

ASIAN FAMILY COUNSELLING SERVICE

ANNUAL REPORT 2016-17

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LANE, SOUTHALL, MIDDX UB2 4NJ**

CHAIR'S REPORT

The Asian Family Counselling Service has been operational for the last 32 years yet the issues that have been particular to the Asian community do not seem to change. The generational gap remains, domestic violence has become a big issue and forced marriages do not seem to be on the decline. We still have clients who do not speak English fluently enough to be counselled in English, and hence, the need to employ counsellors who speak South Asian languages to deliver a vital service.

We are constantly faced with funding issues and this year was a big disappointment when we were allocated 20% less money by the Department of Works and Pensions. However, we will deliver the same numbers of sessions for considerably less money. While the Government recognises the detrimental effect of conflict in family life on children, and the importance of combating domestic violence, it is increasingly difficult for small organisations such as ours to constantly look for funds - a job that our Director does remarkably well.

By helping Asian couples to resolve their differences, there have been fewer breakdowns in their marriages and thus the families have provided a stable and strong foundation for the children.

We have a dedicated staff in both our London and Birmingham offices who soldier on delivering the best service they can and we are extremely proud of them. The Management Committee are grateful for the work that has been carried out over the last 12 months and thank all the staff and volunteers for their efforts.

Fawzia Samad

Chair

DIRECTOR'S REPORT

The Asian Family Counselling Service (AFCS) is a specialist counselling service for members of the Asian communities settled in Britain. The main focus of the service is to work with couples and families undergoing relationship and family problems.

AFCS was registered in 1985 as a relationship counselling service. At the time there was no other counselling service in Britain serving the needs of Asian families. Over the years it has expanded and enlarged its remit to encompass the changing needs of Asian families settled in Britain.

AFCS fills the cultural and language gap in the statutory counselling services. We see clients that were born and brought up in the sub continent and who often do not speak English. However, the children who are born and raised here also feel more comfortable accessing our services. They are often more westernized in their attitudes and find it difficult to communicate with their parents. They use our service to attempt to bridge the gap between themselves and their parents who may have a traditional and conservative outlook. The parents continue to practice traditional customs which seem antiquated to modern young Asians who would like to be like their peers.

There are a number of reasons for this communication gap between parents and their children. Besides the normal generation gap, Asian parents continue to expect traditional respect and obedience from their children. They have also not kept up with the way their children have developed and been influenced by Western ideas. Many of these parents were immigrants recruited by the UK Government to work in the mills and the clothing factories in the North. Initially they were too involved in trying to make a living to think about the wider implications of educating their children in a foreign country. Both parents often worked shifts so that the children could be looked after and this resulted in a fragmented family life. Referrals are

now received both from the parents and the grown up children as their relationships reach crisis point. Many of the children have rejected their parents' traditions and want to have much more control in their own lives. The parents in the meantime are stuck in a time-warp and imagine that things back home are still the same as when they left the sub-continent some fifty years ago.

Contemporary Asian marriages also no longer rely on extended families or communities to deal with these problems. The extended families no longer play a major role in either arranging marriages or trying to help the couple should the marriage flounder. Many older couples seek help. It is interesting that they are sometimes referred for counselling by their grown up children.

In this year, AFCS provided 3124 counselling sessions to 566 clients. Over the years, we have developed a knowledge base about issues concerning the Asian community. The issue of forced marriages, which has been at the forefront for the government too for the past few years, has been something that we have been aware of ever since the service started in Bradford in 1983. We have found that in many cases, there is a degree of coercion in some of the marriages that are arranged even when both partners are in the UK. Many of our clients tell us that there was a lot of pressure put on them, sometimes in the form of emotional blackmail, to marry someone they did not want to. The fact there is so much talk in the media about forced marriages, has encouraged many of our clients to confront this issue for the first time and come forward for counselling.

The issue of abandoned spouses continues to be a part of our work. They have no legal status in the UK, no recourse to public funds and are under a tremendous amount of stress. AFCS struggles to find families who are willing to take in these clients and support them through some very difficult times. The government needs to recognise the difficulties these clients face and make allowances for them. These clients should at least have the status

of asylum seekers, who receive some help with their food and lodgings. Since these women have no family here AFCS acts as in loco parentis for many of them.

Domestic violence and sexual abuse have become the real cause of the break-up of marriages and need to be addressed urgently. Shame and fear keep the women involved in a violent relationship from seeking help from the authorities. As we meet individual clients who have been abused or experienced violence, we have become aware of the huge scale of the problem. The government is taking the lead role in trying to stamp out this evil, but there is still a need for more refuges for women fleeing domestic violence and abuse. Sometimes it is a vicious cycle where women have seen their own mothers being victims of domestic violence and find themselves in the same situation. They have seen their mothers put up with this all their lives and do not know how to break this pattern. This leads to distress, depression and thoughts of suicide.

Over the past few years we have seen an increase in victims of domestic violence. The economic downturn has also led to an increase in the number of such cases we see at our service. In a typical scenario, the main breadwinner would have lost his job, turned to alcohol for support and may then become violent towards his partner and children, resulting in a referral to our services.

AFCS also supports and counsels refugees and asylum seekers. This group of people face multiple problems such as homelessness and alcoholism, and many clients that we see have been in the UK for a long time and their cases are still not settled. This causes many of them to be depressed, anxious and in a state of constant panic because they fear that they will be deported to their country of origin at any time. They may have married here and had children, and this uncertainty about their future keeps them under stress for long periods of time.

Depression remains another issue that AFCS deals with regularly. It has been deeply misunderstood. People would be described as mad, if they showed symptoms associated with depression namely not being able to function normally, wanting to sleep most of the day, not being able to eat or displaying suicidal tendencies. Views within the community are beginning to change slowly, and the effects depression has on individuals as well as families who have to deal with it are beginning to be recognised. Families are profoundly affected by a member suffering from depression and have little means of dealing with the situation.

ISSUES

- Marital problems
- Domestic violence
- Depression
- Suicidal feelings
- Abandoned spouses
- Arranged marriages
- Emotional abuse
- Post natal depression
- Forced marriages
- Self Harm
- Generation and cultural gap
- Premarital counselling
- Mixed marriages
- Young women and men who want to leave home
- Incest and sexual abuse
- Managing debts
- Personality clashes
- Bereavement
- Grooming
- Supervised and Supported contact
- Adultery
- Bullying and harassment
- Conciliation & Mediation
- Financial problems due to the recession

REFERRALS

Demand for our service comes through self-referrals, mental health resource centres, the IAPT services, counselling psychologists, psychiatrists, word of mouth, media such as radio, TV and newspapers, along with signposting from General Practitioners, Health Visitors, Social services, solicitors and other agencies. Clients are given an initial assessment of their needs and that determines whether our service is the most appropriate for them. If not, they are signposted to another organisation that best meets their needs.

EVALUATION

We continue to endeavor to improve the way we demonstrate the difference we make to our clients. AFCS uses CORE 10, PHQ9, GAD 7 and ENRICH to evaluate its service. Funders are increasingly looking for outcome measurements that indicate that our interventions are making a difference. In Ealing, all clients are required to fill in forms similar to those administered by the IAPT service in Ealing with a view to comparing our results with that of the IAPT service (a pilot for a period of 18 months). This has produced a few challenges for AFCS as not all our clients are able to fill in the forms as they may not read and write English. Verbal feedback that we have received from the clients has been very positive and this is also reflected in the number of referrals that we receive as a direct result of clients who have used our service referring their friends and family.

BETTER CARE FUND PROJECT (2015-2017)

Last year, AFCS was successful in its bid for two year funding under the Better Care Fund to reduce emergency admissions and attendances in hospitals providing care for Ealing residents of Asian origin. It was aimed at the over 65's (who were socially isolated), victims of domestic violence, and those with alcohol and drug issues, who made recurring trips to the A & E. Almost one third of those who attended at A & E at Ealing hospital were of

Asian origin. Within these a large number belonged to the above mentioned groups. AFCS worked very closely with the Health service and all the bureaucracy that goes with it. It was a steep learning curve to start with and we found that it took a great deal of time to get the project up and going, especially with delays to do with the DBS clearances for staff, which meant that there was a delay in starting the project. The two years ended in March 2017. The findings and recommendations of the project are attached in Appendix B.

MEDIA & PUBLICITY

AFCS has continued to publicize its services through leaflets and posters, being part of radio/TV interviews, as well as newspaper and magazine articles. We have been consulted by agony aunts on various newspapers such as The Sun, The Daily Mail to check before replying to Asian reader's problems and then published our details for further help and support. As a result we have been contacted by many clients through these sources.

AFCS is also used as a resource by the media to comment on topical issues. We have been regularly contacted by TV, Radio and newspapers and magazines inviting comment on issues of interest to the Asian community, such as men suffering domestic violence, forced marriages, rising rate of divorce in the community, grooming of vulnerable young women, issues in mixed marriages. Sometimes AFCS is contacted by the media to provide clients who are willing to talk about their particular problems anonymously.

PARTNERSHIP WITH VOLUNTARY ORGANISATIONS

AFCS works in partnership with Relate, Marriage Care, Tavistock Relationships at the national level and with Ealing Abbey Counselling Services, Metanoia, Bereft and Ealing Centre for Independent Living at the local level in Ealing and with Healthy Minds and Roshni in Birmingham. The strength of AFCS's partnership with other organisations has seen expansion

in our presence at the Southall Day Centre which has facilities for the elderly as well as access for those with disabilities.

We also make referrals to other organisations, when the client needs a different service, such as help with an immigration matter, or drug and alcohol dependency etc. As AFCS is becoming better known, it has seen a rise in telephone counselling with clients from areas other than London underlying our status as a national organisation. Once again it brings home the fact that there are very few counselling services available to the Asian community. Although telephone counselling cannot replace face to face counselling it is being used as an effective method of making our services available to all parts of the United Kingdom. Very often this is the only option available to Asian communities.

FUTURE PLANS

Our priorities for the coming year are to increase resources so that we can meet the demands of our waiting lists. AFCS also plans to increase its premarital counselling provision. It is important that people who intend to get married have thought through all their issues before tying the knot. Asian weddings are expensive; and all too easily people can get carried away with planning more and more functions, with fancy designer outfits, and expensive jewellery. It is easy to get carried away with thinking too much about the wedding and not enough about the marriage. Premarital counselling will help them to focus on their relationship.

The demand for the service remains high, while the funding does not match this need. We need more resources to meet the demand. We look forward to being able to work more closely with government departments and other agencies to address the concerns of the Asian community. With Brexit negotiations ongoing it has made the climate very difficult to operate in.

We are grateful to the Cadbury's Trust for supporting suicidal clients in the West Midlands and the Southall Lion's Club for their donation. Our thanks also go to Ealing Council/CCG, Public Health Ealing, Department of Works

& Pensions (through our consortia with 4 other partners – Relate, Marriage Care, Tavistock Relationships & PACE). We look forward to continuing our partnership work in the future.

I would also like to take this opportunity to thank the Management Committee, staff and volunteers for their continued help and support without whom it would be impossible to provide this much needed service.

Kulbir Randhawa
Director

FEEDBACK FROM CLIENTS

I have been happy to come to AFCS. It has helped me sort out my mental state. I have been able to deal with stress in ways I wouldn't have been able to before.

I feel that this has been a great help to me and I have gained invaluable support from AFCS, which I am grateful for.

I have been very thankful and pleased with the help I received from AFCS. I think that you are doing a great job, especially in being able to understand problems of people from an Asian culture.

Excellent service, and I am so grateful for the help and guidance given.

A great enhanced service. Anyone that has counselling with this counsellor will move forward and take positive steps to improve their lives for the better.

Counselling in my own language, understanding my culture with warmth and compassion.

AFCS offers a very good service and I can't imagine where I would be without it. Very supportive staff

My sessions and counsellor were always excellent. I have grown as a person and am comfortable dealing with my issues. Thank you

ASIAN FAMILY COUNSELLING SERVICE

Its objectives:

- a) To advance education among persons of Asian origin and in particular, among such persons resident in the UK, about all aspects of marriage and family relationships with a view to developing personal responsibilities and enriching family life.
- b) To safeguard and protect the good health, both mental and physical, of adults and children of Asian origin, resident in the UK and to prevent the hardship and distress caused by the breakdown of marriage
- c) To educate the public, statutory and voluntary organizations about the difficulties of the Asian population.

Trustees

Mrs Fawzia Samad -Chair
Ms Rashida Punja - Secretary
Mrs Nina Toller - Treasurer
Mrs Susan Needham -Vice Chair

Staff

Kulbir Randhawa - Director
Baksho Johal - Counsellor
Chhaya Shah - Counsellor
Balbir Bansi - Counsellor
Farhana Moussa - Counsellor (joined July 2016)
Shefali Agrawal - Counsellor (left May 2016)
Rita Mangat - Administrator/Receptionist
Jayashree Shahani - Project Co-ordinator BCF
Meena Jogia - Counsellor (left March 2017)
Naureen Yawar - Counsellor
Kulwinder Panesar – Administrator/Receptionist (left March 2017)
Hansa Pankhania - Supervisor

Volunteers

Kolsoma Begum
Gurbax Kaur
Badia Drissi
Samera Jawaid
Daljinder Legah
Aarthi Ravi
Surabhi Sunderesan
Miyuki Sumiya
Shamyla Naheed

Names & address of our Accountants:

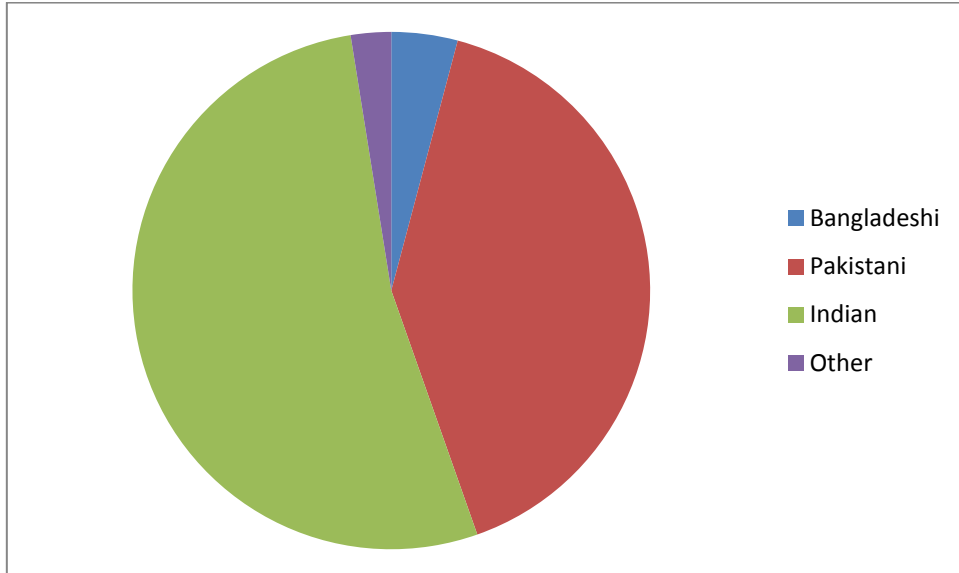
Sethi & Co
Chartered Certified Accountants
59-60, Thames St,
Windsor
SL4 1TX

Name and address of our Bank:

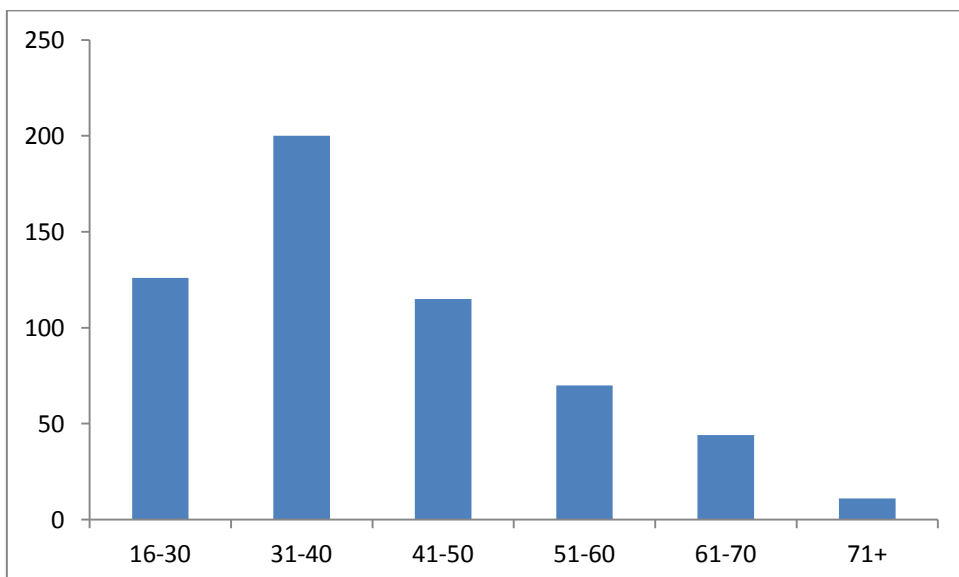
Bank of India
714-716, Kenton Road,
Harrow
Middx
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APPENDIX A

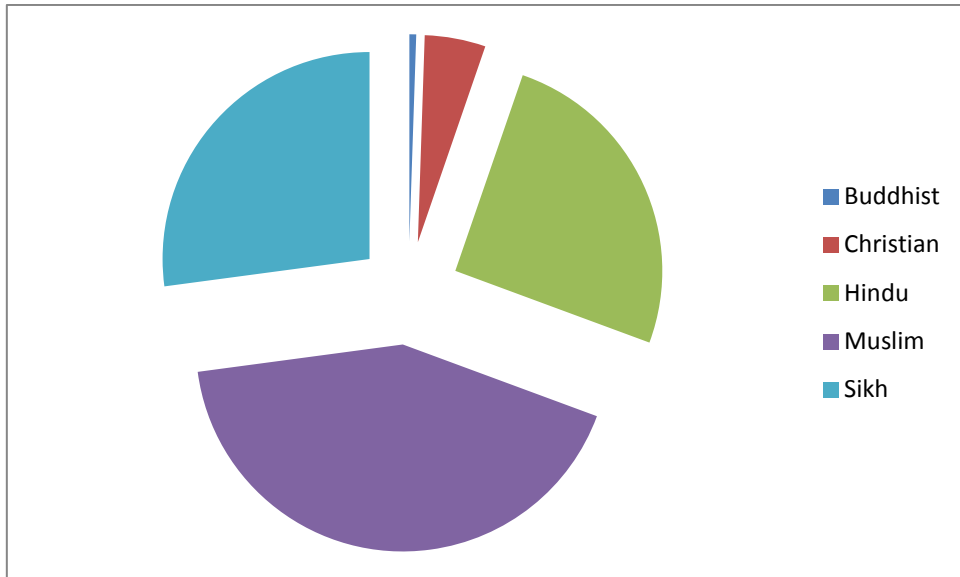
ETHNICITY



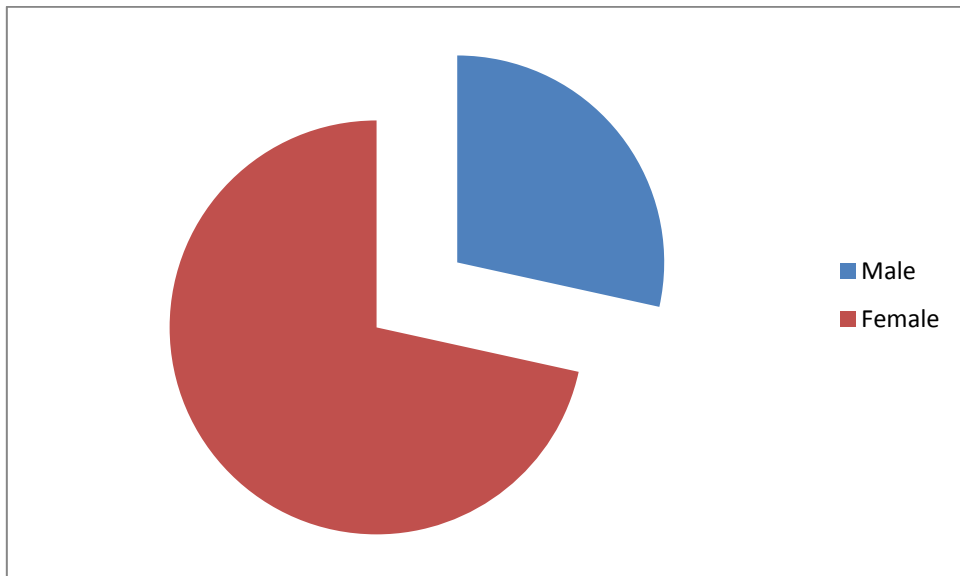
AGE RANGE



RELIGION



GENDER



APPENDIX B

FINDINGS AND RECOMMENDATIONS OF BETTER CARE PROJECT (2015-17)

The findings and recommendations of the Better Care Project are as follows:

1. GPs needed to be informed about reducing admissions to A&E too. AFCS tried very hard to educate clients about repeatedly going to A&E for minor matters, but it needed the co-operation of GPs and we all needed to work together.

2. Staff at the Hospital needed to be briefed appropriately before the projects started so that all the staff would be on board. We found that the Admin staff were quite obstructive and saw us as intruders. We were told by the secretaries that we were not allowed to take the patients' details out of the hospital as they were confidential. This made it difficult for us to do our job as much of it was based in the community. We did remind them that we had been DBS checked as well as had Honorary contracts with the LNWH NHS Trust, which should enable us to access the details and allow us to contact the patients. We had also given the A&E department consent forms that the staff could have the patients to sign, but in spite of us reminding them, we did not get any signed forms from them. There was a lot of staff turnover and no matter how many times we gave our talks about the project, we could not keep up with publicising the project. This should be part of the induction for new staff and therefore the HR department should have been involved in this as well.

3. The ongoing theme of so many people attending A&E was that they were not getting appointments with their GP till a few weeks hence. Many clients felt that they could not wait too long and therefore went to the A&E to be attended to straight away. AFCS did stress to our clients that they should only visit the A&E in times of medical emergencies and to use their chemists and the 111 service for minor ailments Sadly, we did not notice

any decrease in A&E attendances, one of the reasons being that the NHS is under a lot of stress itself and seems not to be able to provide joined up care. This has been discussed at length in the press in recent times as well.

4. Another issue for AFCS was that the hospitals had patient details which were not up to date. They had defunct phone numbers and addresses on their systems. So we would recommend that every time the patient books into the A&E, these details should be checked and updated by the Admin staff as necessary. This would have spared us a lot of lost time. Whilst we made every effort to locate a current phone number for the client, this was sometimes made impossible due to the Data Protection Act as the GP surgeries we contacted to get the correct details refused to pass on this information to AFCS.

5. AFCS got referrals from the other BCF projects such as RISE, St Mungo's and Victim Support. For example, homeless clients referred by St Mungo's were dependent on their case worker to bring them to their appointments or provide bus fares to attend counselling. Since they were homeless they moved around the borough, so even the case workers found it difficult to locate and accompany them to their appointments at AFCS. In addition, they may have alcohol and drug related issues which make them more likely to forget their appointments. So we had many wasted sessions, waiting for these clients to turn up.

6. We also found some family members of the clients referred, to be obstructive and blocking access to the client. They felt that they were doing enough for their loved one and did not want any interference in their lives from external agencies. They were sometimes suspicious of our motives. This made our job much more difficult to do. In some cases, the clients already had been allocated a Care Co-ordinator and so did not wish to engage with AFCS.

7. Another issue that we identified is about the clients who were living in sheltered accommodation. We noticed that the wardens were very quick to call an ambulance and there were times when they could have dealt with the situation themselves. In this risk averse society, no-one wants to be held responsible if something goes wrong, which then means that the clients are continuing to visit A&E often.

8. When AFCS was present at the A&E, we were able to visit the patients in their cubicles but more often than not seemed to be getting in the way of the doctors. On one occasion, when a mental health patient was admitted to A&E, we were able to talk to the patient and his family, but were frequently interrupted by the doctors and nurses as they had time targets to meet. So even if we were in the middle of a session, we just had to end it there as the patient would be moved elsewhere, where we did not have access. This did prove to be very dissatisfactory. We did follow these clients up after discharge, but the valuable work that could have been done in hospital was delayed.

9. AFCS also identified that there was a lot of waste happening in the NHS. For instance, on some occasions the hospital transport staff would be in a great rush to go elsewhere and would not bother to take the sheet and blanket that the patient had been covered with. In this way the NHS loses a lot of resources, and in an already underfunded health service these would make small but valuable savings.

10. Another area where savings could be made is in the prescription bill. Doctors routinely prescribe 3 months worth of the medicine and sometimes the medicine may disagree with the patient. So having taken just a couple of doses to discover that this is not suitable, the rest of the medicine has to be thrown away, as the chemist will only accept it to destroy. In our opinion, this is very wasteful and doctors should routinely prescribe one weeks' worth of the medicine when trying out a new medication and see if it agrees with the patients before prescribing it on a regular basis.

11. It was only in the last quarter of our project that AFCS became aware of the Staying Well Booklet produced by the NHS. The marketing department of the CCG should have made organisations such as ourselves aware of these and we would have distributed them to all the clients we saw and pointed out all the very useful information in there. Once we had become aware, we contacted the department ourselves and received the booklets which our staff left with the clients seen in that last quarter. In our view, there needs to be more joining up and making of connections so that all the departments are working together seamlessly.

RECOMMENDATIONS OF THE BETTER CARE FUND PROJECT

The number of clients referred directly to AFCS by A&E doctors did not increase because the doctors were overworked, working in quite difficult circumstances. With the issue of Ealing Hospital's A&E facing imminent closure, the morale of the staff was at a very low ebb and because they were dealing with life threatening cases, it was not on the top of their list to make referrals to AFCS.

For admissions to be reduced to A&E, GPs need to be more available to their patients. Many of the clients complained about their inability to get appointments for their medical issues when needed. Some had to wait 2-3 weeks to be seen by a doctor, so it was an easy option for them to turn up at A&E.

We think that GPs need to be creative in how they see their patients and if they offered more telephone appointments, appointments by Skype or FaceTime etc it will help ease this problem. Through Skype the patients can, if need be, show the doctor the problems that they are facing, and the doctor can make an informed decision. Sometimes the medical problem is not very serious, but just the fact that the patient has been attended to by a doctor, seems to ease the problem for the patient. The only drawback of using

channels such as Skype and FaceTime is that many of the Asian elderly are not very tech savvy and may find it a bit hard to access that service. For those patients a telephone appointment may be the better option.

Some patients tried using the 111 service but invariably found that an ambulance was sent to collect them for a visit to A&E. Better training of staff at the 111 service would help as more patients could be dealt with at that level. Because the 111 staff are sometimes unsure, they send the ambulance out anyway, so that they are not responsible for any negligence that may occur.

During the winter months people are more likely to be sick and use the services of A&E. This has been evident from daily reports in the national press about how overwhelmed the hospitals up and down the country have been and the government saying that GPs should offer a service for 7 days a week to reduce this pressure. We, too, think this will go some way in reducing attendances at A&E.

But currently, the situation with the GPs remains the same, with many of the clients complaining about their inability to get appointments for their medical issues when needed. Waiting for a long time to get an appointment to be seen by a GP, frustrates many clients and they end up in A&E. As the Health Secretary said recently; visits to A&E departments are up 30% on last year, which has meant that there has been an unprecedented demand on hospitals. He has re-iterated that the 4 hour waiting time in A&E can only be guaranteed for those requiring urgent medical care.

More publicity should be given to other services such as the 111 or pharmacists, so that patients get help elsewhere for minor ailments rather than at A&E. AFCS has been reinforcing this message with all the clients that we have seen thus far. The Staying Well Booklet should be made more widely available to all the residents of Ealing.