



# Annual Report

2000-2001



# Foreword

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I often think of HAGA as the light at the end of a very long tunnel. As the Director of the national alcohol agency I spend a lot of time trying to persuade policy-makers of the need for better services for problem drinkers and, especially, for their families. As a member of the HAGA Management Committee I see those better services becoming a reality. Nowhere is this more true than in the Children and Families service, which HAGA has pioneered and remains one of very few of its kind around the country.

While others have waited for someone else to give a lead, HAGA has, without any fuss, got on with the job of creating a range of imaginative and effective services that are a tribute to the hard work and commitment of its staff, its clients and its funders. These are built on the crucial understanding that problem drinking means problems for the whole community and not just for the drinkers themselves.

I know, from experience of a wide range of alcohol agencies, that HAGA offers help of the very highest quality. I hope that, in reading this report, others will share an appreciation of that quality and of the value of the resource that we have here in Haringey.

*Eric Appleby*  
*Director, Alcohol Concern*

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# Referrals

## Ethnicity

U.K. European	455
Irish	144
Other European	54
Caribbean/ West Indian	28
Indian	22
African	18
Mauritian	14
Other Asian	9
Australian	8
Black Mixed	7
Other	7
Greek Cypriot	2
Latin American	1
Pakistani	1
Turkish Cypriot	0

**In the last year there were 756 people referred to the service of these 508 were males and 248 were females. We also saw 13 non drinking partners of whom 12 were women.**

The ethnicity of the clients overall follows the pattern of previous years with the largest group being white European followed by significant numbers of Irish clients. Other black and minority groups also make up significant proportions of the overall total although Greek and Turkish Cypriots seem to be significantly under-represented compared to the numbers living in Haringey and Enfield. HAGA management team continue to be concerned about the issues for these under-represented groups. Over ten years ago, research was undertaken by HAGA and Alcohol Concern about the needs and attitudes in the Cypriot and Turkish groups towards alcohol – at that time it made startling reading and we have no reason to believe that alcohol misuse within those communities has decreased. Indeed, anecdotally, it would seem that there remains an ignorance towards alcohol misuse from these groups and that the problem is as great as within other communities in the borough.

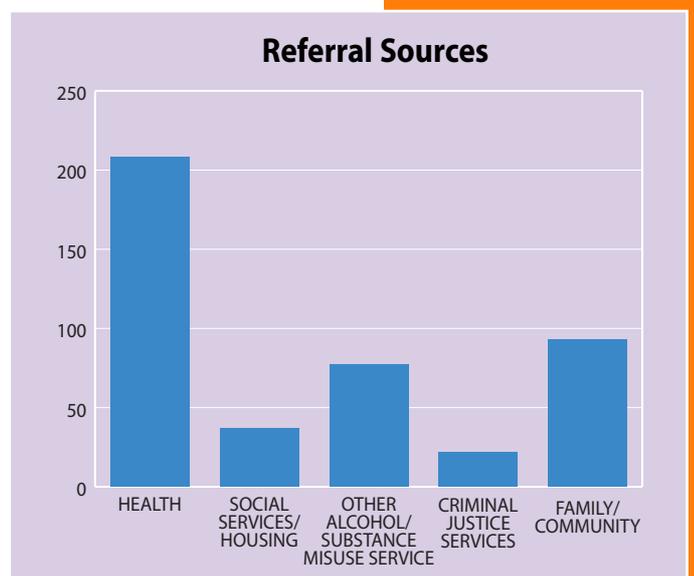
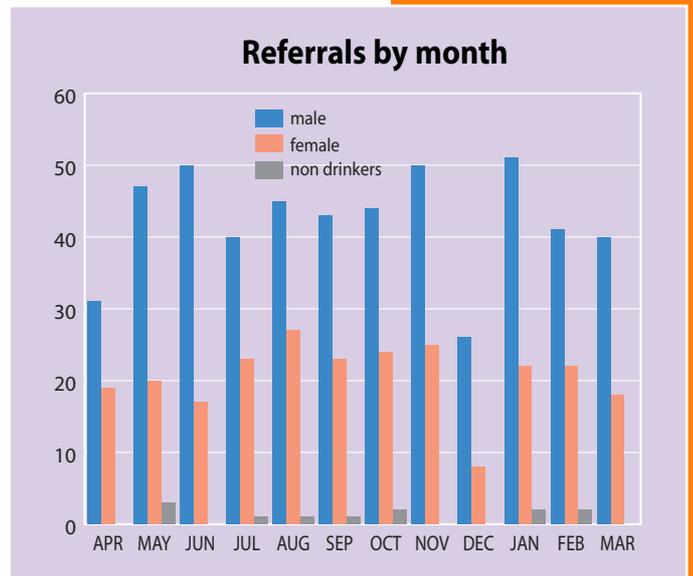
The overall pattern of referrals over the year shows the predictable dip in December with a concurrent rise in January once the festive period is over!

## Referral Sources

We have divided our referral sources into broader categories this year to make comparisons easier. The categories are made up in the following way:

- **Health** consists of St Ann's Mental health Unit and Community Mental Health Service, The North Middlesex and Whittington Hospitals and General Practices. GP's are again, as in previous years, the largest single source of referrals to HAGA.
- **Social Services** provided 25 referrals (mainly Child Protection Teams) and 12 were clients in housing need.
- **Criminal Justice** refers mainly to Probation, although 3 were referred directly by the police and one was referred by a solicitor.
- **Family and Community** refers to Families and mainly Voluntary Agencies and Community Groups.
- **Alcohol and Substance Misuse Services** represents other agencies working directly with problem drinkers and Drug Advisory Services.

It is significant that by far the largest group of referrals are from health services. The significance being that considerable numbers of our clients have mental health and medical problems.



# Review & Results

## New employment/resettlement worker.

Last year we reported on the imminent arrival of an employment/resettlement worker. She has now been in post for the last six months and has achieved the following outcomes:

<b>Total people in Employment Project</b>	<b>65</b>
Actively seeking work	13
Seeking employment	5
Seeking Voluntary work	8
People who have found paid employment	7
People who have retained employment	11
People undertaking Further Education	15
People Acting as Volunteers within local services	6
Participants relapsed or whereabouts unknown	13

### Ongoing Project Development:

- Working in partnership with Reed Community Action Team (Who have a data – base of local Employer opportunities and Local current vacancies).
- In the process of linking with Tottenham Employment Service for regular local job vacancies.
- In the process of creating a protocol for monitoring and evaluation re:
  - Referral forms
  - Care plans / care plan reviews
  - Training plans / Action Plans
  - Feedback Questionnaires
  - After Care keeping contact with individuals in Employment.
  - Monitoring voluntary work placements with visits, phone calls and offering individual support sessions.

### Forming working partnerships / external agencies

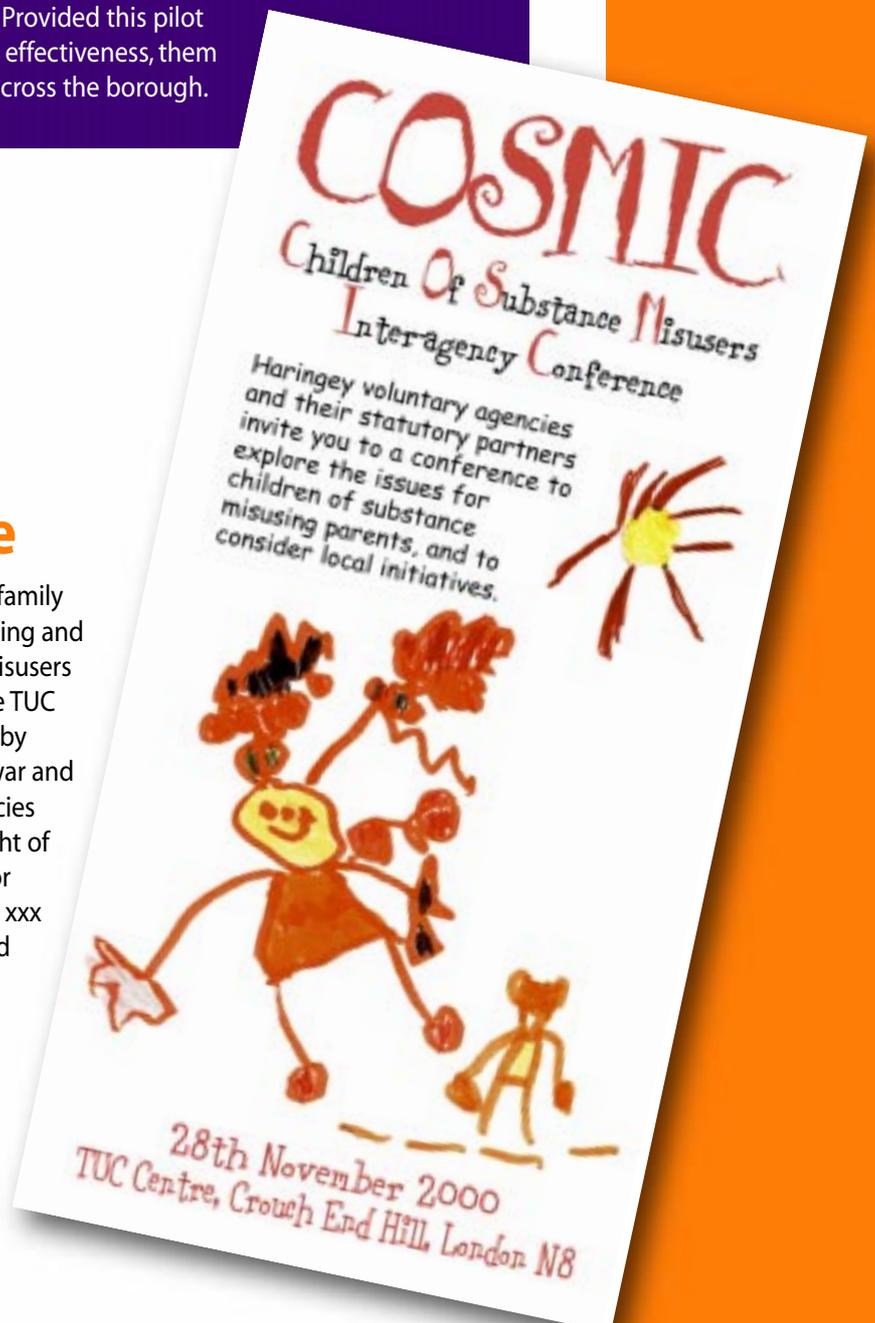
1. Liaising with local Employers via Reed / courses via Community Action Team
2. The College of North East London – Further Education Courses
3. The Selby Centre – Training and work placements
4. Faith Plant nursery – Employment, Courses and Voluntary work placements
5. Marcus Garvey Library – HALS
6. Your Choice – For Loan Parents
7. Broad-water Community Centre – Basic Maths / English
8. The training Network – Courses / work placements
9. Haringey Women's Forum – Voluntary training for women / placements
10. The Haven Day Centre – Care Work volunteer placements
11. The Phoenix Day Centre – Advocacy with visually impaired volunteer placements
12. Leyton Orient – Drug and Alcohol Course – Sports and recreational Facilities
13. ACAPS – 'Next Steps' Employment Project

## Counselling

The Counselling Team have offered 653 sessions to 69 people during the last year. Counselling contracts are initially offered for 12 weeks with an opportunity for extending once this has been explored with the client and in supervision. The calibre of interventions remain high and effective and this is still one of the most cost effective options for people who remain some control over their social and work lives and can make changes within once weekly one to one support. A development in this area has been an application to the Bridge Neighbourhood New Deal for Communities for a Counsellor to work within the Bridge Community, offering counselling to women who are affected by domestic violence or sexual abuse – and have a problem related to their own or their partners drinking. Within HAGA's services we have found that up to 50% of women are affected in this way. Provided this pilot scheme is approved, and demonstrates its effectiveness, then we will seek further funding to roll it out across the borough.

## COSMIC Conference

In November of last year, the Children and family team were closely involved with the planning and facilitation of the Children of Substance Misusers Interagency Conference (COSMIC), held at the TUC Training Centre. This conference was opened by David Lammy, M.P., chaired by Councillor Dewar and included presentations from a range of agencies with knowledge and concerns about the plight of children whose parents misuse alcohol and/or other drugs. The conference was attended by xxx professionals working in various statutory and voluntary community agencies in Haringey. Three key themes emerged around training, communication and working practices which have been taken up by the COSMIC Steering group with a view to developing a funding proposal to present to the Drug Action team in order to address these needs.



# Looking Forward



## A new Children & Family Unit

**W**e have applied to the Bridge Neighbourhood New Deal for Communities and to the Tudor Trust for funding to build a new, separate, children and family unit in the old garage at the back of the property. This will have an entrance on Manchester Road and its own amenities, meaning that users of this service will not have to access their room via the adult Day Centre. Provided we are successful with this bid, we will also be able to house the Children and Family worker from DASH, the Haringey Drug Service. This will mean that the service will widen its remit to offer services to any children whose carers use alcohol or drugs and, over time, become a stand alone service. We feel this is an important development in addressing the needs of these vulnerable children as the 'cross over' issues at this level have many commonalities.

To compliment this service, we have also put in a bid to the Children's Fund for a post that will liaise closely with schools etc to encourage children from alcohol or drug using families to access more mainstream activities.



## I.T. Worker

On the strength of the success of our resettlement project, we have now applied for funding through the Neighbourhood Renewal Fund for an I.T. worker who will set up accredited training for clients which will enable them to increase the skills they have when re-entering the job market. Within the proposal we have included capital money to build a dedicated employment training room.



# Children & Family Service



*The children and family team have been expanding this year – both in terms of staff and activities on offer.*

*The funding applied for with Children in Need was successful and resulted in the appointment of a new part time children's worker. The immediate take up of work from this post resulted in a successful application to Haringey Social Services for 'topping up' money to make this a full time post.*

As well as individual work with children and their families we have completed the following;

- **Parenting Skills Workshops** which were focused on improving parent's confidence in their abilities to parent. These three courses ran for six consecutive sessions – March/April 2000, July/Aug 2000 and November 2000 into Jan 2001 and were attended by 16 parents.
- **Holiday Activity Sessions** which started in January 2001. The first one was on Jan 5th and ran from 12 till 4pm. It was attended by 16 children and 9 adults. The second was on February 23rd 2001 and was attended by 13 children and 5 adults.

Our aim is to provide one holiday activity afternoon in each school holiday and two during the six week summer holidays. The aim of these sessions is to facilitate families using the Day Centre to have some fun together, through trying out crafts like painting, clay or dough craft, playing games, and quizzes. Light refreshments are provided.

- **Saturday Children and Family drop in** has operated over twenty one Saturdays during this period. On average we have seen 3 adults on a Saturday and 5 children. We began offering this service three times a month from February 2001. Saturdays have an informal atmosphere in which children and carers can call in for a chat and a cup of tea etc.
- **Kids Club** for children aged 5 to 14 began running on Thursdays after school from 4.30 till 6.30. The aim was to run this every Thursday during term time. We advertised the club amongst the families known to us and also in the Day Centre. Kids Club began on 15th March 2001, on the first week it was attended by 11 children and on the second week by 7 children. The club offers structured activities, crafts, games etc and we try to incorporate the things the children tell us they want to do. The emphasis is on fun.

## Ethnicity of children

White British	28
Mixed Race	12
Black British	8
Indian	5
Greek	5
Irish	3
White European	2
Black African	1

**Between April 1st 2000 and March 31st 2001 we had contact with 69 children and 61 adults and parents.**



# ‘What are they doing

***Some adult clients who use the Day Centre may have wondered from time to time what actually goes on behind the scenes in the Children and Family room, and why they have to make so much noise. We speak to Mandy Dean and Gaynor Smith to find out.***

## ***Why does HAGA have a Children and Family Service?***

**W**hen someone has an alcohol problem the whole family can be affected. The children and young people in the family may not have anyone to turn to outside of the family. They may feel frightened, anxious, scared about the future, embarrassed about their parent’s behaviour or concerned about their parent’s health. They may be unsafe at times. Parents may also need support and help to look after their children, whether they or their partner are the person with the drink problem. This does not mean that all parents with a drink problem are bad parents, but simply that they may need added support at this time.

## ***What are the specific problems for children growing up in a family where there is an alcohol problem?***

**D**epending on the kinds of things that have happened in their family, children may feel a whole range of emotions. They commonly talk about feeling anxious about their parents when they are away from them at school. They may wonder whether mum or dad is going to be drunk when they come home. Some children feel that they should stay home to keep an eye on their parent, which obviously causes problems at school. Some children have to do more than their fair share of chores, they may look after their brothers and sisters. Sometimes they have to look after their parent when drunk. These tasks are adult’s responsibilities and you can see that for some of these children they

may miss out on being children. Some families will have a social worker or educational welfare officer involved. Most children want very much to stay at home with their parent, and they may feel that they can’t tell anybody about their worries in case they get taken away from the home. They feel that they cannot trust any one, but they usually wish that things would change at home.

## ***How do children react when they first come and see you?***

**W**e see children aged 0-16 years at HAGA. Most children are nervous about attending initially. We try and explain to children all about HAGA and what happens here. Children like to know what their parents are doing when they attend, and most children who are old enough to understand seem to recognise that their parent’s attendance on the programme can help them sort out some of their problems. Most parents who use our service are very honest with their children.

When we begin to work with children we will try to find activities that the child or young person works best with. They usually overcome any fears very quickly. Some children take longer to trust us. Sometimes children think it’s going to be like school and they will not have any say in what happens, but when they realise that we are asking them for their opinions about what happens during their time here they become more relaxed.

## ***Please give some examples of the kinds of activities you provide.***

**W**e offer individual sessions for children, these involve working with paints, clay, crafts, story telling, puppets and many other activities that can help a child work out some of their worries and concerns. For older

***“Some children feel that they should stay home to keep an eye on their parent, which obviously causes problems at school.”***



# ng in there..?’

children and young people we offer counselling. Sometimes children want to know about alcohol and its effects, and we try to find information that is appropriate and easy to understand. Some children may come to our holiday activity sessions with their parents. We can offer childcare and allow parents and carers the space to attend appointments in the Day Centre. Other children may be part of group activities, or after school clubs. Or attend the Saturday Drop-in. When planning our children and family activities, we aim to provide some fun time, as well as the more serious stuff.

We provide support and activities for parents as well as children. This may take the form of individual sessions with a parent, covering such issues as, children's behaviour, communicating with your children, ways of playing and providing play opportunities, keeping children safe, and other issues that parents may ask for help with. We offer advice and support when other agencies become involved in the family, for example, when there is social services involvement.

We run Parenting Skills workshops which last for six weeks, and aim to cover topics such as, children's needs, behaviour, play, talking to children and parent's needs. The overall aim of these workshops is to improve parent's confidence in their ability to parent. We have received lots of positive feedback from parents who have attended these. Most people saying that the groups were very supportive. When people have told us about things they did not like in the workshops we have tried to do them differently.

We try to provide accurate information on the legal aspects of parenting, the Children Act, and parent's rights.

## **How do you know that you are making a difference in children's lives?**

I think we can tell this in lots of ways. Most importantly we observe changes in children and adult's behaviour. For example we may notice that a child has begun

to talk more confidently to us and to tell us more clearly about the things they like to do and those they don't. They may be more assertive in how they communicate with their parents and other adults. For adults it can be that they begin to speak more confidently in groups or that they are able to approach workers and ask for support.

We also keep records and monitor closely the kinds of work we are doing. This tells us, how many children and adults we see each year. How many children remain within their families or get reunited after a period. We review each piece of work with families, whether it be individual work or groups. We ask the children and adults for their views on the work, what things were useful, what things would they have preferred to be different, and we try to listen to what the children and adults are saying to us and act on their wishes where possible.

We sometimes have sad times with both the children and the adults who use our service, but we feel it is important to say that for a lot of the time there is a lot of fun and laughter going on behind the door of the Children and Family room, and that includes us as well.

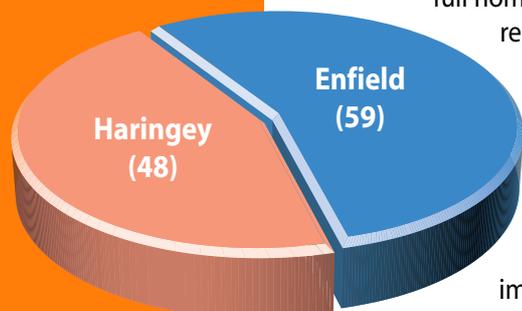
*“Sometimes children want to know about alcohol and its effects, and we try to find information that is appropriate and easy to understand.”*



# Community Detox

## Home Care

### Home Detoxes

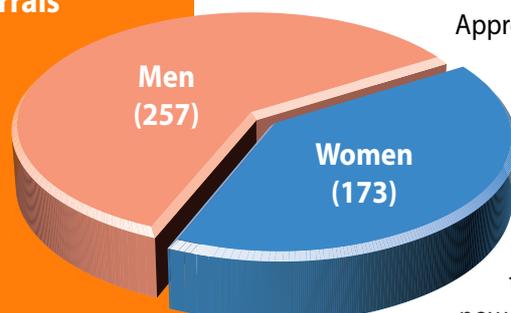


This year there were more home detoxes carried out in Enfield than in Haringey. Whilst a full home visiting service and four week clinic follow up is offered to Enfield residents, there are not the opportunities for on going interventions from the Day Centre which are available to Haringey residents. Ongoing support is integral in reducing the rates of relapse and promoting a positive outcome for the client.

The number of females having a home detox was a greater proportion of the total home detoxes than the proportion of females in the overall referrals to HAGA. This demonstrates that this service is particularly important in facilitating access to women who have become physically dependent on alcohol. It offers a credible alternative to residential services for women who are main carers for their dependents, enabling community links to be maintained and ongoing help from the day centre or children and family service. The detox. team made 19 referrals to the children and family service.

There were 430 referrals to the service of whom 173 were women and 257 were men.

### Referrals



180 home and ambulatory detoxes. were undertaken and 100% were completed.

Approximately 80 went on to use other HAGA services for at least three months. 250 people received advice and information on sensible drinking from the detox. team.

We continue to have Health and Safety issues at the forefront of our home working practice. As reported last year, the Team Leader for the Community team has been heavily involved with the Haringey Healthcare Trust working party on violence and aggression, out of this arose the policy development group on lone working which has now produced a policy and guidelines for workers.

*"the safety measures in place did not fully meet the needs of lone workers. We acknowledged that the amount of service users presenting with multiple complex needs had increased across all services. The needs of workers also changed as we recognised the increased potential risks of aggression and violence. We now have in place uniform guidelines across the Trust and within HAGA to ensure safe working."*

For the Mental Health, Alcohol and Housing worker, the focus on Health and Safety remains paramount. She continues to work with a 'hard to engage' and unpredictable client group who usually require a sustained regular contact. Over the last twelve months she has worked with xxx isolated individuals, enabling them to remain living in the community and teaching them to minimise any negative effects from their drinking. This work involves close liaison with community mental health workers from health, social services and the voluntary sector.

There continues to be a range of unmet needs in the "hard to reach" client groups, be that issues around disability, age, language, culture, learning difficulties, street drinking or alcohol related neuroses. Within our business plan we have targeted these areas with a view to developing work around home support and outreach. We have recently made an application to Neighbourhood Renewal Funding for 4 posts – 2 offering home support and 2 working directly with street drinkers.

# Team

## Residential Community Care

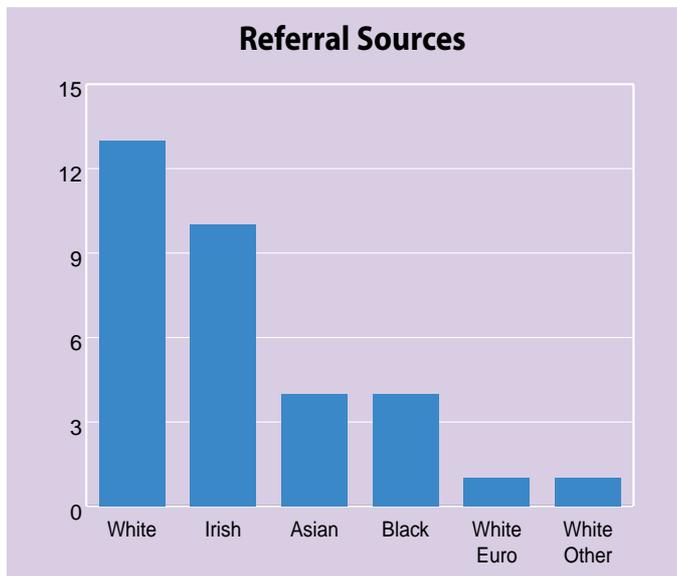
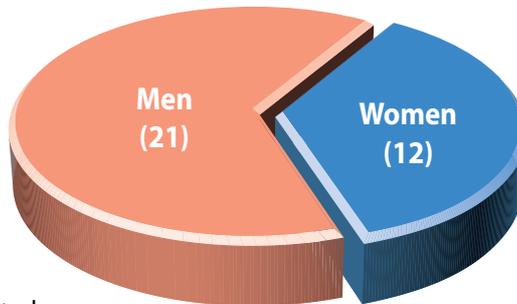
In this year 43 assessments were undertaken, of which 42 resulted in placements to residential alcohol detoxification or rehabilitation services.

A total of 33 people were referred to Rugby House crisis centre. About half of this group were women. Although the ethnicity of the largest group was white there were significant numbers of Irish and Black clients.

12 people went to residential alcohol rehabilitation programmes. Of these 6 completed their programmes and remained in some contact with HAGA, 3 left before the end of their programme due to alcohol relapse but continued contact via the Day Service.

3 dropped out of contact altogether.

We have kept these placements to a minimum by utilising our bedsit scheme whenever possible. The scheme has been well used and lively throughout the year – 14 men have been resident. Of these 7, completed their rehabilitation programmes within the bedsits and the HAGA day Programme and moved into permanent accommodation, after securing voluntary work or undertaking training courses related to future employment. From the 7



that left, 5 went on to fully staffed residential rehabilitation programmes and 2 lost contact with the service altogether. All those who left did so after repeated episodes of drinking.

The involvement of a full time rehabilitation worker, who has a focus on developing the bedsit programme has enabled the scheme to be accessed by people with higher support needs.

*“The bedsit scheme continues to offer me daily challenges – both highs and lows.*

*It’s exciting to work with people who arrived homeless (and often hopeless) as they move into their own homes, improve family links and sort out work training.*

*On the other hand, it can be hard to remain optimistic for those who struggle with the programme and relapse. I have realised that a motivational approach to relapse management is empowering both to clients and those associated with them.”*

Resettlement Worker

# Day Centre Servi

## HAGA – A Users View

**T**he first morning I arrived at HAGA I stood outside the door feeling hopeless, defeated and desperately in need of help.

I was, also, very scared. Would I have to bare my soul, expose my sins and be judged by a group of strangers? Would I find myself programmed, lectured and set on a path of righteousness? Would I lose my autonomy?

Happily, none of these fears were realised and, now, two months later I am a keen and willing participant of all HAGA has to offer.

The programme is varied and stimulating and below are my reactions to my weekly activities.

### Acupuncture

Following this treatment I feel relaxed, lighter and emotionally centred. My perception is clearer and more positive, and I feel calmer and more at ease with the world around me and myself.

### Aromatherapy

Sheer Bliss!! The smell of the oils, the soothing massage and the music leave me feeling de-stressed, cared for and thoroughly pampered!

### Computer Study

I have started, with some trepidation, to learn about the computer, and am now excited at the prospect of entering into the world of internet.

### Group Therapy

I find these sessions are empowering, as recognition is given to the knowledge and experience we have acquired, albeit unfortunately, during our periods of both drinking and recovery. I particularly value the

Abstinence Group. All of us, in this group, have discovered that beyond the "buzz" and exhilaration associated with alcohol is a dark, bleak, lonely and fearful place. We have all been there and have determined not to return. This determination is re-enforced by the insight, empathy and understanding shared within the group.

### Counselling

My counsellor has helped me reveal and examined deep seated feeling of pain, anger, guilt and shame associated with my drinking,



and viewed within the context of my whole life. I feel I am now beginning to come to terms with my past and myself.

I have also, found it liberating to realise that I have choices. During my periods

of drinking – and even in sobriety – I had lost confidence in my judgement and too often allowed other people to make decisions for me. I now aim to take control of my own life. Then at least, if I make mistakes, they will be my mistakes.

### Drop-In

This is the vital heart of HAGA where staff and members meet for coffee and a chat between activities. The atmosphere is friendly, relaxed and welcoming. Here information, news, banter and opinions are freely exchanged. I enjoy this part of the day and get a contented feeling of 'belonging'.

I think I have come a long way since I stood outside the door two months ago.

I am aware, however, that without HAGA, I would be outside struggling on my own and an emotional mess.

Val Brown



***“It has been an exciting year in the Day centre – changes have been made to the Day Programme to increase the number and quality of services that clients can now access. There has been an overall increase in the amount of people using the programme and its continuing success seems to be in the ability to adapt to, and reflect, changing clients needs.”***

Team Leader, Day Centre

## A Day at HAGA

Wednesday is the best day for us ladies as it is the only day men are not allowed. Its starts at 11 a.m. when the drop in opens, where we can have a relaxed chat over a cup of coffee; then I have the choice of having acupuncture or aromatherapy before joining the others for a group meeting. The meeting is totally confidential and we can discuss our problems relating to alcohol or any other matters that we may have. I find this very helpful in many ways, as I wish to abstain from alcohol. We all help each other in many different ways, the support from the other clients is very valuable.

After the group I spend a few hours in the computer workshop, everything at HAGA is aimed to help us on the road to recovery from our alcohol problems. In the last 3 months it has been a lifeline to me. I would just like to say thank you to all those involved at HAGA - long may it continue to help people like myself.

*Jenny*

## Saturday Opening

This extra service is in its second year of a three year carers grant – it has become an important part of HAGA's services and means that the centre is open six days weekly. This cuts down on the amount of time that vulnerable individuals and families feel unsupported.

This is the view of the Day Centre worker;

“Clients use the drop in to socialise and also to attend the open group which runs for an hour. There's always lots to do on Saturdays – various social activities on offer, or chill out and watch Sky T.V. Sometimes clients organise lunches or we have a barbecue. Staff are always there to have a chat, give advice or lend a helping hand.

We also offer counselling and assessments, key working sessions and telephone advice”

# Finances

## Statement of Financial Activities

for the period ended 31 March 2001

	Notes	Unrestricted funds £	Restricted funds £	Total 2001 £	Total 2000 £
<b>Incoming resources</b>					
Interest receivable		5,599	-	5,599	2,639
London Borough of Haringey		278,576	-	278,576	209,965
Enfield and Haringey Health Authority		76,327	88,390	164,717	177,800
National Lottery Charities Board		-	29,463	29,463	26,587
Middlesex Probation Service		6,364	-	6,364	-
BBC Children in Need		-	10,565	10,565	-
Other income		6,776	-	6,776	7,045
<b>Total incoming resources</b>		<b>373,642</b>	<b>128,418</b>	<b>502,060</b>	<b>424,036</b>
<b>Resources expended</b>					
Direct charitable expenditure	2	291,139	148,319	439,458	324,765
Other expenditure:					
Management and administration		364,185	-	64,185	51,284
<b>Total resources expended</b>	4	<b>355,324</b>	<b>148,319</b>	<b>503,643</b>	<b>376,049</b>
<b>Net movement in funds</b>		<b>18,318</b>	<b>(19,901)</b>	<b>(1,583)</b>	<b>47,987</b>
Fund balances at 1 April 2000		61,365	37,463	98,828	50,841
<b>Fund balances at 31 March 2001</b>		<b>79,683</b>	<b>17,562</b>	<b>97,245</b>	<b>98,828</b>

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

## Balance Sheet

As at 31 March 2001

	Notes	2001 £	£	2000 £	£
<b>Fixed assets</b>					
Tangible assets	7		35,075		23,606
<b>Current assets</b>					
Debtors	8	21,171		50,459	
Cash at bank and in hand		101,599		75,025	
		<u>122,770</u>		<u>125,484</u>	
<b>Creditors: amounts falling due within one year</b>					
	9	<u>(60,600)</u>		<u>(50,262)</u>	
<b>Net current assets</b>			<u>62,170</u>		<u>75,222</u>
<b>Total assets less current liabilities</b>			<u>97,245</u>		<u>98,828</u>
<b>Income funds</b>					
Restricted funds			17,562		37,463
Unrestricted funds:					
Other charitable funds			79,683		61,365
			<u>97,245</u>		<u>98,828</u>

The accounts were approved by the Board on .....

.....  
R Bucky  
Director

.....  
L Gillies  
Director



## HAGA Staff 2000-2001

Ian McGregor *Director*  
Gail Priddey *Deputy Director*

**Day Services**  
Gina Warrilow *Team Leader*  
Maxine Allison *Day Centre Worker*  
Tina Buike *Day Centre Worker*  
Joanne Dyson *Employment and Rehabilitation Worker*  
Lindsey Chalmers *Resettlement Worker*

### Children and Families Service

Gaynor Smith *Team Leader*  
Mandy Dean *Children's Worker*

### Administration

Valerie Peart *Receptionist/Administrator*  
Peter Hart *Business Manager*

### Community Team

Libby Minto *Team Leader*  
Jackie Kan *Community Alcohol Nurse*  
Tim Hardern *Community Alcohol Nurse*  
Anike Olaitan-Omole *Alcohol, Mental Health and Housing worker*

### Sessional Counsellors

Nicola Saunders *Sessional Counsellor*  
Harrinder Singh Dhillon *Sessional Counsellor*  
Lucretia Reily *Sessional Counsellor*

### Complementary Therapy

Oran Kivity *Acupuncturist*  
Sarah Brawn *Acupuncturist*  
Revana Swales *Acupuncturist*  
Victoria Plum *Aromatherapist*

## Funders 2000-2001

The London Borough of Haringey  
Enfield and Haringey Health Authority  
National Lottery Charities Board  
BBC Children in Need Appeal  
Middlesex Probation Service

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As I sit here and  
think HAGA  
helps people  
not to drink  
HAGA helps me  
feel happy, when I  
am sad. It makes  
me feel cheerful  
when I feel bad  
HAGA is a great  
place, it puts a  
great big smile  
on my face. HAGA  
has helped my  
mum to express  
her self and be  
happy, with a  
smile on her  
face

