch club for a year. The club provides healthy Chinese food and social opportunities for twelve to fifteen elderly people at Jubilee Shelter House. Although the service is provided only once a week, the elderly enjoy it very much. GENISIS PCHA Community Chest fund £2,000 to continue the lunch club to 2004.



Dear Judith, 李太太, 林太太你们好
“年来週三的日子餐对我的身体健康”
心情愉快 很有帮助我感谢你们

● Back Pain Pilot Course

The HAZ grant also funded a back pain course at Chadswell Healthy Living Centre. Most Chinese women and men suffer back pain because they are employed in catering and work long hours. Their GPs often do no more than prescribe painkillers or send them for X-rays which usually fail to identify the problem. The best method of prevention and pain relief is exercise, so the local gym, which are experts in back pain training, ran a special course for them. All participants received physical assessments before and after: before, to make sure that it would be suitable for them; after, to find out if it had been successful. These ten weeks of exercises gave the users a good understanding of the causes of back pain, and they learnt a series of muscle movements to prevent further pain. Although some of the older people found it a challenge, most participants enjoyed and benefited from it.



● Health Advice

The Chinese community meet at Chadswell Healthy Living Centre every Friday to share and discuss community and health issues; focussing on any concerns they may have about their health and how to resolve them. Professional advice is given by local health professionals.

- **Children's Homework Classes**

This project has been running for three years and has provided a safe and fun environment to help local Chinese children achieve their goals in school. It has recently been combined with Bangladeshi Homework Classes to provide a wider range of services to local communities.



- Outings, advice services, a social dance club and Chinese opera classes have also been provided for the local Chinese community.

Somali Community Achievement

- **Networking**

The most important aim of new workers in the area is to build links with the local community and local organisations. A recently-recruited Somali Lay Health Worker has written a leaflet about her role, describing her work in Kings Cross and Brunswick. This has been mailed to local organisations, statutory and voluntary organisations, GPs and health centres.

- **Identifying Health Problems Within the Community**

The Somali worker has also been meeting Somali women and men living in Kings Cross, and identifying their health problems by means of a health questionnaire. The Somali community has difficulty communicating with other people, and therefore benefits from little help and support from mainstream services when they face health problems.



- **Doctor Session**

This six weeks pilot project for Somali women has raised awareness about health, and enabled them to talk openly about their concerns to a doctor. The session included blood pressure tests and a discussion about women's health.

- **Advice Work**

The Somali worker has also provided excellent advice to the community on health, welfare and housing benefits, council tax and social matters. The worker spends an average of two hours daily on advice work.

- **Women's Exercise**

Consultation with the Somali women revealed that they needed need exercise classes to improve their fitness. A twelve-week exercise classes for Somali women were funded by Kingsway College at the Chadswell Centre started in May.



Bangladeshi Community Achievement

- **Bangladeshi Healthy Eating Lunch Club**

This lunch club has been established for over three years. During this time the Bangladeshi lay health worker has introduced new ways of healthy eating to the users, while explaining issues including how diet affects heart, cholesterol, blood pressure and blood sugar. These are the most common health problems among the Bangladeshi community.



- **Uniting Children to the Community**

Formerly, there were no services for the children aged five to eleven in Kings Cross. For this project, the Bangladeshi lay health worker worked in conjunction with the Chinese and Somali workers to provide a safe, fun environment for health and community cohesion activities for children and their parents. The three communities' children greatly enjoy these activities as well as the friendship which is developing between them.

Conclusion

The health team have been working closely for the benefit of these communities, which were formerly socially excluded and had no access to mainstream services. The team have achieved their goals and developed excellent services. There have also been unexpected benefits. For example, the Somali community have come to rely heavily on their worker, to whom they complained about their suffering after giving birth. Somali women have a high percentage of caesarean births, often followed by back pain or other problems. They believed the caesareans were unnecessary, and the suffering they felt was therefore not only physical but also mental. The worker was able to explain the background to this medical decision and in doing so to alleviate at least the mental aspects of the pain.

Kings Cross ethnic minority communities have shown great appreciation of the work undertaken by the community lay health team.

If better harmony within these communities is to be maintained and social exclusion and frustration eased, funding is needed for the long-term employment of full time community lay health workers. If this is not forthcoming, the excellent foundations which the team have now built will come to nothing.

