

# ASIAN FAMILY COUNSELLING SERVICE

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## Annual Report 2021-22



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## **A Word from our Chair**

It is, indeed, a pleasure to report that the Asian Family Counselling Service (AFCS) is now in its 39<sup>th</sup> year of providing counselling to the Asian Community nationally. I am hugely proud of the approach we took this year which enabled us to begin to reach more people in more ways that work for them, all whilst the COVID 19 pandemic was in full swing.

AFCS continues to provide a useful service to our clients to help with relationship problems, family issues as well as mental health issues. The dynamics of modern day living in the UK and living in extended families can be extremely challenging. Forced marriages, abandoned spouses, living with in-laws, domestic violence, generational issues are among many of the problems facing the Asian community and our counsellors do an excellent job of providing counselling in a culturally sensitive way to enable our clients resolve them and lead happier lives.

COVID19 was still with us during this year. The need for counselling has, in fact, increased AFCS's client base manifold. Previously, it reached out to people outside our two main offices in London and Birmingham by providing telephone counselling. Now, almost all clients are happy to have counselling sessions on Zoom. This has been an extremely useful and helpful means for people because being in lockdown during part of the year has affected people on a national level and as has been reported in the press the cases of domestic violence and unemployment have gone up. Covid and lockdown has had an adverse effect on already fragile relationships. We have a long waiting list, and our counsellors have worked extremely hard to provide as much support as they could.

This year, overall, I am delighted to say that AFCS has supported more than two hundred clients through our national work. The thing that pulls us all together is enabling people to build strong and stable relationships which last, in good times as well as bad. This would simply be impossible without the tireless work of our highly skilled and motivated practitioners, volunteers, and staff at both the offices, in London, and Birmingham.

We look forward to a new year and hope that by this time next year we can all return to our normal lives.

**Fawzia Samad**  
**Chair**

## **Who We Are**

The Asian Family Counselling Service (AFCS) is a national charity which has been providing low-cost, confidential, and culturally sensitive mental health and relationship counselling services in five languages to South Asian communities in Britain since 1983. Our counsellors are BACP-accredited, professionally trained, and supervised therapists. They come from Hindu, Muslim and Sikh backgrounds and speak Urdu, Hindi, Gujarati, Punjabi, and English, thus representing the diversity in the South Asian communities they serve.

We face an ever-increasing demand from British Asian individuals, couples and families who come to us seeking help for a wide variety of issues. They are reluctant to access mainstream counselling services either because of language or cultural barriers. Some of our older clients have never received a formal education and cannot read or write. Even among those who are conversational in English, we find that many are far more comfortable talking about complex emotional issues and trauma in their native language. Then there are those who might be fluent in English but find it difficult to explain problems, which have a specific cultural context, to Western practitioners. Because our counsellors have lived experience of South Asian cultural norms and customs, there are fewer risks of issues being misunderstood or lost in translation. Thus, the counselling sessions are conducted more efficiently and sensitively.

## **Our Objectives**

1. To advance awareness among people of South Asian origin resident in the UK about the benefits of marriage and relationship counselling, with the aim of developing a sense of personal responsibility and enriching family life.
2. To safeguard and protect the good health, both mental and physical, of adults and children of South Asian origin resident in the UK and to ameliorate the hardship and distress caused by the breakdown of marriage.
3. To educate the public as well as statutory and voluntary organisations about the particular issues faced by the South Asian population.

## Mental Health in England

1 in 4 people experience mental health issues each year. 24% of women and 13% of men in England are diagnosed with depression in their lifetime. Mental illness is the second-largest source of burden of disease in England. Mental illnesses are more common, long-lasting, and impactful than other health conditions.<sup>1</sup>

The IAPT service (“Improving Access to Psychological Therapies”) which provides therapy, such as counselling, to adults with conditions like depression, post-traumatic stress disorder and anxiety, starts seeing nine in 10 patients within the target time of six weeks. But that masks the fact many then face long waits for regular treatment. Half of patients waited over 28 days, and one in six longer than 90 days, between their first and second sessions in the past year.<sup>2</sup> For most, the first session is a combination of an assessment and basic advice, with the second appointment marking the start of the core treatment sessions.

Mental health problems take a toll on self-esteem and on relationships and affect a person’s ability to hold down a job thus leading to a vicious circle wherein emotional and financial problems exacerbate anxiety and depression. The statistics on the numbers of Asian people in the United Kingdom with mental health problems are inconsistent, although it has been suggested that mental health problems are often unrecognised or not diagnosed in this ethnic group. Research has suggested that Western approaches to mental health treatment are often unsuitable and culturally inappropriate to the needs of Asian communities.<sup>3</sup>



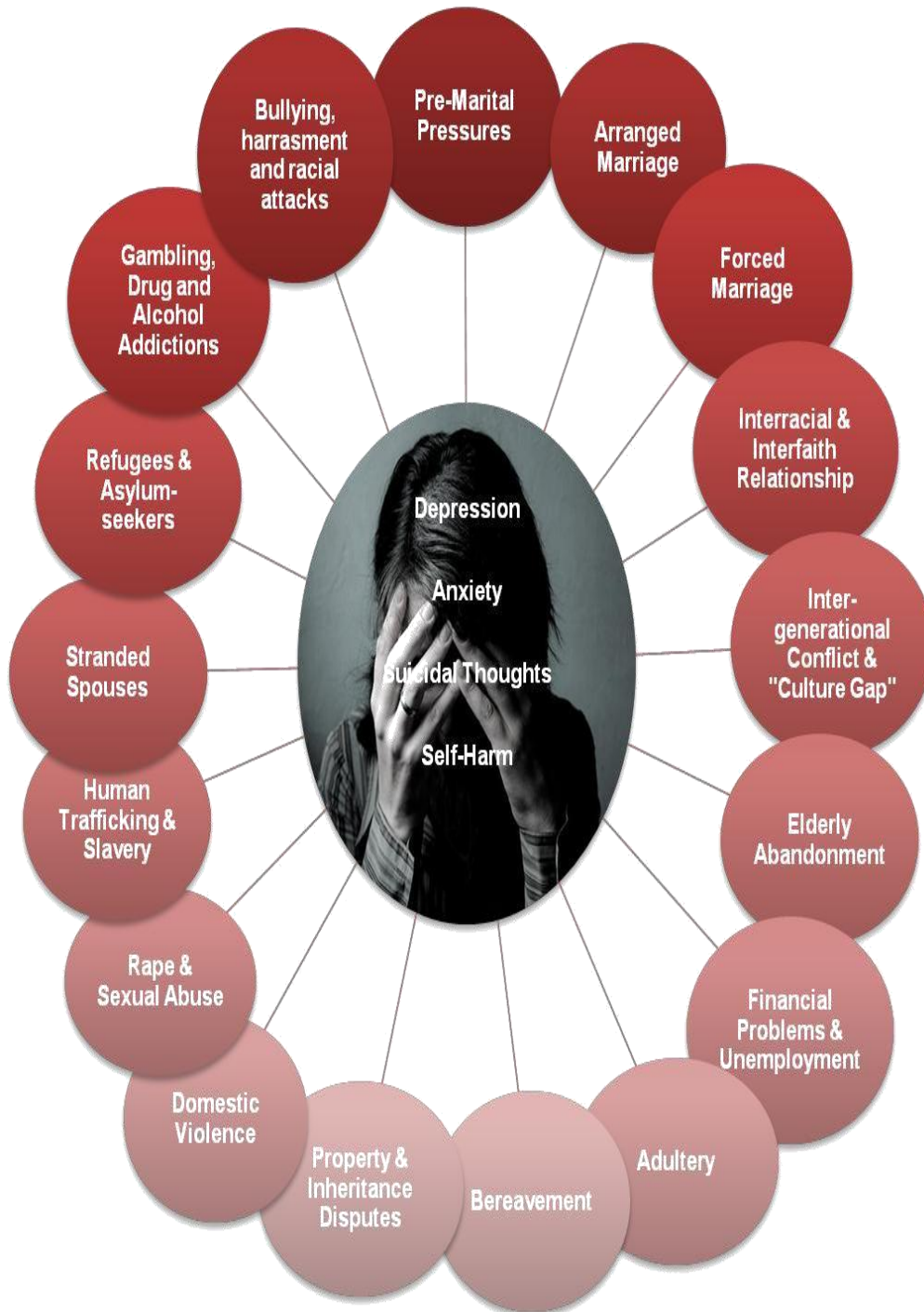
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<sup>1</sup> <https://mhfaengland.org/mhfa-centre/research-and-evaluation/mental-health-statistics/>

<sup>2</sup> <https://www.bbc.co.uk/news/health-50658007>

<sup>3</sup> <https://www.mentalhealth.org.uk/a-to-z/b/black-asian-and-minority-ethnic-bame-communities>

## Issues We Deal With



While our clients come to us with conditions that are common enough in the field of mental health such as depression and anxiety, the underlying causes are usually due to culturally specific factors and situations.

## Arranged Marriages

British Asians often face pressures to adhere to social customs brought over from the subcontinent. For instance, it is still common for parents to pressure their children into arranged marriages with partners chosen from the same religious denomination, caste, and socio-economic strata. This is sometimes a source of distress for young people who have grown up in a Western social milieu which emphasises a high degree of individualism and independence. Girls and young women are especially affected as familial relationships are suffused with patriarchal norms. They might feel pressured to put their higher education or career on the backburner and have children early as well as take on additional responsibilities of caring for the elderly and domestic housework in “joint family” living arrangements. There is still a widely held preference for male children amongst South Asian families and women can be made to feel guilty and inadequate if they are unable to produce male heirs.

In recent years, there has been an increasing trend of families looking for potential suitors online as they lack the extended social network, they once enjoyed back in the subcontinent to help them with the search. This also increases the risk of marriages breaking down as there is no longer a vetting process wherein trusted family and friends can do due diligence and vouch for the suitability of the match, and there are also greater opportunities for misrepresentation and fraud.



### **Generation/Culture Gap and Racism**

Another issue is the generation and culture gap felt by young people who are born and raised in England by parents of South Asian origin. These second-generation immigrants sometimes struggle to identify with the social and religious norms and traditions of their elders and their extended family back in the subcontinent and in turn face accusations of “losing touch with their roots.”

Meanwhile they are also vulnerable to feelings of alienation and anxiety caused by racism in British society which has been exacerbated in the wake of Brexit. Race-baiting by political leaders and public figures is unfortunately becoming the new normal and this is bound to have a profound effect on the bounds of acceptable behaviour in society at large. The Royal College of Psychiatrists has recognised the disproportionate impact that racism and racial discrimination can have on the life chances and mental health of people from Black, Asian and minority ethnic communities. Racism can lead to a profound feeling of pain, harm, and humiliation among members of the target group, often leading to despair and exclusion. As the Equality and Human Rights Commission has highlighted, an individual from a Black, Asian or minority ethnic background is more likely to experience poverty, to have poorer educational outcomes, to be unemployed, and to come in contact with the criminal justice system. These, in turn, are risk factors for developing a mental illness. These individuals are also less likely to receive the care and support when they need it. As the College has previously publicly recognised, patients in the NHS may also experience racism and racial discrimination. It can lead to substantial disparity in access to and experiences of various areas of psychiatric care, including crisis care, admissions, detentions, pathways into care, readmission, and use of seclusion.<sup>4</sup>

### **Inter-faith Relationships**

Inter-faith relationships and marriages are often a source of friction in South Asian communities and can cause rifts in families which are difficult to heal. Professional group counselling sessions can help mediate in such situations and we have had cases of families reconciling with children who had once been disowned for marrying into a different faith.

### **Domestic Violence and Abuse**

When domestic violence or abuse (whether physical or emotional) rears its ugly head, it is still generally considered taboo amongst South Asian families to approach outsiders for help for fear of besmirching the family’s honour or *izzat*. In fact, an academic study publicised by The Guardian in 2015

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<sup>4</sup> [https://www.rcpsych.ac.uk/pdf/PS01\\_18a.pdf](https://www.rcpsych.ac.uk/pdf/PS01_18a.pdf)



highlighted the problem of sexual and domestic violence being vastly under-reported in South Asian communities due to this “pervasive culture of shame”<sup>5</sup>. The study also found a widespread lack of awareness that rape within a marriage constituted a criminal offence. Asian women and



girls find it especially difficult to talk about sexual abuse when it has been perpetrated by close family relatives who they may be financially dependent on. Young brides brought over from the subcontinent, who are socially isolated and may not speak English, are especially vulnerable to abuse and exploitation by their in-laws. We have had cases where they were treated no better than forced domestic labour, were monitored at all hours of the day, and had little or no freedom to even make a telephone call or leave the house unsupervised.

In general, there is still considerable stigma amongst Asian communities around separation and divorce which can lead to women staying in abusive relationships for prolonged periods of time with children often bearing the brunt of the dysfunctional family dynamic. There is an urgent need for more refuges and shelters for victims of domestic violence.

### **Forced Marriage and Stranded Spouses**

We continue to see cases of forced marriage, a problem we have long sought to raise awareness about among the public and the authorities in the UK, going as far back as 1986 when we organised a seminar on “Runaway Asian Girls” in Bradford and the early 2000s when we seconded a counsellor to the Foreign and Commonwealth Office to provide specialised counselling and advice for this issue. There have been cases of young women being taken abroad, forced to marry against their will and abandoned there. There have also been a depressingly high number of cases in which the women forced into marriage were raped, impregnated, and sent back to the UK to sponsor visas for the husbands. The UK government has adopted measures to allow victims of forced marriage to testify anonymously against their spouses during

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<sup>5</sup> <https://www.theguardian.com/society/2015/sep/19/abuse-going-unreported-in-britains-south-asian-communities-study>

immigration hearings. We hope that this belated awareness on the part of the government will soon extend to the plight of stranded spouses - South Asian women who are married to British nationals, often in order to extract dowry from their parents, only to be taken back to the subcontinent subsequently and abandoned there and in some cases, forcibly separated from their children. Such individuals have no legal status or rights in the UK at the moment which makes it exceedingly difficult for them to seek justice or child custody. AFCS has often gone beyond the call of duty in such cases, by finding host families in the UK to sponsor their visas so they may come here and fight legal battles. We have long appealed for these abandoned spouses to be accorded the status of asylum-seekers as right now they have no recourse to public funds and find it exceedingly difficult to successfully apply for child custody due to lack of funds, secure housing, and uncertain immigration status.



### **Refugees and Asylum-seekers**

We also frequently deal with refugees and asylum-seekers. The latter are especially vulnerable because they often face prolonged periods of uncertainty during which their applications are under consideration. Unable to seek employment and often experiencing extreme social isolation as well as the trauma of being separated from loved ones left behind in their countries of origin, these are some of our most at-risk cases who need counselling over extended periods of time.



## **Our Approach**

At AFCS, we continue to put emphasis on listening with empathy and without judgement and providing a safe space for clients, so they can take a step back from their situation and understand what their issues are and how those issues are affecting them as individuals, couples and (when relevant) as parents. In cases where communication has broken down amongst family members or the stress of daily life has led to issues being ignored, we provide a therapeutic environment where a degree of structure is established so that each individual gets the chance to speak and be heard by his/her partner, sibling, parent or relative. We do not prescribe a particular course of action but support our clients in whatever choices they make. We are flexible in our approach, for example transitioning from individual to couple or group family counselling if required.

When clients first come to us, we conduct an initial assessment of their needs and determine whether our service is the most appropriate for them. If not, they are signposted to other organisations that can better meet their needs. We take a holistic approach towards our clients by providing counselling and support, as well as information in matters which may not be directly related to mental health but certainly impact the client's overall well-being and peace of mind. For e.g., we provide information about the NHS, support groups for drug and alcohol addiction, organisations which deal with financial advice, legal aid and immigration advice, agencies which can help improve English language skills and provide coaching for the process of searching, applying, and interviewing for jobs to name a few.

## **2021-22: The Year in Review**

In March 2020, the Covid-19 pandemic hit, and the government declared a national lockdown. The impact of the pandemic on charities has been devastating and AFCS was no exception. We went into lockdown a week before the rest of the nation, as one of our volunteers had tested positive which meant that all staff had to self-isolate. Once the national lockdown was announced, we were forced to shut down face-to-face counselling sources and move entirely to online and telephone delivery.

New protocols were drawn up and emergency funding was secured to equip staff with the required technology to pivot to online and telephone delivery. Our staff – both counsellors and administrative staff – responded admirably and transitioned to online delivery in a way that felt seamless to clients. The

response from our clients to the online and phone offer was also overwhelmingly positive.

The Covid-19 pandemic disproportionately affected minority ethnic groups in the UK. More than 33% of all critically ill Covid-19 patients up to August 2020 were from an ethnic minority, despite such groups making up only 14% of the overall population. Public Health England's report on Covid-19 deaths found that, after accounting for the effect of sex, age, deprivation and region, people of Bangladeshi ethnicity faced twice the risk of death compared with people of white British ethnicity. People of Chinese, Indian, Pakistani, other Asian, Caribbean, and other Black ethnicity had between 10% and 50% higher risk of death when compared with white British. There are many factors leading to this disproportionate impact from the higher prevalence of comorbidities to the fact BAME people are over-represented in public facing industries where they cannot work from home and are more likely to live in overcrowded housing.

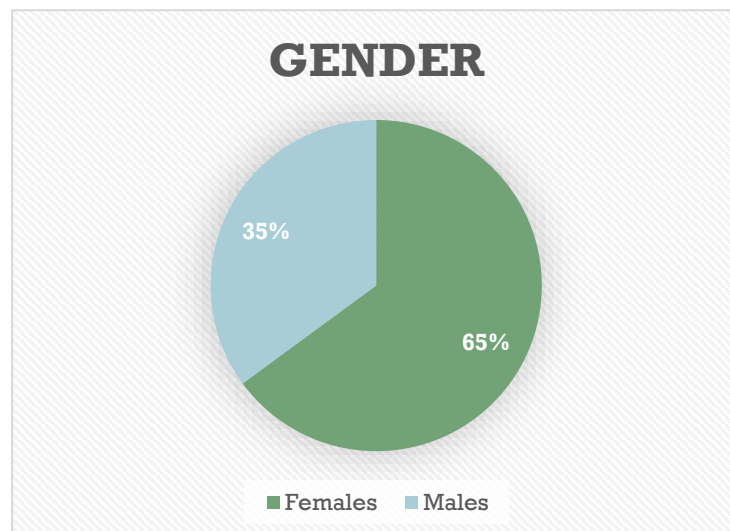
Given AFCS primarily works with South Asian communities, it is not surprising then that we have seen a surge in demand, both in terms of new referrals and higher levels of stress amongst our existing client roster which has meant that our counsellors have had to see them for more than the usual 6-12 number of sessions. Lockdown and working from home had meant that families were spending more time together with less opportunities for socialising externally – which has also resulted in more tensions and conflict. Uncertainty around lockdowns, inability to see loved ones, bereavement due to Covid-19 related deaths, rise in unemployment have all had an impact on the mental health of our clients and have also led to an unfortunate rise in cases of domestic violence. We now have a waiting list of over one hundred clients in London.

Even with the lifting of lockdowns and restrictions in 2021-22, AFCS has continued to operate remotely over Zoom and telephone in London and offer a hybrid service in Birmingham. This largely because our clients seem to have adapted to the remote service and prefer it over face-to-face counselling because of the flexibility it offers. Many of our clients are continuing to work from home and juggling work with childcare responsibilities and prefer to schedule their counselling sessions in the evenings or weekends. We are grateful for the flexibility our counsellors have shown in this regard and for agreeing to hold sessions as per the convenience of the clients. We are continuing to supplement our capacity with the help of volunteer counsellors. These are qualified counsellors who need to record a minimum of 450 hours of counselling before they can be accredited by the BACP. While our most complex cases are still assigned to the more experienced and BACP-accredited

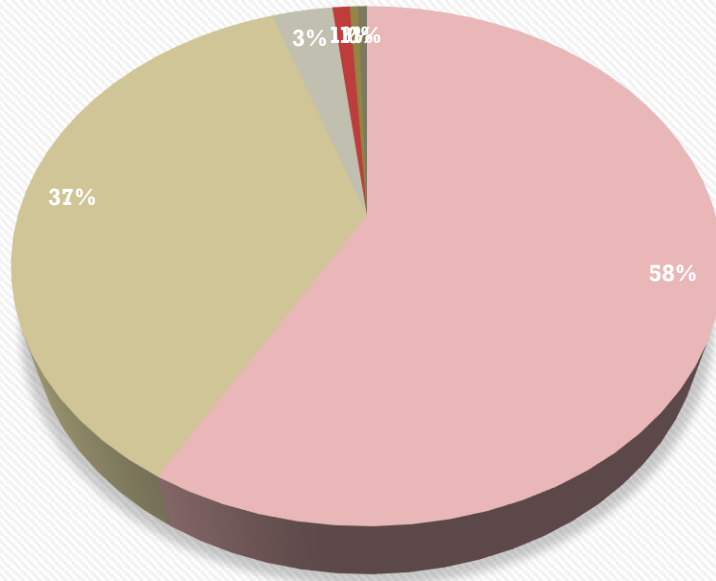
staff, the volunteer counsellors help alleviate the caseload within tighter budgetary constraints.

In 2021-22, we held 2074 counselling sessions with 211 clients (excluding the ones seen on the DWP project). The average number of sessions per client was 9.8. **Most of our clients (over 60%) continued to be women. 62% of our clients were unemployed** and thus in many cases we had to waive the fee altogether or charge reduced or nominal fees.

The charts below show the composition of clients by age and ethnicity/nationality of origin. Most of our clients (69%) were in the 26-55 age group. Most were of Indian origin (58%) followed by Pakistani origin (36%).

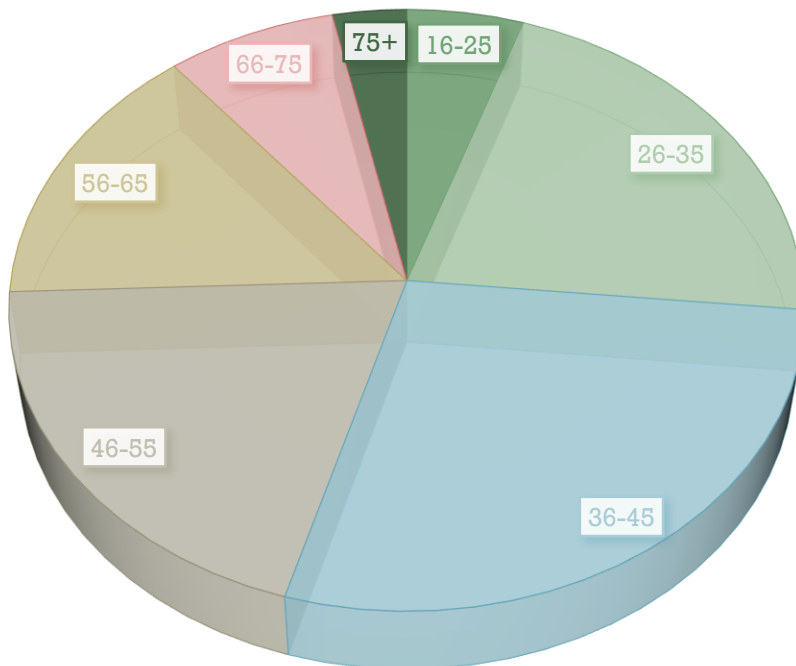


## ETHNICITY

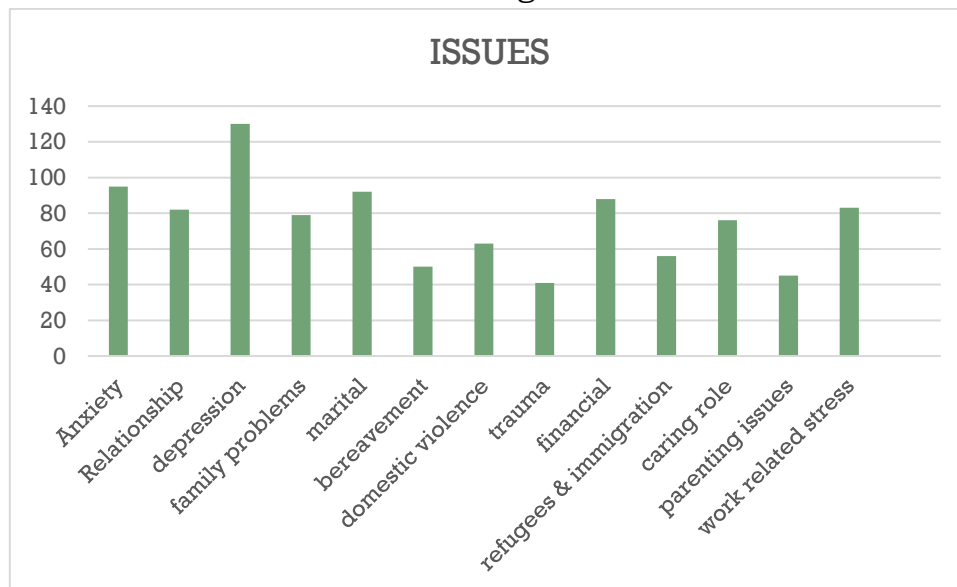


Indian Pakistani Bangladeshi Sri Lankan Asian other White

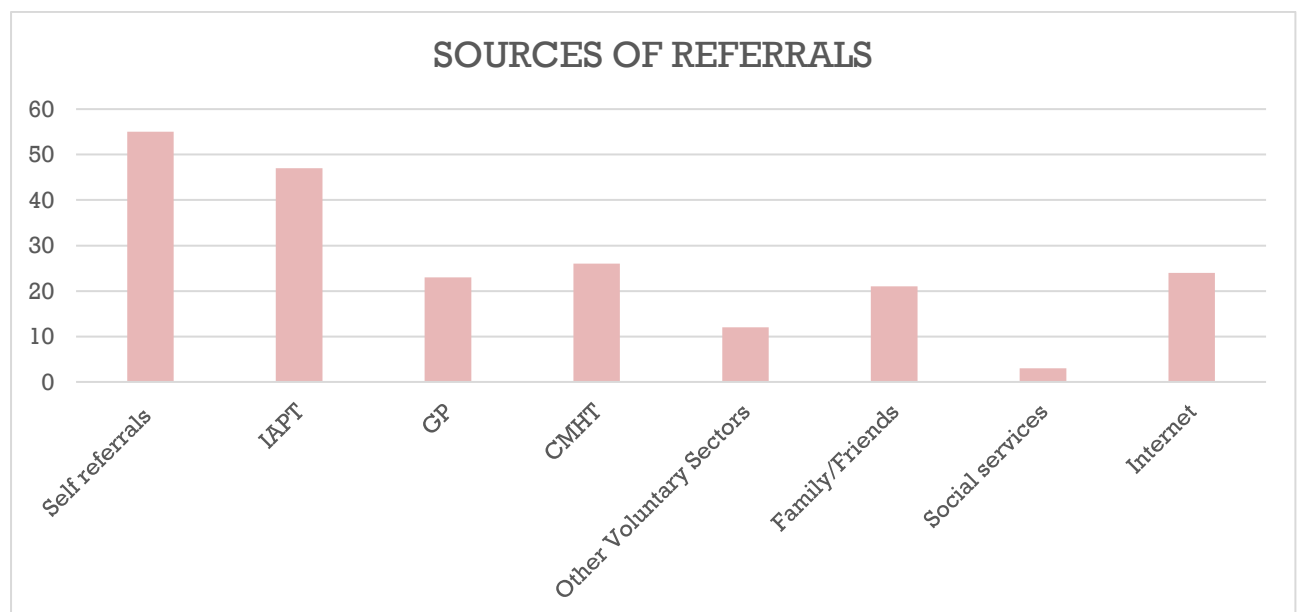
## AGE RANGE



Our clients came to us with a wide range of issues, but relationship problems and mental health dominated. Below is the break-up of clients by the issue they presented with. Please note some clients presented with multiple issues so there are instances of double counting.



Demand for our service has come through self-referrals, voluntary sector organisations, the IAPT services, counselling psychologists, psychiatrists, word-of-mouth, online search engines, General Practitioners, Health Visitors, Social Services, and other agencies.



AFCS uses CORE 10, PHQ 9 and GAD 7 outcome measures to evaluate the impact of our interventions. These are administered pre-counselling to establish baseline scores and then post-counselling to measure the change. These questionnaires measure the level of depression, anxiety, and mental well-being in the clients. Many of our clients do not read or write English and so have difficulty in filling in these forms. Such clients typically provide verbal feedback at the end of counselling. The clients who can, also fill in a feedback form at the end of their counselling sessions, and that gives us an indication of the level of client satisfaction.

We received our funding this year from the Department of Works and Pensions' (DWP) Reducing Parental Conflict (RPC) programme (see details below) & Ealing Council.

### **Project: The DWP's Reducing Parental Conflict Programme**

AFCS was part of a consortium led by Tavistock Relationships delivering this programme funded by the DWP. This was two-year pilot programme delivered in Westminster and Hertfordshire. Data is being collected by the DWP to measure the impact of the interventions and evaluate the success of this programme. After a slow start in 2019 we had a steady stream of clients, and we have been primarily delivering the "Triple P" intervention in Hammersmith & Fulham and Kensington & Chelsea; and Mentalisation Based Therapy ("MBT") in Buckinghamshire. Clients attended 7-10 sessions for each of the interventions. In 2021-22 we saw 62 parents, and initial data has shown that the interventions offered to the parents enables them to communicate better, manage their feelings towards their partner better and in doing so, improve outcomes for children. Some of the key findings from the interim report published by the DWP were:

- Parents approached interventions with varying levels of conflict, from no conflict to extremely high levels of conflict, the latter was more commonly the case for separated couples and those that did not complete interventions. Where there was conflict, it was rarely one single cause. Motivations for attending interventions included desperation to alleviate conflict with the other parent and concern over the impact that their conflict had on their children.
- Parents who completed an intervention were positive, and felt it had a positive impact on them. This was particularly the case for intact couples. However, there were some concerns raised about the sessions.
- From the experience of parents, there were four key elements to delivering the interventions well: tailoring of content so its relevant to



individual situations, good practitioner approach and demeanour, use of practical tools and activities and provision of workbooks to reflect on the sessions.

The last referrals to this project were received mid-March 2022. The deadline to complete all open cases is the 31<sup>st</sup> of July 2022.

### **Case Studies**

- N is a woman with three young children, who had been separated from her husband for around 2 years. She struggled to express herself and was unable to implement boundaries with her husband due to his coercive and abusive behaviour. Due to cultural issues, she was unwilling to involve the courts to arrange the contact between her children and husband. She felt shame and guilt which resulted in depression and panic attacks. Through counselling, she has been able to process her fears, and implement boundaries with her husband. She is now able to express herself to her family. She has been able to overcome the panic attacks and the sudden breakdowns. She no longer spends days in bed depressed and has been able to process her emotions in a positive way.
- JS is a 78-year-old Asian man. He was diagnosed with prostate cancer but was not explained the impact of his condition. He also suffered from a number of other health conditions. He had become increasingly withdrawn from his family and friends. He suppressed his worries, stress, and his emotions, and as a result became housebound, he lacked confidence to be able to engage with the outside world. Covid also impacted JS as he feared contracting the virus. Through counselling he was able to gain confidence to leave his home and be able to ask questions at hospital appointments. He felt empowered to leave the house and drive around the local area and to hold conversations. He overcame his guilt and shame, as he asked his family for support with the surgery for his prostate condition. He was able to have open conversations with his wife and implemented daily walks with his wife accompanying him. This change of behaviour resulted in a gain of self-confidence. JS said he found counselling life changing.
- O is a 32-year-old woman. She came to England a few years ago, along with her first boyfriend. From an early age, O had felt that her parents treated her differently than her siblings- she did not feel cared for. She said that it was her anger towards her parents which made her move countries. She had also had abusive partners in the past and in her

current relationship, O was unable to express herself. She often blames herself for conflicts and finds it hard to express her emotions if they are not reciprocated or responded to in a manner that feels right for her. Through counselling O was able to recognize that she could be replaying her childhood patterns of not feeling worthy of love and therefore seemed to blame herself for the abuse. She also recognised that her fear of rejection prevented her from expressing her needs. O was able to identify her struggle with trust and worked on ways to validate her own feelings.

- A is a 50-year-old woman. She had been separated from her husband for over 3 years. They have three children together. A felt stuck in her relationship. She felt that her husband had been emotionally abusive over the course of their marriage of many years and that to present a happy version of their family life, A had had to ignore many cracks in their relationship. Although at the start she was clear about wanting to divorce him, she found it extremely hard to say the words. She described feeling 'clamped down' and 'crying silent tears' because she felt unheard and blamed herself for the breakdown of the relationship. During the process of therapy, through psychoeducation, A learnt about 'games' and 'ego states.' She could identify her husband taking on the roles of victim, persecutor and the rescuer on the drama triangle and felt that she could finally understand his 'games.' She had also, in the process, understood the value of validating her own experience. She felt empowered with the knowledge that she had gained and decided that she would not divorce her husband but involve him in couple counselling.
- G & R, a couple in their mid-30's had been married for 6 years. They had two young children and lived with R's parents. Although the couple themselves previously had no issues in their relationship, R's mother constantly criticised their parenting style, and this began to impact their relationship. Couple counselling enabled them to recognise this, and they decided to move out and live as a nuclear family.

## Feedback from Clients

'My counsellor has been brilliant and made me feel listened to, she has allowed me to freely express myself and more importantly she created a safe space for me to come into, during our sessions, so thank you very much.'

'The counsellor understood my issues, sometimes without me even articulating them. It was important for me to have someone who understood where I was coming from culturally'

'The counsellor helped me a lot, gave me a new lease of life, can't ever forget that, thank you'

'I appreciate everything X has done for me. She has been an extremely good counsellor. She has been a godsend, really can't express enough words to thank her.'

'It took some time to get an appointment, but it was well worth waiting for. I used to be depressed but talking to you has helped me immensely. I have started to think positively, so thank you for everything.'

## **In Conclusion**

The pandemic has been an unprecedented challenge for many of us. We would like to thank our staff and volunteers for their resilience and for adapting so quickly and efficiently to the changes in ways of working and without whom we would not have been able to provide this critical service at a time when the demand for it is higher than ever.

We know that the pandemic has disproportionately affected Asian communities. More than ever, we need to ensure we can continue to provide counselling at low or zero cost to those who need it the most and therefore securing additional funding to expand capacity and provide counselling to the people on our waiting list will be a key priority next year.

**Kulbir Randhawa**

**Director**

## **Staff Information**

### **London**

Kulbir Randhawa (Director)  
Balbir Bansi (Counsellor)  
Baksho Johal (Counsellor)  
Chhaya Shah (Counsellor)  
Farhana Moussa (Counsellor)  
Narinder Bains (Counsellor)  
Anica Govil (Counsellor)  
Jayashree Shahani (Admin)  
Gurpal Bharj (Volunteer Counsellor)  
Surabhi Narendranath (Volunteer)  
Nehar Bird (Volunteer Counsellor)  
Raman Mann (Volunteer Counsellor)  
Rajbant Thiara (Volunteer Counsellor)  
Kam Kandola (Volunteer Counsellor)

### **Birmingham**

Gurbaksh Johal (Manager)  
Dippica Mistry (Counsellor)  
Shazia Qayum (Volunteer Counsellor)  
Neelam Kalita (Volunteer counsellor)  
Inderpreet Bhangal (Volunteer counsellor)  
Kulwinder Panesar (Volunteer)