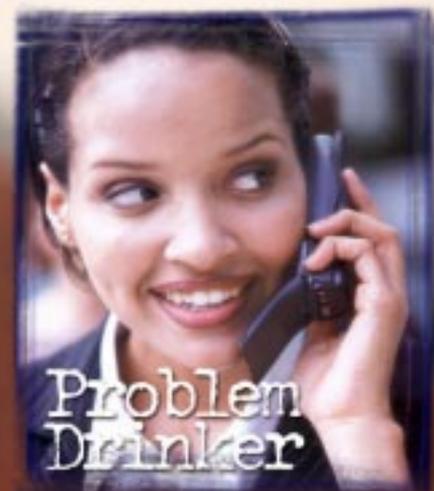
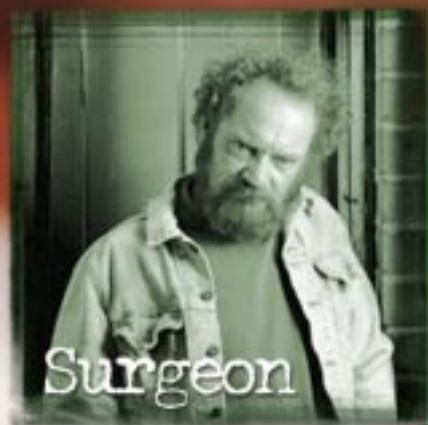


Alcohol...

it  
takes  
all  
sorts



**HAGA**  
HARINGEY ADVISORY GROUP ON ALCOHOL

Annual Report 1999 - 2000

# Contents

Foreword	3
Report of HAGA's activities over the past year	4
the Community Detox. Service,	6
the Day Centre	8
the Children and Families Service	10
Counselling	11
Administration	11
Training	12
Community Care Activity	13
Future Developments within the business plan	13
Finances	15
Staff, Management & Contacts	16



"HAGA has helped many people in desperate situations, particularly me"

Alec

# Foreword

This annual report spans the activities of HAGA from one century to another – into the new millennium.

The agency is still equipping itself to deal with the challenges that it faces in a borough with such diverse, and changing needs, in which drinking plays a prominent role in day to day life. On some days it would seem to be the most prominent role!

HAGA's birth 19 years ago is a testament to those who recognised the problems around alcohol misuse in the borough and had the foresight to push forward the agency's inception. Credit goes to those people, some of whom remain involved with HAGA.

The advent of community care legislation signalled a mushrooming in the services we were able to offer, and moved us into partnership with various local service purchasers and providers. We were able to build on good, long term relationships in the community to ensure a voice for our users. Indeed, our belief and practice in being very much a part of the local community has enabled us to continue to both reflect and predict the direction of future service needs.

Our main aim remains to provide a quality service to the people of Haringey with alcohol related problems. We hope this report reflects that aim.

***Haringey Advisory Group on Alcohol Management Team***

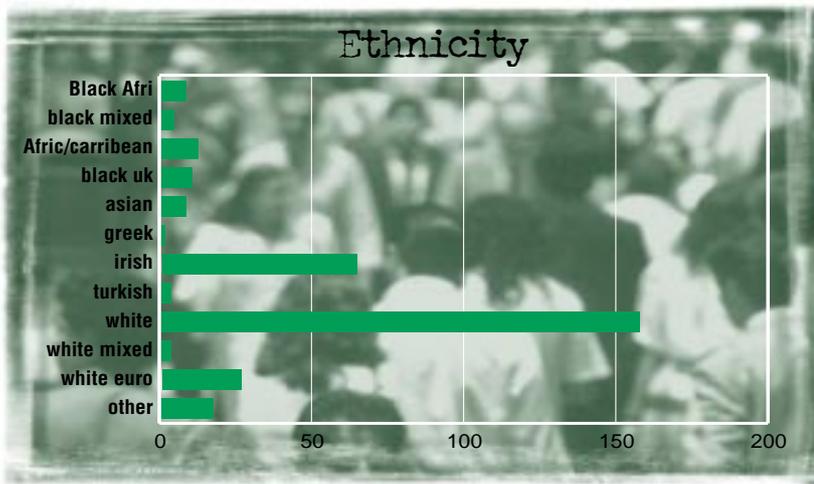
## User Involvement

Intrinsic to the work and philosophy of HAGA is the involvement and empowerment of users in their own rehabilitation. Clients are encouraged to participate in the discussions around changes and new developments in the service, and to critique the activities they are involved in. Increasingly service users play a more active role in projects in which HAGA is involved.

The client forum continues to meet weekly, its officers are elected by the client group, and it forms an important function in exchange of information, organising social events, ensuring the smooth running of basic 'housekeeping' activities around the centre and acting as a voice, via its chairperson, to the staff team.

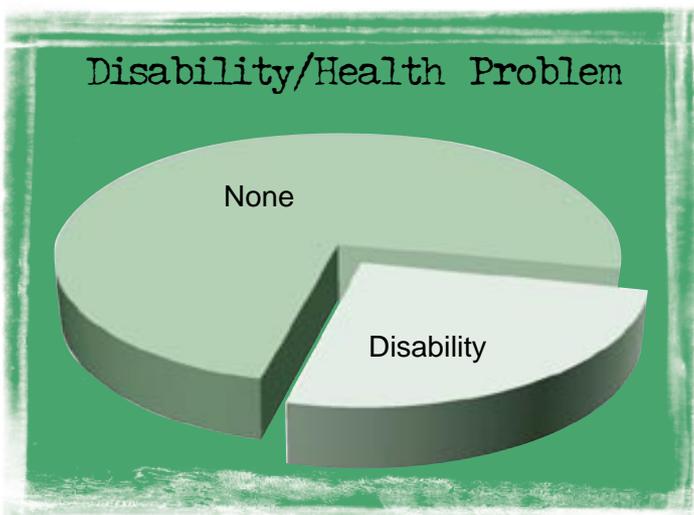
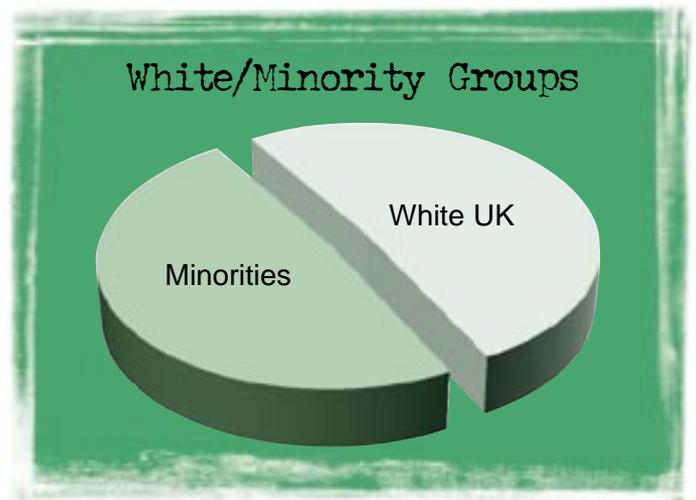
# Results

Now let's have a look in more detail at the activity of the service over the past year...



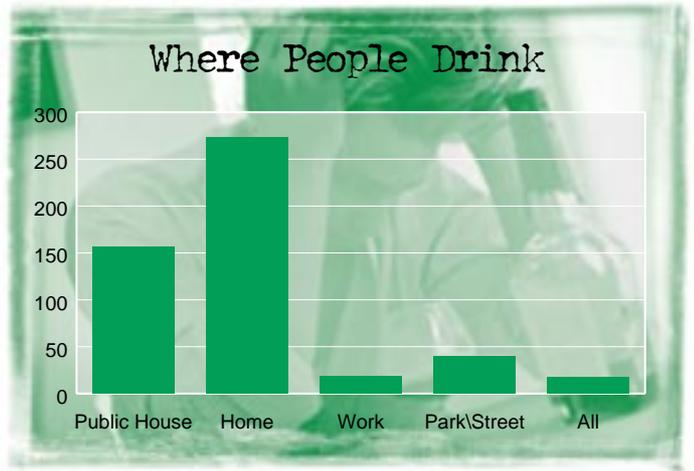
720 people were referred to HAGA in 99/2000

People from minorities constitute almost half of HAGA's clients

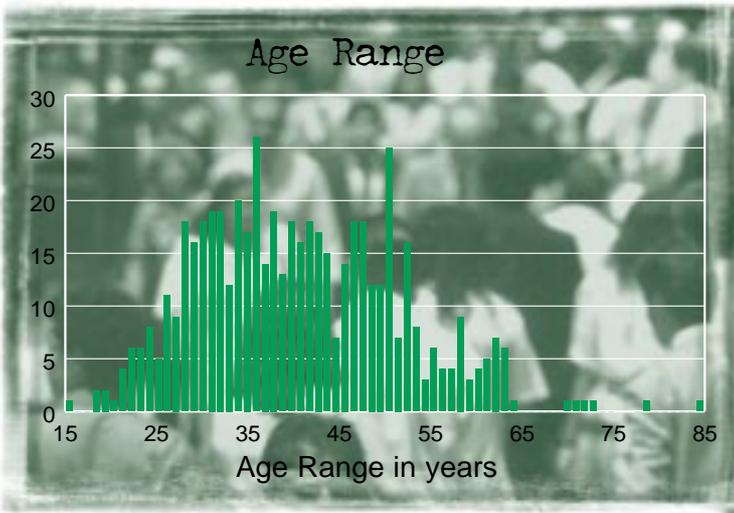


Substantial numbers of clients suffer from serious health problems and disabilities, some times but not always related to their drinking. This demonstrates the vulnerable nature of the people we see.

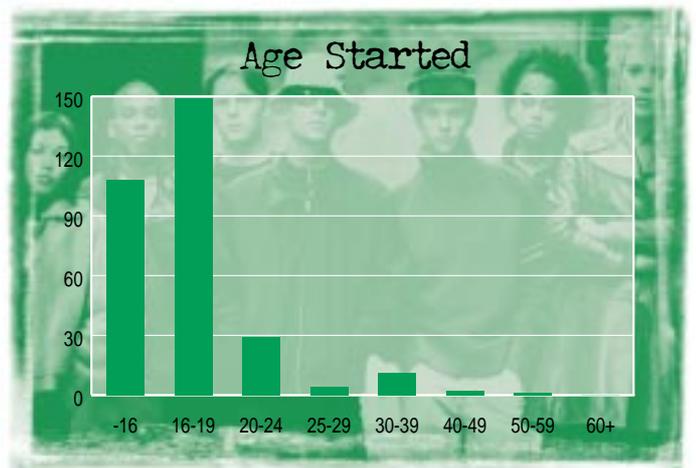
Most of the people we see drink mainly at home



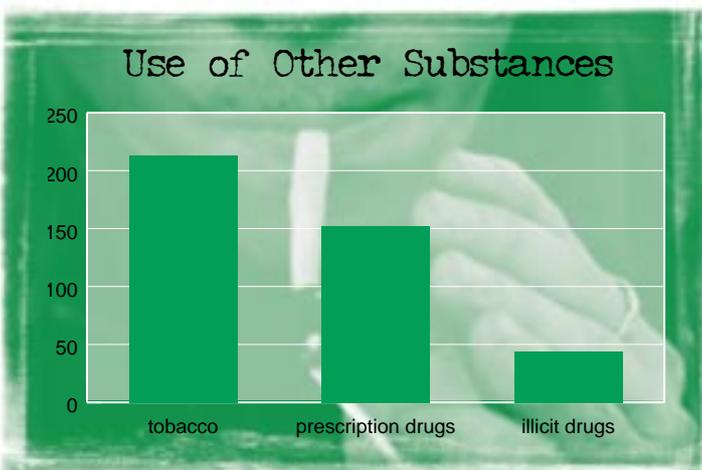
The age range of our clients shows that the majority are in the 30-50 age group. We see less younger and older clients presenting for treatment. With the younger age group this we feel is consistent with being a 'treatment' service. Problems amongst older people are often under recognised by professional referrers, which is something we intend to address in further work.



A significant number of people started drinking before the age of 16 with the majority starting before they are 19. This indicates the importance of advice and other services to young people.



Many clients use illicit drugs as well as alcohol. We are particularly aware of a trend for Crack cocaine use amongst some of the people we saw last year. Alcohol is often used to mitigate the come down from Crack. Tobacco continues to be the most commonly used other substance.



# The Past Year

**D**uring the past year HAGA has maintained the same standards of good practice despite a continually increasing demand for services.

As a staff team, we have been exploring the range of issues potential clients present to our service, in order to undertake more formal outcome monitoring. We have identified the outcomes that HAGA can achieve, given the range of interventions on offer, in the following areas;

- Harm minimisation – reduction / cessation of alcohol use.
- Health gains – physical and psychological
- Behavioural improvements – relationships, social interactions etc.
- 'Reintegration' – work, volunteering, retraining, education.
- Improvement in parenting skills.
- Reduction in offending.
- Improvements in housing conditions.
- Budgeting and financial stability.

We are optimistic that the database currently being developed will be able to monitor and evaluate these targets, and that next years annual report will reflect this development.

All teams within the agency are now using a streamlined care planning approach, which is regularly reviewed. It is always a challenge for clinical workers to balance direct time with clients against collecting statistics necessary to reflect the therapeutic work undertaken. We continue to be challenged!

## Community Detoxification Team

Within the Community Detox.Team, the staff complement has remained stable, despite losing their valued team leader, Edel McCarthy, to a service closer to her home, after the birth of her son. The work she achieved, both in pioneering new approaches to detoxification in the community, and grounding the team in good clinical practice, has been appreciated by us all.

The team continue to see clients within their own homes and at the day centre. In the last 12 months they have offered 294 assessments, and undertaken and completed 162 detoxes.

Following the completion of the weeks detox, clients are offered further 'post detox' clinic appointments for four weeks. There were 405 attendances at the clinic during the year.

Nursing staff continue their assessment of the clients ongoing physical, psychological and social concerns during clinic visits, and support individuals in considering choices available for ongoing work within HAGA's services, or, if appropriate, via a residential rehabilitation programme.

Approximately 75% of clients were referred on to the HAGA day programme, for counselling, or to the children and family service.

The team also offer longer term community support to people who cannot access day centre services.

"HAGA is  
the best  
thing  
that  
happened  
to me"

John H.

## Mental Health, Alcohol and Housing Worker

Our Mental Health, Alcohol and Housing worker, complements services available for people with long term mental health and alcohol problems, who are also having difficulty with functioning within their own homes. She has worked with 42 people in the last year, of these 8 achieved abstinence and 22 managed to work on a harm minimisation model. The work has involved liaison with community mental health teams on a regular basis.

## New Developments within the Detox Service

### ● **Ambulatory Detox**

We have been successful in obtaining funding from the Health Authority for a further part time nursing post. The new worker will offer ambulatory detoxes (involving the client attending daily appointments to see the nurse within the Day Centre) and health advice sessions.

This work had previously been undertaken by existing members of the team on a rota basis, however, with the increase in referrals and consequent waiting times, it became difficult to maintain a regular service.

We have piloted this work with an agency nurse for the last few months and the results have been positive. The waiting list has reduced – all referrals can be seen within a week of contact, and an increased number of ambulatory detoxes. have been completed.

This method can be extremely cost effective for those who need a detox and are suitable to attend the day centre. Requiring less nursing time, it also gives daily access to the next step of the rehabilitation process, via the day programme.

### ● **Visiting People at Home.**

For some time HAGA staff have been developing a home visiting policy in tandem with our review of risk assessment procedures. The acting team leader for the Community Alcohol Team has taken an active role in a working group set up by Haringey Healthcare NHS Trust to develop a borough wide home visiting policy for community staff within the trust. HAGA's experience in this area has proved valuable to the working party.

Safety of workers, both out in the community and within HAGAs premises remains a priority for the management team. We are particularly vigilant in ensuring risk assessments are received when clients are referred from other services. We feel this is a vital component in the assessment process for people with an offending history, potentially challenging behaviour, or other multiple needs.

"HAGA  
has  
helped  
me on  
numerous  
occasions  
when I've  
felt low"

Juan



"HAGA's  
a place  
to make  
new  
friends"

Tess

## Day Centre Services

The Day Centre is still incredibly busy, and has desperately needed more staff for the past two years. Client attendance remains in excess of contract levels agreed with the Local Authority, who fund the service. Individuals have tended to stay longer and be more regular in their attendance over the last 12 months.

**Activities on offer include;**

● **Daily Drop-In sessions between 12 noon and 4pm.**

During this time, clients can have a chat with other users or their keyworker, or sit quietly and read, or perhaps watch television. There is an opportunity to catch up with current events or just 'chill out' in an alcohol free environment.

● **Therapeutic group work.**

There is a daily one hour group, where participants can explore how they are coping with life, with or without alcohol, share experiences, and look for support or challenge from others. They may start to recognise patterns in their misuse of alcohol, identifying trigger points. There are also groups which give longer term users the opportunity to share their experiences of sobriety / harm minimisation, and to work on current life situations and future goals. Every Wednesday there is a group for women only which averages 12 attendees. Some women prefer this group, within women's day, to those with mixed attendance, as they often feel more able to share extremely personal experiences. A self help group runs weekly for ex-clients who are back at work, in full time study, or involved with other activities, who feel they need to 'stay in touch' with the service.

● **Workshop programme**

Groups of six sessions are offered, in specific areas such as Relapse Prevention, Assertiveness Training, Anxiety Management and Anger Management. Alcohol Education sessions are also offered on a one- off basis every six weeks. Clients achieving a 100% attendance record are offered a certificate of completion. Groups only commence when a minimum of 6 people have committed themselves to attendance. Every one using HAGA's services is requested to attend the Relapse Prevention Training as this is intrinsic to the agency's work around harm minimisation

Numbers of people using the centre ranged between 59 and 86 from month to month, with a total of 250 individuals (164 male – 86 female) attending on one or more days during the year. 157 attended for two months or more, 106 for three months or more, 76 for more than three months, and 12 throughout the entire twelve month period. All clients attending the groupwork programme have regular one-to-one sessions with their allocated worker. It is important to acknowledge the increasing amount of staff time which is necessary to maintain this level of service.

● **Alternative Therapies**

A regular aromatherapist offers three hour long sessions every week. Three weeks in four, the service is offered to women only, on Wednesday, the remaining week is offered to male clients and takes place on a Thursday. There is always a waiting list for this, and continual requests from male clients for an increased service, for which we do not currently have the funds.

The acupuncture service is now available daily for both individual and ear acupuncture. We have one regular acupuncturist for six hours weekly who offers services and supervises a team of volunteer acupuncturists who come to us for at least six months experience after qualifying. This service is popular and cost effective. 279 individual acupuncture appointments were attended in the last year, and 767 ear acupuncture treatments were administered during the 'drop-in'

sessions. Positive outcomes were reported by individuals who found a reduction in anxiety and 'craving' associated with their alcohol misuse during and subsequent to treatment. Herbs are also used in the treatment sessions, and recommended herbal teas have been made available to clients wishing to continue treatment at home.

#### *Evaluation of Alternative Therapies.*

We have been unsuccessful in obtaining funds to evaluate the effectiveness of both the aromatherapy and acupuncture services. Anecdotally, we recognise the client benefits and keep information on the take up and quality of the service, however it would be extremely useful to evaluate this formally.

#### ● **Saturday Opening**

The day centre is now open on Saturdays, offering both drop-in and group work to clients. This has been funded by a grant from Social Services under the Carers Support Scheme.

#### ● **The Bedsit Scheme**

This five bedroomed house is attached to the day programme and run in partnership with Special Needs Housing. Clients in housing need may be resident in the scheme provided their goal is abstinence, and they are prepared to take part in a full alcohol rehabilitation programme within the centre. Once they have demonstrated they are physically and emotionally equipped to live independently, clients who adhere to their contracts, and are committed to overcoming their alcohol problem, will be recommended for permanent housing.

## New Developments

### **Resettlement Worker**

The LBH have recently agreed to fund a full time resettlement worker who will work with the bedsit scheme. They will be pro-active in the development of a further scheme, and also offer individual and group work around resettlement issues within the day programme. The aim of this post is to support alcohol rehabilitation within Haringey, consequently reducing expenditure on residential placements.

### **Employment Worker**

We have been told that our bid for an employment worker within the day centre has been successful. We aim to be pro-active in supporting users to develop the range of skills required to enable them to access employment/further training. Targets for the first 12 months will be as follows:

- 50 People will have participated in the employment programme.
- 12 People will be actively seeking work.
- 10 People will have retained employment.
- 6 People will have found paid employment.
- 4 People will be undertaking further education.
- 6 People will be acting as volunteers within local services.

#### **The post holder will have:**

- Developed a database of local employment opportunities.
- Developed a protocol for monitoring and evaluation.

#### **Liaised with:**

- 4 Local employers
- 3 Local colleges/education centres.

This post will be funded through the London Borough of Haringey partnership grant, which runs for two years initially.

"I haven't been at HAGA long, but the service I've had is superb"

Carol

## Children and families Service

During the last year the Children & Family worker has had the following contacts;

<b>Children</b>	47
<b>Carers</b>	45
<b>Professionals</b>	52

She worked with 32 Carers on an individual basis, of which, 25 continue to work at harm minimisation, and retain their family structure intact.

Of the 20 families referred who were involved with Social Services, 11 stayed together and 9 had children in care or living with other family members – 2 of these have now been reunited.

Parenting skills workshops are now being offered to carers using the service. These aim to offer support for parents and carers who use the Day Centre, exploring what it means to be a parent – both the pleasures and the problems – and offer the

opportunity to learn new or different ways to communicate with children in problematic situations. Prior to the commencement of the workshop, a discussion was held with interested parents / carers to identify topics and areas of need.

Six people began the first group and 4 completed the 6, weekly sessions. After completion, the group identified that they wished to do further work on managing behaviour.

Saturday activity sessions for families have been held once a month and attended by 2 – 3 families per session. The Saturday session will be offered twice monthly after the summer break.

### Future Plans and Developments.

- A further 6 parents are scheduled to begin the next parenting skills workshop and 6 others are interested in undertaking a more intensive group on behaviour
- Funding has been sought for a part time children's worker, who will assist in planning and developing 2 further support groups for children – one for 8 – 10 year olds, and one for 12 and 13 year olds. We are optimistic that we will be successful in obtaining a grant from BBC Children in Need.
- We also have approached the Ronald McDonald Charity for an equipment grant.



# Counselling

**D**uring the last year 68 people received counselling and 600 counselling hours were offered, an average of 11.54 hours per week. 463 sessions were attended. This represents a 'fail to show' ratio of 30% – a 4% increase on the previous year. This is possibly a reflection of increased waiting times due to a reduction in hours offered (153) because of staff shortages.

There are currently 3 sessional counsellors, as we have sadly had to say goodbye to Antonia Macaro who has worked with HAGA for several years. We would now like to recruit a Turkish speaking counsellor as we are receiving increasing referrals from this community – where language is often a barrier to services. Whilst it is useful to use an interpreter for initial assessments, and / or detox. it is not appropriate for any longer term, in depth work.

Counselling continues to be a valuable, and flexible intervention, which can be offered to a wide range of problem drinkers and concerned others. We have adapted to offer diverse approaches reflecting the needs of our local community and recognise the multiple stresses placed upon people by poor accommodation, limited community services, lack of employment opportunities, and other associated problems experienced within an urban, inner city, environment.

"I knew I had an alcohol problem, but HAGA has helped me see that I can make changes to my attitude and behaviour"

John S

# Administration

**I**n order to facilitate the administrative needs of a growing staff group, HAGA has invested in new technology, enabling workers to "self-serve" – typing and printing their own letters and related material. This process continues, with the development of Internet and email capabilities, allowing staff access to new sources of information and channels of communication.

The work of the two members of the Administrative Team has refocused to support and underpin these changes, and, at the same time, deal with traditional responsibilities such as managing Reception and Switchboard. Managing "change" is often a difficult and challenging task. Balancing individual's needs with conflicting priorities in other areas, involves patience, initiative, and imagination, and it is important to acknowledge these qualities, which are vital to the smooth running of any modern office. "Teamwork" has always been central to the success of HAGA, allowing flexibility in the allocation and responsibility for tasks, and, most importantly, the awareness that "support" is something that works both ways!

# Training

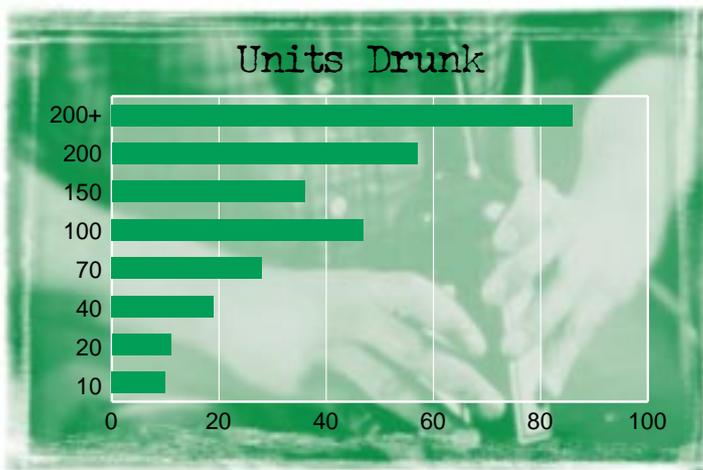
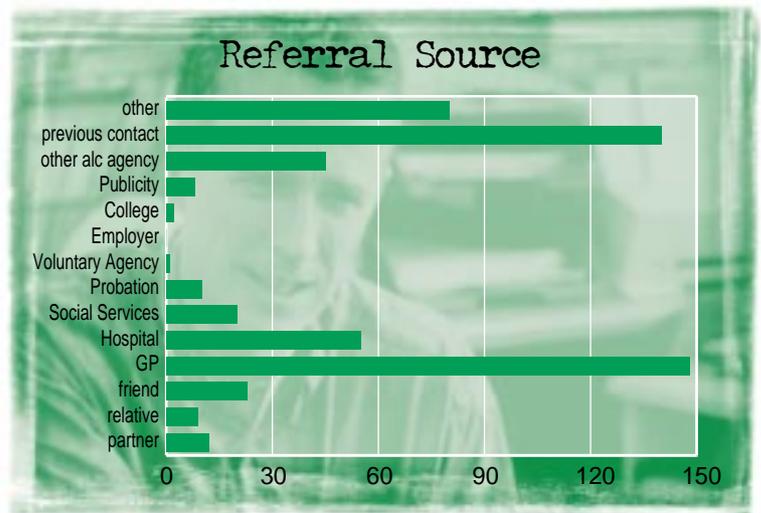
During the past year we have continued to offer alcohol related training within both the Local Authority and the Health Authority.

We have undertaken a project with funding from Alcohol Concern, offering brief intervention training to primary care workers, which is carried out in conjunction with the West Haringey and Tottenham P.C.G.s. We are also working with the P.C.G.s to produce a primary care alcohol action plan.

A small grant has been received from the LBH, prevention grant, to develop an information and training programme on alcohol for elderly people and their carers. Work has commenced on this via a working party made up of staff and users of HAGA.

Social work students from both Middlesex and Kingston Universities have continued to have practice placements of 50 or 80 days within HAGA. We have also continued to offer information sessions to medical students and G.P. trainees, which involves a morning within the day centre with input from both staff and users of the service.

The largest number of referrals, as in previous years, came from GPs.



By far the largest group of clients were drinking more than 200 units a week. This indicates that most of these people were physically dependent on alcohol and would inevitably suffer considerable physical damage.

# Community Care

Between April 1999 and March 2000, we placed 33 clients into the Rugby House Crisis Centre for residential alcohol detoxification on behalf of the London Borough of Haringey and Enfield & Haringey Health Authority. The contract with Rugby House is for 365 bed nights annually – during the last 12 months this overran by ten nights. This overrun excluded the 40 bed nights that had been carried over from the previous year. It was agreed, at a review meeting with the LA Commissioner, HAGA and Rugby House, to carry over these excess nights into the next year.

Of the 33 people who required a residential detox during the year, twelve were women and 21 were men. One person was referred via the probation service and one via Finsbury Park street drinker's initiative. Both of these were organised in conjunction with HAGA staff.

Thirteen admissions were White English, ten were Irish, three were Asian other, three Black British, one Black African, one Indian, one white European, one White other.

Of these 33 individuals, fourteen went on to Residential Rehabilitation Units (with HAGA staff continuing to act as care managers) and nineteen were discharged back to HAGA community support and accommodation within Haringey. Throughout the whole year, only three were discharged from the Rugby House project for breach of contract, one person left of his own accord and one was admitted to hospital.

During this last year we have seen more people who require a supervised residential detox. because of their chaotic lifestyles e.g. lack of, or inadequate housing, no community support, severe physical withdrawal symptoms from alcohol, or vulnerable to victimisation within the community. Residential detoxes have risen from 18 last year to 33 this year- an increase of 83%. Community detoxes have remained the same although the waiting list has come down.

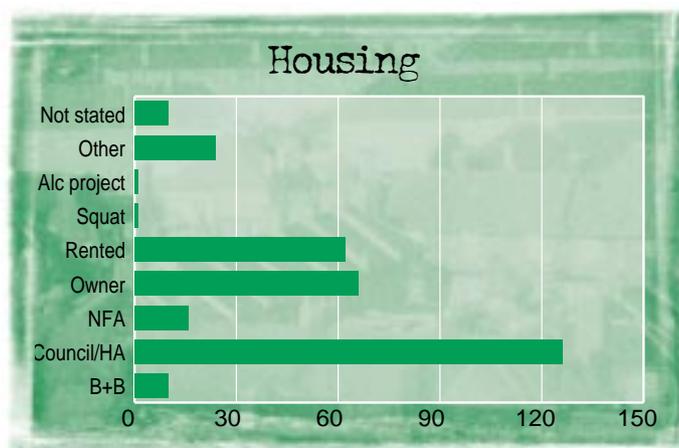
Feedback from the Crisis Centre manager reflects that outcomes from Haringey clients are amongst the most positive of any of the contracts they have, and management of the contract is the most efficient – they think that this is directly related to the continuity of care provided by the HAGA team, clients are always aware of, and able to contact, their worker and they return to Haringey with a care package in place.

Seventeen assessments were undertaken, placing fifteen clients in residential alcohol rehabilitation projects, of these, ten of these left early due to non-adherence to contract e.g. drinking, abusive behaviour. Of these ten, three subsequently went into the HAGA bedsits and the agency remained in contact with a further three on a more sporadic basis. Of the five remaining, three went on to 2nd stage rehabilitation services.

Two assessments were undertaken to enable clients to obtain furniture grants once they moved into permanent accommodation following successful rehabilitation.

## Future Developments

HAGA management team have been in discussion with the LBH Commissioning team regarding the purchase of 365 bed nights in one of the Residential Rehabilitation programmes with whom we have had the most positive working relationship, both in terms of outcomes and communication. This should have benefits both in terms of increased management of placements and flexibility in length of stay. It should also demonstrate some cost savings.



# Aims

## 1999/2000 Aims for Service Development and Achievements

### Detox Waiting List

Further finance was secured from Enfield and Haringey Health Authority, a locum nurse has been employed and an advert will soon be placed for a permanent staff member. Work on minimal intervention training has been going on with front-line staff, particularly GP practice staff. The HAGA service should most appropriately be offered after Minimal Interventions by GPs. We are looking to develop a closer working relationship with the two Primary Care Groups in Haringey over the coming year.

### Criminal Justice

We have been discussing with Middlesex Probation a joint initiative aimed at clients who have committed a violent offence related to drinking and who wish to address their alcohol problem. We are applying for a partnership grant from them to develop this project next year.

### Services for Ethnic Minorities

In 97/98 50% clients were from ethnic minorities, including Irish. In 98/99, 40.1% and in 99/2000 40% of those completing treatment were from ethnic minorities

**Aim:** to improve data particularly in relation to requests for interpretation or a counsellor of a particular language or cultural group.

### Resettlement

A full-time resettlement worker has been funded and is now in post, working with occupants of the bed-sits and people discharged from hospital.

### Employment Rehabilitation

It is hoped that the Borough will make funds available for this. We view Employment work as a key development in the services that HAGA offers.

### Children and Families

Service Funds for a part-time worker for 3 years were obtained from BBC Children in Need. The present funding for the Children and Families service expires in year 2001/2002. We feel it would be disastrous were we to have to end this service to children who are so often the innocent victims of substance misuse problems.

**Aim:** to secure funding for the future for this service

### Other Issues requiring action this coming year

**Outcomes Work** is at present going on to develop a new database, which will give better quality information about what actually happens to clients attending HAGA and the outcome for them when they leave. This will enable better analysis of what is being done and what outcomes result. It will need resources for analysis.

**Aim:** (1) Complete the system and use the new database:

(2) Apply for funds or a seconded researcher to analyse the data.

### Increasing Demand

Referrals and client numbers increase each year. New funding helps to cope with that to some extent. However there is a huge drinking population in Haringey. Extrapolation of national estimates would suggest 1500 physically dependent people in the Borough. The Whittington Hospital estimates that on a Saturday night 90% of those attending A and E are drunk. We need to develop closer working relationships with A&E departments to identify and follow up those people who repeatedly attend A&E with alcohol related conditions or injuries.

# Finances

## HARINGEY ADVISORY GROUP ON ALCOHOL A COMPANY LIMITED BY GUARANTEE

STATEMENT OF FINANCIAL ACTIVITIES  
FOR THE YEAR ENDED 31 MARCH 2000

	Notes	Unrestricted Funds £	Restricted Funds £	Total 2000 £	Total 1999 £
<b>Incoming resources</b>					
Interest receivable		2,639	-	2,639	3,788
London Borough of Haringey		209,965	-	209,965	177,414
Enfield & Haringey Health Authority		79,286	98,514	177,800	148,115
National Lottery Charities Board		-	26,587	26,587	25,970
Other Income		7,045	-	7,045	7,204
<b>Total incoming resources</b>		<b>298,935</b>	<b>125,101</b>	<b>424,036</b>	<b>362,491</b>
<b>Resources expended</b>					
Direct charitable expenditure	2	231,712	93,053	324,765	317,725
Other expenditure:					
Management and administration	3	50,711	573	51,284	46,413
<b>Total resources expended</b>	4	<b>282,423</b>	<b>93,626</b>	<b>376,049</b>	<b>364,138</b>
<b>Net movement in funds</b>		<b>16,512</b>	<b>31,475</b>	<b>47,987</b>	<b>(1,647)</b>
Fund balances at 1 April 1999		44,853	5,988	50,841	52,488
<b>Fund balances at 31 March 2000</b>		<b>61,365</b>	<b>37,463</b>	<b>98,828</b>	<b>50,841</b>

"HAGA  
has been  
very  
helpful  
to us  
all, but  
could do  
with more  
funding  
to expand  
services"

Trevor

The statement of financial activities also complies with the requirements for an income and expenditure account under the Companies Act 1985.

A full set of accounts is available on request.

# Staff

Ian McGregor – Director

Gail Priddey – Asst. Director

## Day Centre

Gina Warrilow – Day Centre Worker

Philip Hale – Day Centre Worker

Maxine Allison – Day Centre Worker

Tina Buike – Day Centre Worker

Ikedola Animashaun – Day Centre Worker

## Children and Families Service

Gaynor Smith – Children and Families Worker

## Administration

Valerie Peart – Receptionist/Administrator

Peter Hart – Administrator

## Sessional Counsellors

Antonia Macaro – Sessional Counsellor

Harrinder Singh Dhillon – Sessional Counsellor

Lucreatia Reily – Sessional Counsellor

## Complementary Therapy

Oran Kivity – Acupuncturist

Sarah Brawn – Volunteer Acupuncturist

Revana Swales – Volunteer Acupuncturist

Victoria Plum – Aromatherapist

## Trainer

Steven McCaig

## Community Alcohol Team

Edel McCarthy – Team Leader

Libby Minto – Community Alcohol Nurse

Tim Hardern – Community Alcohol Nurse

Anike Olaitan-Omole – Mental Health, Alcohol and Housing Worker

## Management Committee

Dr Ros Furlong – Hon. President

Ruth Bucky – Chairperson

Lilias Gillies – Hon. Secretary

Christine Chambers

Nolan John

Dee Heaps

Eric Appleby

Maggie Wakelin-Saint

Colin Parsons

Mike Bland

Anne Delargy

Wesley De-Mendouça

## Funders

The London Borough of Haringey  
Enfield and Haringey Health Authority

National Lottery Charities Board  
Alcohol Concern



590 Seven Sisters Road, London N15 6HR

Tel: 020 8800 6999

Fax: 020 8802 0081

Email: [Haga@freeuk.co.uk](mailto:Haga@freeuk.co.uk)

Web: [www.haga.co.uk](http://www.haga.co.uk)