

Annual Review 2008-09

ACCESSIBLE SUPPORT
WHEN IT'S NEEDED



Brent Centre for Young People

'Helping vulnerable young people since 1967'





What is the Brent Centre for Young People?

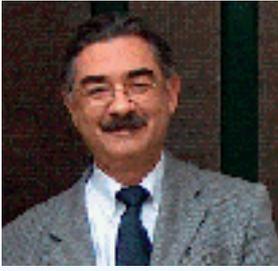
The Brent Centre for Young People is an internationally recognised centre of clinical excellence, working with young people to achieve profound and lasting change.

Founded in 1967, by pioneer Adolescent Psychoanalyst Dr Moses Laufer, the Brent Centre has a long history of success in helping young people with their emotional and mental health. Over the years we have helped transform thousands of lives, both directly; in the young people we help and indirectly; in the changes they bring to their communities.

Dr Laufer founded the Centre on his professional conviction that adolescent mental health needs are fundamentally distinct from those at other times in a person's life and that the only way to successfully address those needs was through interventions tailored to meet them. Today, we still firmly hold this belief and carry it through in our flexible approach in all of our services.

The Brent Centre for Young People is a leading authority on adolescent mental health. Since its inception staff members have been researching adolescent psychopathology and psychotherapeutic treatments at the Centre. This research informs everything we do, helping us to achieve successful and well thought through therapeutic services. Of course it is important for us to maintain our relationships with the wider academic community and this year our representatives have been warmly received at a number of international conferences and three of our staff have been involved in four international publications.





CEO & Clinical Director Introduction

I am pleased to introduce the Brent Centre Annual Review for the year 2008-09. During this year we have helped 409 young people.

Our Mental Health Service has been developing well. We started a pilot therapeutic group working with young offenders at the Brent Youth Offending Service. This work is led by Sarah Fielding, our Specialist Mental Health Worker and Priti Patel, the NHS and YOS Mental Health Worker. The work has been successful and a working group was constituted to discuss the feasibility of a research on the psychology of offending in adolescence.

The Mental Health Service also continued to develop the partnership with the Brent NHS Adolescent Team. Dr. Jean Pigott, the Consultant Adolescent Psychiatrist for Brent NHS, has been providing psychiatric assessment and treatment to our clients who need psychiatric input. The Brent Centre received referrals from the Brent Adolescent Team who have been identified as suitable for psychotherapeutic treatment. We also continue our joint Family Therapy work with the Brent Child and Family Clinic (NHS), which takes place here at Laufer House. Our link with the London Clinic of Psychoanalysis (Institute of Psychoanalysis) is as strong as ever and we have been referring patients who need and are suitable for this form of intensive treatment.

The Service Level Agreement with the Brent Primary Care Trust (NHS Brent) was renewed for the period 1st April 2008 – 31st March 2009. Unfortunately this contract just funds the treatment of young people aged 14 – 17 years old. We have not yet been successful in attracting funding from the Brent PCT Mental Health (Adult) Commissioner. The Centre continued to raise funds from Charitable Trusts and Foundations in order to provide support to those aged 18 and over.

In May 2008 the Centre received the "Quality Award 2008" from the Irish Youth Foundation for its Mental Health Service at the Irish Embassy in London. The Irish Youth Project supported by the Irish Youth Foundation and by the Dion Committee (Irish Government) was established in 2005 with the aim to provide support, assessment and treatment to vulnerable young people of Irish descent, including travellers, who experience mental health and substance misuse problems. This also includes providing complementary support in the areas of education, housing and employment. This is accomplished both in house at the Centre and through outreach and engagement.

The group work provided by Daniel Smyth, our Young Persons' Drugs Worker at Cardinal Hinsley School was extended to Preston Manor High School and Queen's Park Community School after we received a grant for the work from Brent Council's Voluntary Sector. I am also delighted to report that in December 2008 Daniel, on behalf of the Centre, was awarded both the London and the National "Tackling Drugs, Changing Lives" Awards by the Home Office.

During this period, the Centre continued to gain and maintain support from a number of Charitable Trusts and we ended the financial year with a small surplus. Ms. Dinzi Amobi replaced Ms. Karen Turner as our Development & Communication Officer and has been working closely with me in identifying new and existing funding sources. I would like to thank the City Bridge Trust, John Lyon's Charity, the Sobell Foundation, the Goldsmith Company, Mr. and Mrs. Pye Charitable Settlement, the Henry Smith Charity, Irish Youth Foundation, the Dion Committee, the Tudor Trust, Swan Turton Solicitors, the E C Sosnow Charitable Trust, the Edward Harvist Trust Fund, the Schroder Charitable Trust, the Pilgrim Trust, Brent PCT and Brent Council for their continuous support.

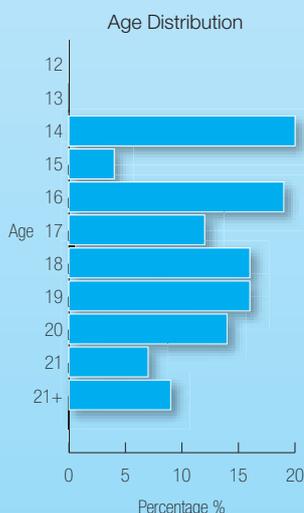
As in the previous year, I would like to finish this introduction by conveying our strong determination to overcome obstacles of any kind in helping young people and the belief that we will be successful in doing so, as we have been over the last forty two years.

Dr Maxim J.A. de Sauma

CEO and Clinical Director

In the last year a total of 2,315 appointments were offered to 240 young people and their families through the In-house Mental Health Service.

1241 appointments were offered to 104 young people in the AET (Interviewing) Service.



Mental Health Service

The Mental Health Service is at the heart of the services provided by the Brent Centre. All of our services are psychodynamically oriented and targeted to young people aged 14 – 21. The In house services we provide are:

- Adolescent Exploratory Therapy - AET (also known as "Interviewing");
- Psychotherapy
- Family Therapy
- Parent Support

The Centre also runs a Mental Health Engagement and Support Project, providing pivotal practical support to young people in need. To complement the In house services the Centre also runs an Outreach Mental Health in Schools Project in three Brent Secondary Schools and the Key Stage 4 Pupil Referral Unit. We also run an Outreach Substance Misuse Service in three Secondary Schools aimed at reducing substance misuse among young people.

The Mental Health Service is objectively monitored through a specialist Clinical Audit Cycle and a Psychotherapy Outcome and Evaluation Study, which is a research project registered at the local Ethical Committee.

This service is funded by a revenue agreement with the Brent PCT (NHS Brent) and through funding from various trusts and foundations including the City Bridge Trust, the John Lyons Charity, the Goldsmiths Company, the Mr. and Mrs. J. A. Pye Charitable Settlement, The Henry Smith Charity, The Tudor Trust, The Jack Petchey Foundation, The EC Sosnow Charitable Trust and the Sobell Foundation.

In the last year a total of 2,315 appointments were offered to 240 young people and their families through the In-house Mental Health Service.

Adolescent Exploratory Therapy

Adolescent Exploratory Therapy (AET) also known as "Interviewing" was developed at the Centre through over 40 years of clinical experience. It is a flexible, non-intensive, open ended and psycho-dynamically oriented intervention. It consists of therapeutic consultations that are usually offered on a weekly basis, and unlike many other mental health provisions, it does not have a specific time limit but works with the young person at a pace appropriate to their needs.

This unique intervention constitutes an accessible service and combines **assessment** and a **focused intervention** to achieve effective outcomes.

The assessment aims at

- Exploring -with the adolescent or young adult- their emotional needs;
- Making a psychopathological and emotional evaluation; and
- Considering the best ways for helping the young person in the long-term.

The intervention process addresses the young person's:

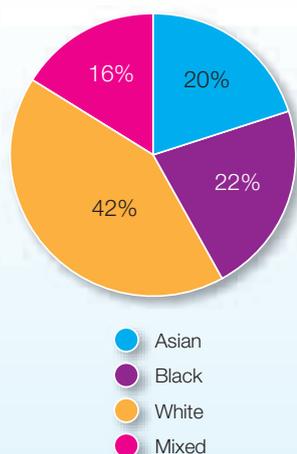
- Social functioning;
- Family relationships;
- Peer relationships; and
- Other kinds of problems or issues relevant to young people.

Thus, Adolescent Exploratory Therapy (AET) enables young people to receive support from an experienced professional at the time of their crisis and beyond it.

This service is monitored through a **Clinical Audit and an Outcome Study**, internally created in 2000, which measures the psychopathological and socio-demographic information about the young people who are referred to the Adolescent Exploratory Therapy Service. Information on progress concerning peer relationships, family relationships, changes in symptoms and improvement in functioning are collected to help evaluate and develop our services.

1241 appointments were offered to 104 young people in the AET (Interviewing) Service.

Ethnic Distribution



Socio-Economic Information

62.5% of the young people that engaged in AET were female, while 37.5% were male. The ages of the young people ranged from 14 – 22, with the most frequent age being 16 years old (19%). The fact that over 50% of the young people attending the service were 18 years old or over indicates the importance of offering a service which is not restricted to under 18s.

The Ethnic Breakdown of the young people attending the AET (Interviewing service) more than once was varied, reflecting the multi-ethnic makeup of London in general and the Borough of Brent in particular.

Referral Sources

81% of all referrals came from the London Borough of Brent. This year, 25% of the young people self-referred to the Centre and 25% were referred from the Brent Child and Family NHS Services, 11% were referred by their GPs, and 8% were referred by Schools and other educational services. Other referrals came from agencies such as Hospitals and the Adult NHS Services.

Attendance

While AET (Interviewing) is generally considered to be a medium term intervention, because it is flexible, it can also be used for young people who require a longer term intervention (more than 20 sessions). 64% of the young people attended 1 – 9 sessions, 24% attended 11 – 20 sessions and 12% attended more than 21 sessions.

Education, Employment and Family Situations

The majority of the young people using the service were in education (69%), while 21.4% were employed, 4.8% were unemployed without benefits, and 7.1% were unemployed and on benefits.

While the family backgrounds of the young people were varied, 35.7% of the young people's parents were separated or divorced, 35.7% had parents who were married or co-habiting. 21% came from single parent households and 2% had no contact with their parents at all. Two thirds of the young people attending the Centre experienced serious disruptions within the families, which varied from refugee status (4.5%), to death of a family member (11.9%), important moves (11.9%), neglect (16.7%), and domestic violence (7%).

Presenting Problems

The young people attending the Centre generally come in a state of 'crisis' with overwhelming feelings they find difficult to cope with. Depression, anxiety and confusion were the most common characteristic of these overwhelming feelings. The young people attending the Mental Health Service also showed difficulties in coping with developmental tasks relating to:

- Development of social relationships (36%)
- Separation from parents (57%)
- Capacity to make plans for the future (26%)
- Overwhelming feelings (67%)
- Ability to process bodily changes attached to adolescence (24%)
- Having a potential for a sexual relationship (23%)
- Developing a capacity for intimacy within a couple (33%)

In addition, many of the young people attending the Centre presented a variety of psychological difficulties and extremely dysfunctional patterns of coping with these difficulties: 24% admitted suicide ideation; 16% had attempted suicide; 26% self-harmed; 10% misused alcohol; and 7% misused drugs.

Presenting Problems

Table 1 summarises, from the Clinician's point of view, the main presenting problems of the young people attending the Centre.

Table 1: Presenting Problems

Relational Problems	
Family problems	64%
Difficulties with peers	45%
Difficulties with boyfriend/girlfriend	36%
School or Work Problems	
School problems	38%
School exclusion	7%
Fear of failing exams	12%
Work problems	2%
Sexuality related Problems:	
Anxiety related to sexuality	22%
Pregnancy issues	10%
Aggressive Behaviour	14%
Bereavement	17%
Mental Health Issues	29%
Developmental Issues	19%
Eating Disorders	11%
Sleep Disturbance	16%



Table 2: Mean Scores on Young People Self-reported Psychological Outcomes

	Pre Therapy	Post Therapy
Internalizing Symptoms	69	59
Externalizing Symptoms	60	56
Total Symptoms	68	59
Dissociation Experiences	3.04	2.12
Depressive Symptoms	20.52	14.38

Psychotherapy

In most cases, young people feel sufficiently helped after a period of Adolescent Exploratory Therapy (Interviewing). However, whenever necessary, young people can be referred to our Psychotherapy Service where treatment sessions are offered one to three times per week for up to three years. This year 11% of our Interviewing cases commenced long-term psychotherapy. In this period, 16 young people were seen in the Psychotherapy Service and they were offered a total of 778 appointments.

Five of these young people were male and 11 were female. 10 of the young people were of white descent, 1 was of Asian descent (Indian), 1 was Black-Caribbean and the remaining 2 young people were Mixed (White and Black Caribbean). 15 of the clients resided in the London Borough of Brent with the remaining 1 from another London Borough. The youngest of these clients was aged 15 and the oldest 22.

This service is monitored through a Psychotherapy Outcome and Evaluation Study, which has been developing since 2001 to obtain relevant information of the young person's presenting problems, mental state and clinical development in the least intrusive way for the psychotherapy process. Therefore, in order to avoid disruption of the treatment process, the collection of data takes place outside of the psychotherapy setting and is conducted by our Research Psychologist at the beginning of the treatment and continues once a year until the end of the treatment. The research study aims at evaluating the development of the psychotherapy process and the possible improvement regarding the young person's emotional and behavioural problems.

Since 2001, the Centre has engaged a total of 48 young people in psychotherapy. Table 2 describes the mean scores from the point of view of the Young Person.

The data thus shows a strong tendency towards improvements from the young persons' perspective with regards to internalizing, externalizing and total problems scores after the treatment with all scores decreasing.

With regards to dissociative experiences, at the beginning of the treatment, our psychotherapy patients' mean score was close to the clinical rate at 3.55, (the cut off point indicated by the test is 3.7). At the end of the intervention, there is a strong tendency for this problem to be remarkably reduced, as the average score was 2.70. The data indicates that potentially disruptive dissociate experiences decrease with the psychotherapy sessions at the Centre.

With regards to depression, the data shows that at the beginning our psychotherapy patients' mean score for depressive and anxiety symptoms was at the clinical range at 20.90 (the cut off point indicated by the test is 20). At the end of the treatment, the tendency is towards an improvement (the score being 13.20) marking a shift from the clinical to the non-clinical range. Therefore, from the patients' point of view, the psychotherapy process at the Centre remarkably reduced their feelings of depression, anxiety and withdrawal.

Case Study

I took over psychotherapeutic work with R in 2004 after she had 18 months Adolescent Exploratory Therapy (AET). She was taken to the Centre by a concerned relative.

She was a very small, thin 19 year old African girl, who looked much younger. She was homeless, suicidal and unable to keep any jobs. During her initial therapy at the Centre, supported housing was considered and rejected by a specialised housing association as her needs were considered too great. Finally it was possible to arrange a place for R to live in a therapeutic community that also guaranteed 2 sessions a week of psychotherapy. For this she was referred to me.

I met a timid adolescent, who hardly dared to be alive. For very many sessions she did not take off her coat or pull down her hood. She hid from my eyes as much as she possibly could, often missing sessions in the first 2 years of our work, usually being late by as much as 35 minutes. She spoke in a barely audible voice.

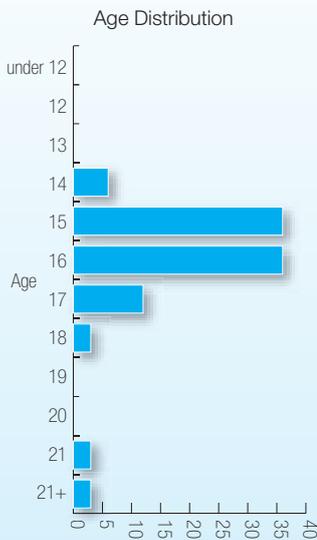
It took 2 years of waiting for her, before she seemed to begin to be able to trust that I was interested in her, and interested in seeing and hearing her. I felt that I had to coax her into being alive, persuade her that she had a right to live and want things for herself.

She was indeed profoundly depressed. Her story, as we gradually put words to it, was of a very young mother who had wanted to terminate her unwanted pregnancy; but maternal grandmother, an observant religious person, persuaded her against this, and took care of the baby while mother went back to work. In time mother moved with R into her own home; but R never felt wanted, or only as a nurse for the subsequent siblings, and to do the housework and prepare a meal before mother returned from work. She felt she was constantly criticised for not doing enough, never allowed to go out with schoolmates, she did very poorly at school where she was considered to be severely dyslexic. She ran away from home when her own father was installed in place of the stepfather, and he refused to acknowledge her.

In our work we have moved a long way from our first meeting. R began to show a real appreciation of our work together, and eventually agreed to come more often. Gradually she revealed more of herself, and she started to attend college and a placement in her chosen field. At first every new venture was fraught with anxiety and hedged by possible disappointment; but her work was appreciated, she began to make friends and to make use of the very considerable help of the Community. Gradually she began to find a voice of her own in her sessions, and to be able to use this outside.

Five years from her first psychotherapeutic session, she has moved into her own flat, she has gained a distinction at college and is a valued colleague in her work place.

A total of 31 young people and their families were offered 160 appointments in the Family Therapy Service.



Family Therapy

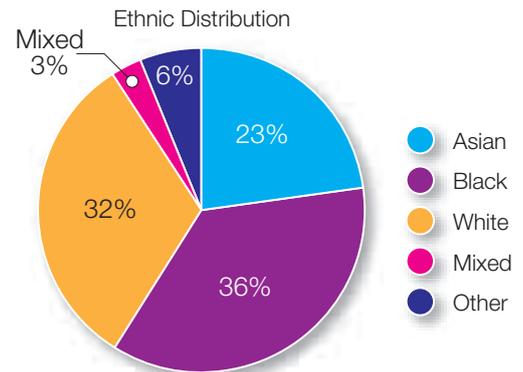
The Centre also offers a Family Therapy Service that has a holistic approach (psychoanalytic and systemic) and is geared towards younger adolescents and their families. Families can be seen for up to eight sessions. Families often have a great deal of anxiety centred on their child's behaviour and require some exploratory therapeutic work in order to understand the context in which these anxieties have arisen.

The ethnic background distribution below shows that the service is accessible to young people of all different ethnic backgrounds. The majority of the young people who attended family therapy sessions were under the age of 18, with the most frequent age being 15 to 16 years old.

A total of 31 young people and their families were offered 160 appointments in the Family Therapy Service. Of these, 68% were male and 32% were female. 93% of young people and their families that accessed the Family Therapy Service resided in the London Borough of Brent.

Mental Health in Schools Outreach Project

BCYP has developed successful projects with 10 different secondary schools/institutions in Brent with several other secondary schools now actively interested in developing projects with us.



BCYP School Projects

- Preston Manor High School (PMS, set up in January 1999)
- Queens Park Community School (QPS, set up in November 2000)
- Pupil Referral Unit (PRU, set up in April 2002)
- Kingsbury High School (KHS, set up in July 2006)
- Brent Exclusions Unit (staff consultations, since February 2005)

Target Groups

- Pupils who are at risk of temporary or permanent exclusion;
- Pupils with emotional and behavioural difficulties including those who are depressed, self harming and/or suicidal;
- Pupils whose academic progress and emotional development are at risk of breakdown;
- Pupils presenting with challenging anti-social and violent behaviour;
- Pupils who cannot be seen outside of the school setting and need to be seen in school.

Range of Interventions and Resources

- Assessment and brief focussed psychotherapeutic consultations with individual pupils;
- Longer term psychotherapeutic work (if appropriate);
- Group work for pupils
- Consultations for individual staff;
- Meetings with Parents and Families
- Work discussion/consultation groups for staff;
- Supervision and Consultation to staff at BCYP
- Referrals to range of BCYP Services for more complex cases

Outputs 2008/09

- 908 therapeutic consultations were offered to 87 pupils (increase from 784 in 2007-08)
- 367 consultations and/or meetings with 49 staff (increase from 339 in 2007-08)

- 87 work discussion groups were offered to approximately 48 members of staff
- 203 further consultations were offered to 21 pupils from project schools at BCYP
- 44 Supervision/consultation sessions were offered to two staff at BCYP
- Publications, Conference Papers, Media interest at National & International level..

Summary of Activity and Outputs

1. Work with Pupils

In total, 908 appointments were offered to 87 pupils (and their parents/families). This consists of individual work with pupils, group work with pupils and meetings with parents/families.

a. Individual Work with Pupils

Over the past year, 515 therapeutic consultations were offered to 65 pupils and their families on-site in the project schools. Naturally, the number of appointments offered and pupils seen varied widely between schools depending on how the available resources were being targeted and used. In all cases, however, the annual output figures were in excess of anticipated figures - in most cases substantially.

Pupils were referred due to a wide range of concerns about their challenging, disruptive and worrying behaviour. These have included:

- Pupils feeling depressed and/or acutely anxious;
- Pupils who are self-harming and/or suicidal;
- Pupils exhibiting violent, threatening and criminal behaviour;
- Pupils who have been temporarily excluded and are at risk of permanent exclusion
- Pupils involved with inappropriate sexual behaviour and/or assaults towards other pupils and teachers;
- Pupils who had suffered traumatic experiences;
- Young people on the child protection register due to abuse and/or neglect;
- Pupils with drug related and sexual health related problems;
- Pupils with physical disabilities.
- Pupils in a crisis in relation to forthcoming exams and leaving school;
- Pupils involved with bullying (both victims and bullies)

b. Group Work with Pupils

Group work has developed considerably over the past year – in both Kingsbury and Preston Manor Schools. A number of groups have been provided, including 'boys' groups', 'girls' groups' and mixed gender and age groups.

Overall, 45 group sessions were offered to 22 pupils during this period. This amounted to 393 group-work appointments.

c. Parent and Family Work

In addition to direct work with pupils, where there have been significant concerns about students, parents have been invited to meetings to think about how to help their child. This has often meant helping families to access other services, in particular CAMHS, but also to raise their awareness of the impact of boundaries and parenting skills. This is an area we hope to develop further in 2009-2010.

2. Consultations to and Meetings with Individual Staff

In addition to direct work with pupils, many staff made excellent use of the opportunity for individual consultations and meetings regarding pupils, class groups and/or other key issues of concern.

Overall, 367 consultations/meetings with 49 staff took place over the past year.

Consultations involved staff working in a wide range of positions in the school (from learning support assistants to head teachers). In most cases, the aim of meetings was to help staff reflect on their work with worrying and challenging pupils who they were finding 'difficult to reach' and who were considered to be 'at risk' by the school.

Consultations were requested by staff for many different reasons. These included:

- The stressful impact on staff of working with pupils presenting with severe behaviour management problems;
- Working with pupils presenting with psychotic symptoms;

The Brent Adolescent Centre is a highly skilled and professional organisation and I would strongly support any initiatives that allow their services to be accessed by more young people.

Overall, 87 work discussion groups were offered to approximately 48 members of staff in project schools over the past year

- Working with traumatised pupils (including refugees);
- The management of allegations of sexual, physical and/or emotional abuse;
- Issues concerning confidentiality with pupils;
- Staff's personal needs and difficulties (e.g. requesting referrals for psychotherapy).

3. Work Discussion/Consultation Groups for Staff

One of the key areas of innovation within the school's project has been the development of work discussion/consultation groups for staff. These offer a unique training opportunity to all staff who are interested and supported to attend. Meeting on a weekly or fortnightly basis and facilitated by the BCYP psychotherapist/analyst, these groups meet to think about the difficulties staff are experiencing with pupils and to share and develop skills, understanding and strategies with each other.

Overall, 87 work discussion groups were offered to approximately 48 members of staff in project schools over the past year. This is a major achievement of the schools project and one that is highly valued by the staff and schools.

Alongside issues relating to individual pupils, staff groups have focussed on:

- The impact of puberty and adolescence on learning and behaviour;
- The emotional factors that impact on learning, teaching and behaviour;
- Understanding and managing pupils' attachments to their teachers;
- Issues to be considered in working with potentially suicidal pupils;
- Issues relating to confidentiality in schools;
- The impact on staff of working with pupils who have suffered traumatic experiences and/or who are suffering from a terminal disease;
- The management of allegations of sexual, physical and/or emotional abuse;
- Working with pupils on the Autistic Spectrum;
- The development of key staff groups within school systems (e.g. Learning Support Assistants or Heads of Year); and
- Understanding and making sense of institutional dynamics affecting the work.

Outcomes and evaluation of consultation to staff:

Due to the success and effectiveness of this work, the discussion groups offered to staff in schools by BCYP have been identified as a 'Model of Good Practice' in a recent DfES/DoH 'Report on the Implementation of Standard 9 of the National Service Framework for Children, Young People and Maternity Services' published in 2007.



Within Brent school projects, evaluation with over 100 staff has also shown that:

- 97% of staff reported that they had developed a deeper understanding about the meaning of behaviour;
- 91% of staff reported that they had been helped to develop new ways of engaging with challenging or disruptive pupils;
- 88% were helped to persevere with challenging pupils when they felt like giving up;
- 85% reported feeling less stressed after talking about challenging pupils/class groups;
- Significantly, in one school alone, the 22 staff attending the fortnightly groups had a significantly lower rate of absence than the whole staff group – over a three year period.

4. Additional Meetings and Reviews

In addition to our core work, outlined above, BCYP staff in all schools have also been involved in attending and participating in a further 101 meetings within schools. These have included general staff meetings, specific inset meetings, student support services' meetings, Inclusion team meetings, Special Educational Needs meetings, Heads of Department meeting, HMSI meetings, meetings with OFSTED inspectors and professionals' meetings.

Project Review Meetings are also arranged (annually) to consider any issues or difficulties affecting the projects and to plan for future developments.

5. Additional therapeutic work offered to Project School Pupils at BCYP

In addition to the direct work with pupils and staff carried out on-site in schools, 203 further consultations were offered to 21 pupils from our project schools on site in BCYP. Pupils have been able to access not only individual therapeutic consultations, but the range of other services offered by the Centre (including consultations with the family therapy, connexions and drugs & alcohol services.).

6. Additional Consultations and Supervision offered to school staff at BCYP

In addition to the consultations offered to staff on-site in schools, a further **44 supervision sessions** have been offered to three education staff at BCYP. With increasing requests, it is likely that BCYP will be involved in offering further consultation and supervision of this kind in the future.

7. Publications, Conference Papers and other Developments

In addition to being identified as a 'model of good practice' (see section 3) the success of and interest in BCYP's school project has resulted in further papers being presented at conferences and published in professional journals. More recently, this has included:

- **DfES/DoH (2007)** 'Report on the Implementation of Standard 9 of the National Service Framework for Children, Young People and Maternity Services', p.17
- **Jackson, E. (2008)** 'The development of work discussion groups in educational settings' in *Journal of Child Psychotherapy* Vol 34, No. 1: 62-82
- **Jackson, E. (2008)**. 'Work Discussion Groups at Work: Applying the method' Chapter in *Work Discussion: Learning from reflective practice in work with children and adolescents*, London, Karnac
- **Sayder, S. (2008)** 'Joining up with 'not us' staff to run adolescent groups in schools in *Journal of Child Psychotherapy* Vol 34, No.1: 111-126

Conference presentations and publications have continued to generate considerable interest nationally and internationally in the work of the schools project.

8. Future Development, Extension and Direction of the Schools' Project

Over the past ten years, BCYP has established successful, effective and innovative outreach projects offering a wide range of mental health resources to pupils and staff within ten different educational institutions. BCYP is now a lead provider of mental health resources within secondary schools in the London Borough of Brent and is respected nationally for this work.

Interest in BCYP schools projects remains high both locally and nationally with several schools in the Borough having already contacted us to discuss the possibility of establishing new projects in their schools. We therefore end this year on an optimistic note and look forward to further developments in 2009-2010.

Over the last year 89 young people attended an initial assessment meeting, with over 136 appointments offered.

Mental Health Support and Engagement Service

The Mental Health Support and Engagement Service (MHSE) offers an initial contact to all young people who want to access the services at the Brent Centre. A first appointment is offered quickly, within two weeks to reduce the risk of a young person disengaging from the Centre. An initial assessment meeting allows the Centre to facilitate integrated working where necessary, and is based on the Common Assessment Framework. During last year 89 young people attended an initial assessment meeting, with over 136 appointments offered.

MHSE additionally offers practical and emotional support to young people with more intensive needs, who may for example need additional practical support, alongside any psychological intervention within the Mental Health Service. Over the last year, 16 young people needed additional help with:

- Housing issues / homelessness
- Coping with debt / managing finance
- Domestic violence / personal safety
- Coping with independent living at a young age
- Being a young carer / having a parent or family member with physical or mental health problems
- Teenage pregnancy
- Feeling suicidal
- Concerns about sexuality
- Accessing educational or employment opportunities
- Seeking asylum, fears around deportation and related legal matters

Most of these young people have complex personal and social situations and present with more than one issue. The majority of young people accessing the MHSE service are over the age of 17 years (88%), highlighting the gap in support for young people once they pass the age limit for statutory services such as Social Services and Housing, and the difficult transition between Child and Adolescent Mental Health Services, and Adult Mental Health.

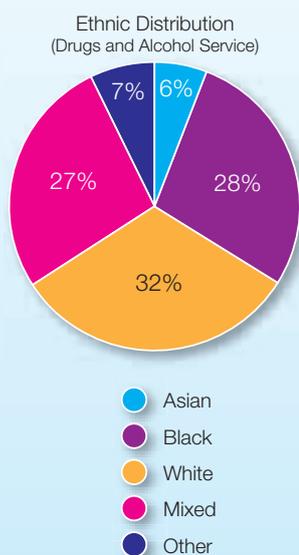
From April 2008 – March 2009 the MHSE service had 190 contacts with professionals from agencies such as Social Services, Housing, Teenage Pregnancy team, GPs and other health professionals, Connexions, Women's Refuge, and local voluntary sector organisations. The 16 young people accessing more intensive support were offered over 134 informal contacts and telephone interventions, 50 clinic based appointments and 21 outreach appointments or multi-agency meetings.

Since April 2008, the Service has been pleased to build on existing links with Brent Youth Offending Service (YOS). Sarah Fielding, our Specialist Mental Health Worker in partnership with the NHS Mental Health Worker based at the YOS, implemented a pilot scheme of group work offered to young people on referral or supervision orders, aged between 15-18 years. These young people had experienced a range of emotional difficulties, including loss, neglect, bereavement and domestic violence. In addition many had encountered difficulties with peer relationships and had been excluded from school. Typically young people involved in delinquency find it difficult to access more traditional mental health services, and can feel quite hostile towards individual interventions. We began to feel curious about whether group work, with a therapeutic aim, based in the Youth Offending Service, might be both more accessible and of some help, with the understanding that delinquency in adolescence can be a sign of developmental breakdown. Between April 2008 – March 2009 we ran two pilot groups, which offered a confidential space to talk, an opportunity for young people to hear what peers had to say, and perhaps most importantly to enable a space for thinking (as opposed to acting). Each group ran for 10 weeks, with individual sessions offered to each young person at the beginning and end of the 10 week group. 14 young people joined the groups, and we offered 98 group sessions, and 45 individual appointments. The feedback from young people involved in the pilot groups suggested they had found the group experience meaningful, and wished the group had been for longer. Themes emerging from group discussion were related to the crimes young people had committed, their difficulties in thinking before acting, the wish to escape from troubled situations, concerns for the future around education, employment and relationships and attitudes towards authority. After a successful pilot scheme, we are keen to continue to develop this model of group work with young offenders.

Drugs and Alcohol Service

The Drugs and Alcohol Service was launched in 2000 and during this period (2008-09) has been funded by the Brent Drug and Alcohol Action Team - DAAT (NHS Brent), Brent Council Voluntary Sector, Pilgrim Trust, Dion Committee and Irish Youth Foundation. This Specialist Young Persons' service continued to focus on reducing harm and reducing usage of drugs and alcohol amongst young people through targeted and flexible support. The service continues to adapt to the changing trends among the young people of Brent. The main elements of the Drugs and Alcohol service are:

This year the Drug and Alcohol Service offered 487 appointments to 68 young people.



Gender:	
Male:	51
Female:	17
Total:	68

- Drug & Alcohol Education
- Advice, information, support and treatment
- Engagement and community outreach service
- Drugs and Alcohol in Schools Outreach Project

This year the Drug and Alcohol Service offered 487 appointments to 68 young people, while hundreds more were reached through outreach and engagement sessions and drop-ins held throughout the borough.

The Drugs and Alcohol Services are available to all young people under the age of 19 living or educated in the London Borough of Brent. Some of the cases that the young people present within the Drugs and Alcohol Service require close working and sometimes referral to Child and Adolescent Mental Health Services (CAMHS). Other young people requiring specialist support and interventions offered by our service may be:

- Young people who offend
- Young people who are looked after by the local authority
- Young people who play truant from school or are excluded
- Young people who are homeless
- Young people who have been sexually exploited
- Young people who are the children of drug users

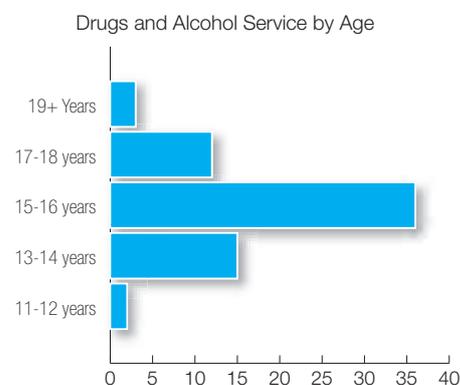
We accept referrals from a number of relevant agencies including Social Services, Child and Adolescent Mental Health Services (CAMHS), Housing Services, Schools, Parents, Youth Clubs, Youth Offending Services and GPs as well as internal referrals. Most importantly the service is able to accept young people who self refer.

The Brent Centre for Young People (BCYP) established The Engagement and Community Outreach service in September 2005 as a response to an increasing trend of young people in the Borough that were disengaging from the drug and alcohol services. Feedback suggested that the young people valued a more informal approach to engaging with the service, particularly if they were feeling ambivalent about their drug misuse, or in complex personal situations where drug use was part of a coping mechanism. The Engagement Service enabled the Centre to branch out in the Community and to access the harder to reach groups of vulnerable young people. Engagement work is carried out within the community in order to educate and if necessary to provide preventative interventions. While the underlying strategy of this service is prevention, it also aims to provide young people with advice on drug and alcohol misuse and ranges of therapeutic treatment. Building relationships with staff and this informal approach to promoting engagement is seen as a stepping-stone to helping many of the young people to use the Service in a more formal capacity.

To meet the changing demands over time, BCYP has adapted and revised its approach to specialist substance misuse treatment intervention. BCYP is committed to fully appreciating the changing needs of the community and to adapt accordingly. Work carried out in schools has changed to support both young people and teachers alike. BCYP works in partnership with teachers, mentors and other key groups who work directly with young people so as to find out what is worrying them. Training is given to these groups to help them to provide specialist direction and to promote early identification of issues around drugs and alcohol, and the consequences of using these substances.

Engagement

Considering that the underlying strategy of the Service is prevention, the Engagement Service is designed to target young people who require support but have yet to seek help and to target those young people who have disengaged from the Service. In the event of the latter contact may begin with a phone or text message and flexible ways of working employed to continue treatment. The team for example might go to meet the young person in a place where they feel more comfortable, such as a coffee shop or the Youth Centre. It is only in building this consistent support and mutual trust that a young person can feel more at ease and by adopting this approach the team seeks to work towards supporting, advising and re-engaging young people.



BCYP continues to develop the Engagement Service through the use of community drop-ins and satellite services across the London Borough of Brent. As such, the Centre reaches the more vulnerable of young

people, while raising awareness about drug and alcohol misuse and about other services provided at the Brent Centre for Young People.

Over the past five years the Centre has worked closely with Social Services and local voluntary organisations to deliver a package of care that has been effective in engaging young people into treatment. The service works closely with the Mental Health Engagement Worker to identify any young people vulnerable or at risk of substance misuse.

Drugs and Alcohol Outreach Case Study

JV was initially referred to the Outreach Service via the mentoring team at the secondary school at which he attends. There were concerns over possible substance misuse, leading to depression, reduced motivation, low self-esteem, intimidation and stealing from others, as well as educational underachievement. One of our Outreach Workers describes working with JV:

On first meeting JV, he presented as a young man who visibly appeared to be very angry, shaking my hand, but being unwilling or uncomfortable to hold or attempt to maintain eye contact.

My initial sessions with JV were interesting. Although attending, JV questioned why he was "bothering", even though he seemed eager to converse when asked a question. He consistently used props within our session to avoid eye contact, becoming more engrossed in the prop when conversing with me about something.

As the relationship developed JV spoke at length about his mother and their relationship. The lack of money within the home, his own low self esteem, especially about his height, his thoughts about his absent father, violent tendencies towards both father and others, and his feelings about his own future, and doubts about why he should "bother".

My own perception regarding JV was that he was an intelligent young man. This opinion was reinforced by the school, who felt that JV could be a high achiever if he felt motivated and interested in his studies.

Through conversing with JV it became apparent that his mother was well educated, having attended university in Colombia, but in JV's words, "only worked as a cleaner and in Sainsbury's" here in the UK. JV spoke of not understanding why she did not have a better job, a job that paid significant money so that they could do more things and he could have more material possessions.

It became apparent that material possessions, or within JV's eyes, the lack of them, was a major problem in his personal life, and if such possessions could be his, his overall life would be better, and all aspects of his life, including emotional well being would improve.

Through our continuous work, JV began to become more aware that possessions would not necessarily change his life, and that his own outlook on life would improve as his emotional well being evolved. It became apparent from both JV, within our sessions, and feedback from the school, that change was taking place for JV. His overall demeanour was changing, with improved outlook, behaviour, and motivation, as well as better and more stable relationships with others, including mother.

My own work with JV had come to a natural conclusion within the school setting, but for his long term well being I spoke to JV about the possibility of himself entering into more long term therapy within the confines of the Brent Centre for Young People. JV expressed an interest in this, and after two attempts attended the centre for an initial assessment which was undertaken by myself as part of the continuity aspect of the project.

JV has since attended BCYP for longer term therapy and as of the summer of 2009, JV has taken his GCSE exams, far exceeding his expected grades, gaining 8 A to C passes and is now attending 6th form and undertaking A-levels.

1. Tier 1 - The BCYP in unison with Schools' Education.

BCYP Tier 1 Service is aligned with 'Interventions in schools to prevent and reduce alcohol use among children and young people NICE Guidance 2007'. Training for teachers provided by BCYP facilitates the provision of targeted and specialist PSHE lessons and helps to identify pupils that might be at risk.

BCYP provides Tier 1 drug education to schools and weekly group workshops to young people who are struggling at school, who are at risk of being or have been excluded as a result of substance misuse problems, or who might be in trouble with the law.

BCYP also provides training to professional organisations that require their staff to have knowledge on young person's substance misuse issues. This year has seen the continuation of this education supporting six Secondary Schools, three Pupil Referral Units, and two Youth Centres. Additionally we provided workshops and training days to Schools in Brent as part of 'The Healthy Schools' programme. We have seen an increase in Schools in Brent requesting our Tier 1 Service. This Service forms an important part of the preventative work in relation to substance misuse for younger people. It both informs the younger people and those professionals working with them. . The outcomes from education has enabled us to reach out to groups of young people whilst ensuring specialist support can be accessed easily.

This service extended to Youth Services, Health Bus promotions, BME Services, Connexions, Housing Accommodation, and Social Services/Looked after Care teams.

2. Tier 2 & 3 Preventative and Specialist Interventions

The service provides one to one sessions with an experienced Young Persons Drugs Worker, which can be either one off sessions or in depth interventions. It provides short term work with a view to referring clients on, should they require long-term and more intensive interventions. This part of the service focuses on working closely with lead professionals who are in contact with young people and with whom the drug workers have built up relationships over a period of time. This work is excellent at promoting good inter-agency working.

The tier 2 & 3 services provided by BCYP are predominantly psychodynamic in nature but not at the exclusion to other forms of therapies. The Young Person's Specialist Substance Misuse Treatment Service (YPSSMTS) will draw on a wide range of therapeutic interventions to help address the entirety of a young person's needs and not focus solely on the issue of substance misuse and so risking missing the root cause.

BCYP uses an innovative group work model when working in partnership with the Youth Offending Service (YOS) and in secondary schools to reach more difficult to engage young people, with the aim of transferring those that need it into longer term therapy. This coupled with our one to one work serve to further increase the accessibility of the Service to young people.

BCYP builds on its expertise in family interventions to help make more use of family therapy where appropriate; therefore improving the success of the treatment service through the support of the whole family.

Providing a range of interventions from brief therapies to longer term therapy allows for the worker to gain an understanding of the historical, psychosocial and health needs of the young person. Many of the young clients find longer non-intrusive support extremely beneficial and some clients go on to access the Mental Health and Support Services offered at the Centre. The transitional pathway is smooth and the Centre's services are well coordinated to ensure that a client is not lost in the transition. This is important because times of transition present a high risk for unplanned discharges.

A range of interventions are provided including psychodynamic, motivational interviewing and Cognitive Behavioural Therapy (CBT) which are aimed at alleviating current harm and risk caused to the young person through their drug and alcohol misuse. An active care plan is included into the treatment which helps the client feel motivated and clear about his/her abilities to make active and positive change in their lives. Many treatment interventions focus on the young person's social and family network, which is particularly beneficial to lead professionals, who are able to work closely in partnership with the services to recognise and refer vulnerable young people living with parents who are misusing substances.

Drugs and Alcohol in Schools Outreach Project

The last year has seen the continuation of the hugely successful Drugs and Alcohol in Schools Outreach Project leading to both regional and national recognition from the Home Office through winning the Tackling Drugs Changing Lives Award.

The project is now based in three separate schools, encompassing both structured one to one individual work and group based interventions. The schools involved are Cardinal Hinsley Secondary School, Preston Manor High School, and the Queens Park Community School.

Throughout the last financial year, the project has offered 267 appointments, working with 25 young people within the schools. These appointments have all been within a one to one capacity.

The project has also branched out into working with small numbers of young men within a group setting. The emphasis in these groups is on creating a space within which young people can think, outside of the pressures and expectations placed upon them within every-day life. So far the group project has run in both the Cardinal Hinsley and Preston Manor schools, working with a total of 25 boys, offering 38 group sessions. Due to the success of this project, the group programme will be extended to Queens Park Community School in September 2009.

The project continues to work predominantly with young men involved in the use and distribution of substances, at risk of social and educational exclusion, involvement in gang and criminal activities and relationship breakdown. We continue to undertake this work using psychodynamic theory as the basis of the intervention. We work with emotional and cognitive processes, and see them as the basis for individual behaviours, substance use, relationship breakdown, and thus the underlying trigger for stagnated development.

The project uses a twelve session model, which is open to continuation or referral into more long term work within the Brent Centre for Young People. Aside from national recognition, the project continues to be successful in providing both a therapeutic space for those individuals who would otherwise not engage, as well as providing a bridge to allow individuals to prepare for entry into longer term therapy.

Within the past year, three young men who engaged with the project either through one to one or group interventions have made the transition into psychotherapy. One of these young men has since gone on to gain 8 GCSE grades A to C, and is now undertaking A-levels. It has been acknowledged by his school that this

would not have happened if it had not been for the work undertaken with BCYP.

Another young person who accessed the project for a total of 27 sessions due to substance use and gang and criminal activity is now a school peer mentor, whose previous position of power within his school, is now being channelled, in such a way that he is seen as a positive role model, with high expectations of achieving 8 GCSE A to C grades in the upcoming year.

Irish Youth Project

The Brent Centre for Young People continued to support the London Borough of Brent's young Irish community throughout the past year with the help of the Irish Government Emigrant Support Programme and the Irish Youth Foundation. A centre worker continued to engage with young travellers living on the Lynton Close travellers site, working alongside the Brent Irish Advisory Service on a weekly basis up until May 2008, when due to safety concerns it was decided that the worker must withdraw from the site. The concerns raised were not brought about by the work which the Centre has been undertaking for the past two years, in its partnership work with BIAS, but was due to external and internal issues within the site, which increasingly hampered our ability to work and engage effectively and safely.

Aside from this piece of work coming to a close, the project has continued to provide levels of support to both travellers and other adolescents from the Irish community in the borough through its school based projects. The project engaged a total of 127 young people during the last financial year, working intensively with five Irish young men and offering a total of 40 structured one to one sessions within schools.

In a relatively short space of time BCYP has devised and implemented a project which is working with and addressing the needs of the Borough's young Irish community who would otherwise be falling through the net.

Irish Youth Project Case Study

A was referred to Brent Centre for Young People's services within the Cardinal Hinsley boys School in Harlesden. His referral was due to concerns about the impact that alcohol use within the parental home was having on his behaviour, and his vulnerability to involvement in the misuse of substances. A was to be offered 13 appointments over the educational term, attending a total of 11 structured 50 minute sessions, in which A was given the space to think about himself and what was going on for him, both within school and externally in the home and on the street.

Initially A found the structure of the sessions quite difficult to cope with, spending a large proportion of the time walking around the room, especially if asked a question to which he found difficulty in thinking about answering. As the sessions progressed it became apparent that an easier way to engage, and thus contain A, came via the use of board games to maintain his focus and thus allow him to feel less constrained when thinking and speaking. The use of such an intervention had a positive effect of the work undertaken, with feedback from the school being that A was managing to attend lessons with improved focus. The school mentor also fed back that A had divulged that he had been finding the sessions to be a great help in thinking about situations that he finds himself in, his behaviour, the reasons behind it, and his home life.

Throughout the work undertaken with A he had found it difficult to maintain eye contact with the worker and, as stated above, found the work to be a strange experience, yet he continued to attend even though he would leave just before the appointed end of session time. A was aware that the work we were involved in together was to last for 13 weeks, an educational term, and was reminded of the number of sessions remaining in the attempt of helping A with the end of the programme. Upon our final session A attended on time as he had throughout, conversing with myself, and for the first time, staying for the full 50 minutes. Rising at the end and extending his hand for myself to shake.

A continues to attend school and still has to face some difficulties, but the school feel that the intervention was very well timed for A and has been of a positive effect.

STATEMENT OF FINANCIAL ACTIVITIES

(INCORPORATING THE INCOME AND EXPENDITURE ACCOUNT)

YEAR ENDED 31 MARCH 2009

Bankers
 HSBC
 St Johns' Wood Branch
 1 Finchley Road
 London
 NW8 9TS
 CAF
 Cafcash Limited
 Kings Hill
 West Malling
 Kent
 ME19 4TA
 Auditors
 Brooks Carling
 Curzon House
 24 High Street
 Banstead
 Surrey
 CR0 2EF

	Unrestricted Funds £	Restricted Funds £	Total Funds 2009 £	Total Funds 2008 £
INCOMING RESOURCES				
Incoming resources from generating funds:				
Voluntary income	463,489	51,740	515,229	509,216
Activities for generating funds	14,538	–	14,538	–
Investment income	<u>4,744</u>	<u>1,153</u>	<u>5,897</u>	<u>10,485</u>
TOTAL INCOMING RESOURCES	<u>482,771</u>	<u>52,893</u>	<u>535,664</u>	<u>519,701</u>
RESOURCES EXPENDED				
Costs of generating funds:				
Fundraising trading: cost of goods sold and other costs	(56,586)	–	(56,586)	(68,662)
Charitable activities	(362,833)	(54,023)	(416,856)	(399,290)
Governance costs	<u>(25,456)</u>	<u>–</u>	<u>(25,456)</u>	<u>(26,093)</u>
TOTAL RESOURCES EXPENDED	<u>(444,875)</u>	<u>(54,023)</u>	<u>(498,898)</u>	<u>(494,045)</u>
NET INCOMING RESOURCES BEFORE TRANSFERS				
	37,896	(1,130)	36,766	25,656
Transfer between funds	<u>(37,675)</u>	<u>37,675</u>	<u>–</u>	<u>–</u>
NET INCOME FOR THE YEAR	221	36,545	36,766	25,656
RECONCILIATION OF FUNDS				
Total funds brought forward	<u>309,537</u>	<u>34,861</u>	<u>344,398</u>	<u>318,742</u>
TOTAL FUNDS CARRIED FORWARD	<u>309,758</u>	<u>71,406</u>	<u>381,164</u>	<u>344,398</u>

These financial statements were approved by the members of the committee on the 18th January 2010

and are signed on their behalf by:

P J BARD BCOM MBA MSC(CHAIRMAN)

Director

Company Registration Number: 4037793

The Statement of Financial Activities includes all gains and losses in the year and therefore a statement of total recognised gains and losses has not been prepared.

All of the above amounts relate to continuing activities.

FINANCIAL REVIEW

The General Fund, dealing with the daily operations and clinical work of the charity, was in surplus by £221 for the year. The restricted fund was in surplus by £36,545.

PLANS FOR FUTURE PERIODS RESPONSIBILITIES OF THE TRUSTEES

The trustees (who are also the directors of Brent Adolescent Centre for the purposes of company law) are responsible for preparing the Trustees Annual Report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Company law requires the trustees to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charitable company and of the incoming resources and application of resources, including the income and expenditure, of the charitable company for that period. In preparing these financial statements, the trustees are required to:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Charities SORP;
- make judgements and estimates that are reasonable and prudent;
- state whether applicable UK Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements;
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in operation.

The trustees are responsible for keeping proper accounting records that disclose with reasonable accuracy at any time the financial position of the charitable company and enable them to ensure that the financial statements comply with the Companies Act 1985. The trustees are also responsible for safeguarding the assets of the charitable company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

In so far as the trustees are aware:

- there is no relevant audit information of which the charitable company's auditor is unaware; and
- the trustees have taken all steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the auditor is aware of that information.

The Brent Adolescent Centre thanks...

The Brent Adolescent Centre is dependent on the generosity of a number of supporters to help us carry out our work with vulnerable young people. Our thanks go to the following funders and event supporters who have enabled us to maintain and develop our services:

Trusts and Foundations:

- The City Bridge Trust
- The John Lyon's Charity
- The Sobell Foundation
- The Goldsmith Company
- The Mr. and Mrs. Pye Charitable Settlement
- The Henry Smith Charity
- The Irish Youth Foundation
- The Irish Government Emigrant Support Programme (formerly The Dion Committee)
- The Tudor Trust
- The E C Sosnow Charitable Trust,
- The Diana and Allan Morgenthau Charitable Trust
- The Edward Harvist Trust Fund
- The Schroder Charitable Trust
- The Pilgrim Trust

Public Authorities

- NHS Brent
- Brent Council
- Brent Drug Action Team

Others

- Swan Turton Solicitors
- Queens Park Community School
- Kingsbury High School
- Preston Manor High School
- Brent Pupil Referral Unit
- Central and Northwest London Mental Health Trust

SPECIAL EVENTS

London Marathon

This year our Marathon runners with the support of Lehman Brothers raised over £10,000 for the Brent Centre for Young People. The Centre would like to thank all of the runners and their supporters for this amazing effort. We are extremely grateful and proud of their achievements. This year's runners were:

- Linsey Hussey,
- Michael Hardy,
- Bertus Louw,
- James Robson,
- Alex Saklow,
- Gary Smith, and
- Waldu Woensdregt.

Recital

On Wednesday the 17th of September 2008, The Brent Centre for Young People was delighted to mark its 41st Anniversary with a beautiful Recital by the Grier Trio, Savitri, (violin) and Indira, (cello) playing with their father, Francis Grier (piano), at the London Jewish Cultural Centre at Ivy House on Hampstead Heath, the former home of Anna Pavlova. It was a beautiful occasion which raised over £7,500 for the Brent Centre. Many thanks to everyone who attended and supported the event.

Brent Centre for Young People

Trustees

Mr P Jeremy Bard (Chair)
Dr Robin Anderson
The Hon Angela Camber
Dr Selina Gellert
Mr Julian Hale
Mrs Virginia Lawlor
Mrs Deborah Perlin
Dr Bernard Roberts
Mrs Janine Sternberg

President

Mrs Egle Laufer

Vice Presidents

Sir Alan Budd
Mr Peter Wilson

Management & Finance

Mr P Jeremy Bard (Chair)
Dr Bernard Roberts
Dr Maxim de Sauma

Staff

Chief Executive Officer & Clinical Director

Dr Maxim de Sauma

Psychoanalysts and Child & Adolescent Psychotherapists

Mrs Joelle Afille-Cook
Mrs Samantha (Austin) Marks (to June 2008)
Dr Julia Boutall
Dr Catalina Bronstein
Ms Pessi Elias
Dr Sara Flanders
Miss Lucia Genesoni
Mr Emil Jackson
Mr Sebastian Kohon (from September 2008)
Dr David Leibel
Mrs Branka Pecotic
Mrs Suzan Sayder
Mrs Hannah Solemani
Dr Emma Taborelli
Mr Carlos Tamm Lessa de Sa

Research Psychologist

Miss Valentina de Nardi

Mental Health Support and Engagement Worker

Miss Sarah Fielding
Mrs Alice Palmer (to January 2009)

Drug and Alcohol Service

Miss Denise Green
Mr Daniel Smyth
Miss Joanna Waggott

Trainee Staff

Mr Danny Goldberger
Miss Korina Soldatic (from February 2009)

Honorary Consultant

Mrs Egle Laufer

Fundraising and Administration Staff

Miss Dinzi Amobi (from August 2008)
Miss Anna Barros (from September 2008)
Mrs Maria Gray
Mrs Kah Hui Mah (to Jan 2009)
Mrs Georgina Quartey
Miss Karen Turner (to August 2008)

The Brent Centre for Young People is the operational name for the services provided by the company registered as the Brent Adolescent Centre (BAC)

Brent Adolescent Centre is a company, limited by guarantee and was registered in 2000. The Company Number is 4037793

Brent Adolescent Centre is a Registered Charity, Number 1081903. All the information in this report reflects the position as at March 31 2009, unless otherwise stated



Brent Centre for Young People

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Registered Charity Number 1081903