

Annual Review 2006-7



**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 (registered as a charity under the name of the Brent Adolescent Centre) was founded in 1967 by the late Dr. Moses Laufer, who was acting to fill what he saw as a gap in mental health provision wherein some of the most vulnerable members of the relatively deprived and ethnically diverse Borough of Brent were not supported at one of the most difficult periods of their life: the transition into adulthood.

A corollary of this was the need for the development of conceptual and clinical research dealing specifically with adolescent breakdown. Dr. Laufer believed, as does all the clinical staff at the Centre, that a breakdown in adolescence is fundamentally and qualitatively different from one at any other time in someone's life. The Centre has received international academic and professional recognition over the years for the high quality and ground breaking research which has been conducted at the Centre on adolescent breakdown and suicide.

Today, the Centre continues to be committed to the well-being of vulnerable young people aged 14 – 21 and has expanded its services and now provides a free and comprehensive service consisting of mental health, sexual health and drugs and alcohol services – all under one roof.

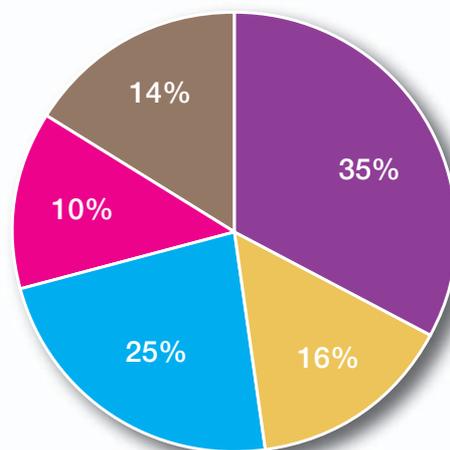
The services provided are flexible: young people can simply self-refer, which means that individuals who find it difficult to navigate bureaucratic structures for whatever reason can be seen immediately by experienced professionals. In order to have the largest contact possible with vulnerable young people, the Centre also runs outreach and engagement services including since 1999, a Mental Health in Schools Outreach Project in Brent Secondary Schools and the Brent Pupil Referral Unit.

Client Profile and Service Breakdown

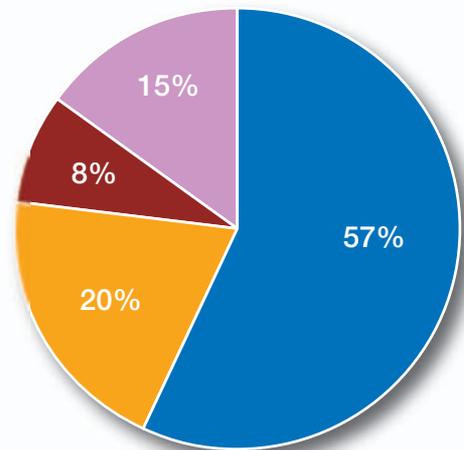
This year, the Centre offered appointments to 314 young people in-house and on-site in schools and several thousand more through outreach, engagement and community drop-ins. Below is a Service Breakdown and an Ethnic Breakdown of the young people accessing the Centre's Services.

White British	25%
White Irish	3%
White Other	7%
Asian British	5%
Indian	7%
Pakistani	1%
Other Asian	3%
Black British	4%
Black-African	9%
Black-Caribbean	10%
Other Black	2%
White and Black Caribbean	3%
White & Black African	1%
White and Asian	1%
Any other Mixed	5%
Other	14%

Ethnic Breakdown



Clients Seen at the Centre as % of Total





CEO and Clinical Director Introduction

I am pleased to introduce the Brent Centre's Annual Review for the year 2006-07. During this year 314 young people were helped by our in-house and on-site in schools services and many more were helped through active outreach and engagement.

The Mental Health Service continued to develop the partnership with the new Brent NHS (CAMHS) Adolescent Team. Its lead Clinician, Dr Jean Pigott has been providing psychiatric assessment and treatment to our clients who need psychiatric input. A Family Therapist from her team has been seconded to our Family Team. The NHS Team has been using the Centre premises to see patients and to hold meetings throughout the year.

The Brent Council funding for the Mental Health in Schools Project ended on 31 March 2006. However, the Centre was successful in our application to the Mercer's Company to implement a Project at Kingsbury High School and Mr. Emil Jackson, the Project Coordinator was able to secure funding from Preston Manor High School and Queen's Park Community School to continue to develop the Project. The Centre further continued to provide consultation and supervision to the staff at the Brent PRU (Pupil Referral Unit) and at Copland School.

The Service Level Agreement with the Brent Primary Care Trust (PCT) which was negotiated in 2001 came to an end on March 31st 2007. During negotiations with the Children and Young Peoples Commissioners, the PCT informed the Centre that they would no longer fund the treatment of young people over the age of 18 and that our revenue agreement would be halved from April 1st 2007. The Brent DAAT (Drug and Alcohol Action Team) also informed the Centre they would no longer fund over 18s and that they would no longer fund the prescribing service from the summer 2006. The Drugs and Alcohol Service however, continued to develop well, especially in regards to the engagement service.

The Centre increased its fundraising efforts to continue to provide help and treatment to all young people aged 14 to 21, and during this period, the Centre was granted in excess of £300,000 from charitable trusts (many of which were grants for up to three years). It allowed the Centre to end the financial year with a reasonable surplus. This was mainly due to the great enthusiasm and energy of our Fundraising Officer Miss Aline Milev who worked very closely with me to maintain the commitments of the Centre with the young people we help. I would like to thank the City Bridge Trust (formerly the Bridge House Trust), the John Lyons Charity, the Sobell Foundation, the Goldsmiths Company and the Mr. and Mrs. JA Pye Charitable Settlement for their continued support of the Mental Health Services at the Centre.

With the generous support of the Tudor Trust, the Centre was able to employ a Mental Health Engagement and Support worker, Mrs. Alice Palmer, who since January 2007 has been providing emotional and practical support to young people. In addition, with the continued support of the Dion Committee and the Irish Youth Foundation, the Centre was able to further develop its Irish Youth Project to include drug and alcohol misuse and sexual health services.

The Centre held a Quiz fundraising event at the London Jewish Cultural Centre, hosted by Jon Snow, which was attended by over 100 guests and which, through an auction raised over £15,000. The Centre also had 2 runners for the London Marathon – Paul Feldman and Martin Powell – who along with their employer, Lloyds TSB raised £2,500 for the Centre. The Centre also hosted an open day which was attended by the Brent Deputy Mayor Mr. Harshadbhai B Patel, as well as Brent Councillors, GPs and various representatives from voluntary and statutory organisations around Brent.

Unfortunately, the Centre experienced two great losses during the year. The first was Dr. Moses Laufer who died on July 21st 2006. Dr. Laufer was the founder of the Centre and a former Director and was a pioneer of Adolescent Psychoanalysis and an inspiration for all of us at the Brent Centre. The second loss was of Ms. Clare Doherty on January 12th 2007. Clare was a unique therapist, combining her training in Family Therapy with her Adult Psychotherapy training at the Tavistock Clinic. I worked personally with her since 1998, when we launched the Partnership Project with the NHS Child and Family Clinic. Both of them will be greatly missed. In addition, while preparing this report, I learned about the premature death of Mr. David Robbins who was a long term great supporter of the Centre's work and the Director of Giving at the John Lyon's Charity. He will also be missed.

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

Dr. Maxim J. A. de Sauma
MD, F. Inst. Psychoanal.
CEO & Clinical Director

This year, 2,400 appointments were offered to 246 young people and their families in the Mental Health Service

The Mental Health Service

The Mental Health Service is the core service provided by the Brent Centre. It is psychodynamically oriented and targeted to young people aged 14 – 21. The services provided in-house consist of:

- Adolescent Exploratory Therapy (also known as “Interviewing”);
- Psychotherapy; and
- Family Therapy.

The Mental Health Service also runs an Outreach Mental Health in Schools project in 3 Brent Secondary Schools and the Brent Pupil Referral Unit. The Centre has also begun a Mental Health Engagement and Support Project.

The Mental Health Service is monitored through an internally created Clinical Audit, a Psychotherapy Outcome and Evaluation Study.

This service is funded by a revenue agreement with the Brent PCT and is supplemented through funding from various trusts and foundations including the City Bridge Trust (formerly the Bridge House Trust), the John Lyons Charity, the Goldsmiths Company, the Mr. and Mrs. J A Pye Charitable Settlement and the Sobell Foundation. Funding from the John Lyon’s Charity is specifically for young people aged 18 and over.

In total, almost 2,400 appointments were offered to 246 young people and their families through the Mental Health Service (in house and through Outreach in Schools)

1201 appointments were offered to 130 young people in the Interviewing Service

Adolescent Exploratory Therapy

Adolescent Exploratory Therapy also known as “Interviewing” was developed at the Centre through nearly 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 services, it does not have a specific time limit but works with the young person at a pace they can manage.

The intervention combines assessment and a focused intervention.

The assessment aims at

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

The short-term 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, the interviewing process enables young people to receive support from an experienced professional at the time of their crisis and beyond it.

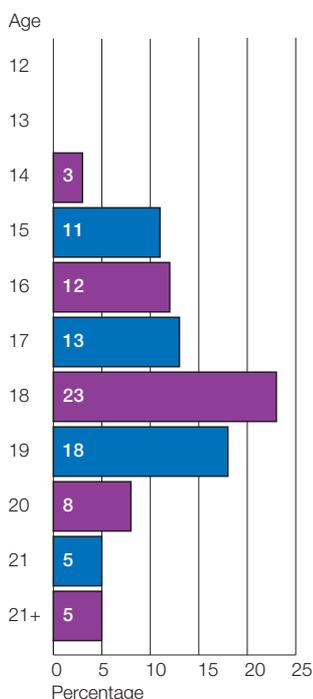
This service is monitored through a Clinical Audit which was internally created in 2000, and which measures the psychopathological and socio-demographic information about the young people who are referred to the Adolescent Exploratory Therapy Service. Information on progress concerning peer relationships,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

1201 appointments were offered to 130 young people in the Interviewing Service.

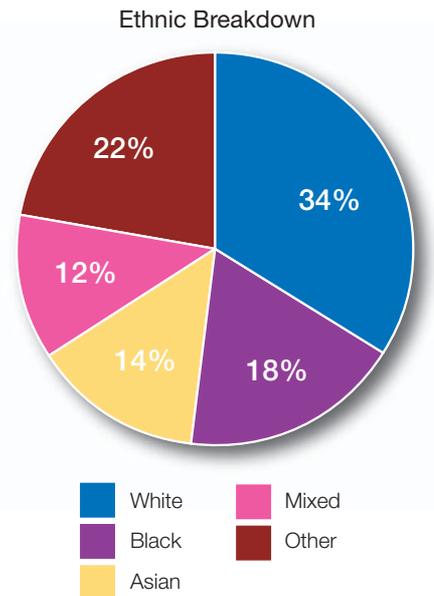
Socio-Economic Information

65% of the young people were female, while 35% were male. The ages of the young people ranged from 14 – 22, with the most frequent age being 18 years old (23%). 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.

Age Distribution



The Ethnic Breakdown of the young people attending the interviewing service more than once was varied reflecting the multiethnic make up of London in general and the Borough of Brent in particular.



Referral Sources

88% of all referrals came from the Borough of Brent. This year, 44% of the young people self-referred to the Centre, followed by 17% who were referred from the Brent Child and Family NHS Services, 10% were referred by their GPs, 10% were referred by Schools and other educational services. Other referrals came from agencies such as the Youth Offending Team, Social Services and Internal Referrals (Drugs and Alcohol Team at the Centre).

Attendance

While 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). 35% of the young people attended 1 – 10 sessions, 30% attended 11 – 20 sessions and 35% attended more than 21 sessions.

Education, Employment and Family Situations

The majority of the young people using the service were in education (57%), while 14% were unemployed without benefits, 10% were employed, and 8% were unemployed and on benefits.

While the family backgrounds of the young people were varied, 35% of the young people's parents were separated or divorced, 28% of their parents were married or co-habiting. 10% came from single parent households. 6% had a widowed parent 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 including refugee status (6%), death of a family member (10%), parents' addiction to drugs (2%), important moves (4%), domestic violence (4%), neglect (4%) and presence of abuse (22%).

Presenting Problems

Relational Problems	
family problems	63%
difficulties with peers	42%
social isolation	22%
difficulties with boyfriend/ girlfriend	30%
School or Work problems	
school problems	26%
school exclusion	22%
fear of failing exams	22%
concentration problems	16%
work problems	25%
Violence-linked Problems	
aggressive behaviour	17%
violence towards others	27%
destructive behaviour towards others	16%
Sexuality related Problems	
anxiety related to sexuality	12%
sexual problems	20%
pregnancy issues	2%
promiscuity	4%
Bereavement	18%
Mental Health Issues	30%
Developmental Issues	22%
Eating Disorders	19%
Sleep Disturbance	16%

Presenting Problems

The table to the left summarises, from the Clinicians point of the view, the main presenting problems of the young people attending the Centre.

The young people attending the Centre generally came in a state of 'crisis' with overwhelming feelings they found difficult to cope with. Depression, anxiety and confusion were the most characteristic of these overwhelming feelings. The young people attending the service also showed difficulties in coping with developmental tasks including relating to:

- Overwhelming feelings (57%)
- Having a potential for a sexual relationship (44%)
- Ability to process bodily changes attached to adolescence (36%),
- Developing a capacity for intimacy within a couple (36%)
- The development of social relationships (32%)
- Separation from parents (28%); and
- Capacity to make plans for the future (24%)

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: 36% admitted suicide ideation; 8% had attempted suicide; 24% self-harmed; 13% misused drugs; and 7% misused alcohol.

Psychotherapy

14 young people were seen in the psychotherapy service and they were offered a total of 540 appointments

In most cases, young people feel sufficiently helped after a period of interviewing. However, when necessary, young people can be referred to our psychotherapy service where sessions are offered one to three times weekly for up to 3 years. Usually, between 5 – 7% of our Interviewing cases go on to long-term psychotherapy. This year, 14 young people were seen in the psychotherapy service in 2006 -7 and they were offered a total of 540 appointments.

6 of the young people were male and 8 were female. 8 of the young people were of white descent, 2 were of Asian descent (Pakistani and Bangladeshi), 1 was Black-African and the remaining young person was Mixed (White and Black Caribbean). 11 of the clients resided in the London Borough of Brent with the remaining 3 from other London Boroughs. The youngest of these clients was aged 16 and the oldest 22.

This service is monitored through a psychotherapy Outcome and Evaluation Study, which was developed in 2001 to obtain descriptive information of the young persons presenting problems, mental state and clinical features in the least intrusive way for the psychotherapy process. Therefore, in order to avoid disruption of the treatment process, the assessment takes place outside of psychotherapy, on different days and time, with a research psychologist, and only once a year.

Since 2001, the Centre has engaged a total of 35 young people in psychotherapy. The following 2 tables describe the mean scores from the point of view of the Young Person and from the point of the view of the Clinician.

Table 1: Mean Scores on Young People Self-reported Psychological Outcomes

	Pre Therapy	Post Therapy
Internalizing Symptoms	66.09	61.45
Externalizing Symptoms	59.36	57.45
Total Symptoms	65.36	61.91
Dissociation Experiences	3.60	2.66
Depressive Symptoms	19.38	13.38

Table 2: Psychotherapist's Mean Scores on Young People Psychological Outcomes

	Pre Therapy	Post Therapy
Internalizing Symptoms	68.24	66.65
Externalizing Symptoms	61.59	61.35
Total Symptoms	65.41	64.82

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.

The test clusters between a "clinical" range are for scores above 63, a "borderline" range for scores ranging between 60 to 63 points and a "non clinical" range are for scores below 60. In regards to this, it is important to note that our psychotherapy patients marked a significant change from a clinical to a non clinical status, with regards to 'internalizing' and 'total problems' following treatment. This data support the fact that patients, in order to be suitable for a traditional psychoanalytical psychotherapy show a capacity to cope with their difficulties.

With regards to dissociative experiences, at the beginning of the treatment, patients' mean score was just at the clinical rate at 3.60, (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 2.66. This data indicates that potentially disruptive dissociative experiences decrease with the psychotherapy sessions at the Centre.

With regards to depression, the data shows that at the beginning, our psychotherapy patient's mean score for depressive and anxiety symptoms was just under the clinical range (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 13.38) marking a shift from the clinical to the non-clinical range. Therefore, from the patients' point of view, the psychotherapy process at the Centre reduced remarkably their feelings of depression, anxiety and withdrawal.

Psychotherapy Case Study

T was referred to the Centre by the residential therapeutic home she had been in for the past year. She presented as a highly self-destructive self-harming 17 year old. She had made serious suicide attempts during her two consecutive stays in hospital. She resided in two hospitals for a total of two and half years. In the referrals report, she was described as “in an emotional paralysis – staying in bed all day, consumed within preoccupation about her family”. She also took repeated mini-overdoses and had difficulties with food.

T had a complicated and disturbed family life. The trauma of discovering another ‘secret family’ of her father at puberty spiralled her into serious self-harm, anger and despair. She was seen at the Centre initially for Interviewing for 8 months. She was then transferred to me for psychotherapy, two times a week for an agreed time of three years. This was then extended to four years.

The treatment was powerful and mixed. We worked hard at thinking about T’s difficult relationship with her body, food and sexuality. Gradually her difficulties and self-harm diminished considerably. She can still feel self-loathing and anger towards herself but is more able now to see her attractiveness.

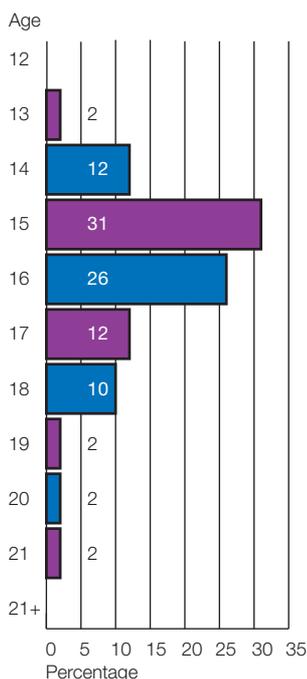
The main area of work has been in separating from her mother – both physically (leaving home) and psychologically. There has been a constant regressive pull for her to leave home, which then met with anger and with punishing her mother by hurting herself. Gradually, T gained much more capacity to think about herself. Although still tempted to repeat her compulsive destructive behaviour (cutting), she can now talk about her feeling of anger and anxiety rather than act them out.

At the end of the therapy (which T negotiated properly), there was still a struggle in T with her emerging adult, independent self, but she had developed a mind of her own with all the ambivalence that it brings.

Mrs. Hannah Solemani (Child and Adolescent Psychotherapist)

42 young people and their families were offered 140 appointments in the Family Therapy Service

Age Distribution



Family Therapy

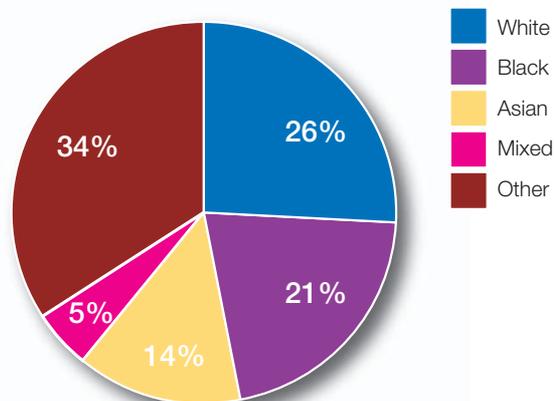
The Centre also offers a family therapy service which is a working partnership between the Centre and Brent Child and Family Clinic (CNWL NHS Mental Health Trust) from which a child psychotherapist is seconded for our service. This service has a holistic approach (psychoanalytic and systemic) and is geared towards younger adolescents and their families. Families can be seen for up to 8 sessions.

Families often have a great deal of anxiety centred around 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 19 with the most frequent age being 15.

A total of 42 young people and their families were offered 140 appointments in the Family Therapy Service. Of these, 64% were male and 36% were female. All resided in the London Borough of Brent.

Ethnic Breakdown



Mental Health in Schools Outreach Project

Since 1999, the Centre has been running a Mental Health in Schools Outreach Project, which has now successfully developed with 10 different secondary schools/institutions in Brent.

This has been a year of consolidation and development – one in which the Schools Outreach Team has been able to extend its work, projects and consultations despite having to contend with the end of several longstanding funding streams. In particular, this has involved a new outreach project being successfully established within Kingsbury School, together with a significant increase in overall numbers of consultations offered to both pupils and staff through the Schools Project. Currently, several other secondary schools are actively interested in developing projects with the Centre.

This project allows the Centre to provide support to pupils who, for whatever reason, can not be seen at the Centre. It provides effective, responsive, flexible and accessible Mental Health Outreach projects on site in Brent Secondary Schools – working with both pupils and staff.

This year, the Centre worked at:

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

The Mental Health in Schools Outreach project provides a range of interventions and resources including:

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

The main target groups for all projects include:

- Pupils 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 behaviour (e.g. destructive, anti-social or violent);
- Pupils with family difficulties, parental illness or issues around bereavement; and
- Pupils who cannot be seen outside school and need to be seen on-site in school.

The Outputs for 2006/7 are as follows:

- 412 therapeutic consultations offered to 52 pupils (77% appointments attended);
- A weekly “girls group” for 6 girls in Year 8 in one school which ran for 6 weeks (36 further pupil sessions);
- 7 consultations offered to parents and families;
- 272 individual consultations offered to 47 staff members;
- 89 work discussion groups offered to approximately 50 members of staff;
- 150 further consultations offered to 12 pupils at the Centre; and
- 28 supervisions sessions offered to school staff members on-site at the Centre.

412 therapeutic consultations were offered to 52 pupils

Mental Health Engagement & Support Service

**The MHSE worker offered
87 appointments to
8 young people between
January and April 2007**

With the generous support of the Tudor Trust, in January 2007, the Centre employed a Mental Health Support and Engagement Worker (MHSE), who now receives internal referrals, in particular from the Mental Health Team, to offer practical and emotional support to young people who are struggling with specific practical obstacles. Working as a guide, advocate and key worker, the MHSE Worker has assisted clients with a variety of needs such as: sourcing emergency accommodation in women's refuges and hostels, getting through lengthy asylum claim procedures, finding voluntary activities, paid work or college places, applying for welfare benefits or accessing specialist support from local sources. This means liaising effectively with a range of other agencies such as social services, the police, accommodation and training providers, Connexions, solicitors, employers, health care professionals and others. Because the MHSE Worker is able to support young people with the more practical difficulties in their lives, they are less likely to carry these anxieties into their therapy sessions. This in turn allows the Mental Health (MH) Team to focus more exclusively on their therapeutic work with clients.

The Support and Engagement post also enables outreach work to 'hold' clients who need consistent emotional support but may not feel ready to commence treatment with the centre's MH team as yet. The Worker joins the weekly clinical meetings which is an opportunity to update other staff on client cases and discuss how best to proceed.

Between January and March 31st 2007, the MHSE offered 87 appointments to 8 young people, 77 of which were attended. This service is measured through a variety of different indicators including number of clinic based interventions (17), outreach interventions (17), multi-agency meetings (19), telephone interventions of over 30 minutes (25), and contacts with professionals of other services (80).

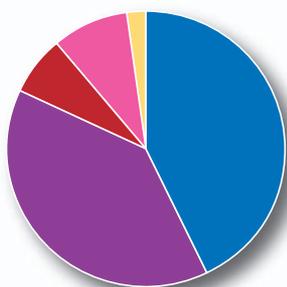
From April 2007, The MHSE Worker will also be responsible for conducting initial assessments with new clients to the MH service. This will involve applying the Common Assessment Framework (CAF) assessment, a national requirement for all services working with children and young people from 2008. The CAF assessment aims to facilitate integrated working by tailoring a package of services to individual needs, whilst also reducing the overlap in services which already exist.



Young people in the Brent Centre waiting room

500 appointments were offered to 69 young people in the drugs and alcohol services

Ethnic Breakdown



- 43% White
- 39% Black
- 7% Asian
- 9% Mixed
- 2% Other

204 appointments were offered to 35 young people this year

Drugs and Alcohol Services

The drug and alcohol service was launched in 2000 and is funded through the Brent Drug Action Team. This Specialist Young Person’s service has continued to focus on the support and the reduction of harm of drugs and alcohol amongst young people in Brent. The service has adapted to the changing trends within the community and has continued to offer short and longer term flexible support. It consists of several parts:

- Advice, Information and Support;
- Engagement and Community Outreach;
- A specialist Prescribing Service;
- Aftercare support; and
- A satellite in the London Borough of Ealing.

Nearly 500 appointments were offered to 69 young people in the Drugs and Alcohol Services, while thousands were reached through outreach and engagement sessions and drop-ins around the borough.

These Services are available to all young people under the age of 18. Some of the young people require medical interventions to help with the overlap of mental health problems. Other young people require targeted specialist support interventions. These groups may include:

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

Referrals are received from a number of relevant agencies including Social Services, Child and Adolescent Mental Health Services (CAMHS), Housing Services, Schools, Parents, Youth Clubs, Youth Offending Teams, GPs as well as internal referrals. Young people can also self-refer.

The Drugs and Alcohol service also provides training to other professionals who are in contact with young people, which allows the Centre to work in proxy with a larger group of young people, and as a result, the Centre receives referrals from young people who may not have accessed the service otherwise.

Advice, Information and Support

This service provides one to one sessions with an experienced drugs worker, which can be either one off sessions, or in depth interventions. It provides short term work with a view to refer clients on should they require more long-term Tier 3 provisions. This part of the service focuses on working closely with lead professionals who are in contact with young people and the workers have built up relationships over a period of time. This work has been particularly successful in building better links between Children’s Services, CAMHS and Schools.

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 people. An active care plan is included into the treatment which helps the client feel motivated clear about his/ her abilities to make active positive changes. Many treatment interventions focus on the young person’s social and family network, which has been 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.

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 the longer non - intrusive support extremely beneficial and some clients go on to access The Adolescent Exploratory Therapy Service offered at the centre. The transitional pathway is relatively smooth and two services work together to ensure that the client is not lost with in the changing process. This is important since often at the initial stages a young person is reluctant to get help or worried about the effects it may have on them or their family relationships.

204 appointments were offered to 35 young people this year.

Thousands of young people were reached through the various outreach sessions

Engagement and Community Outreach

The engagement service was established in September 2005 as a response to young people in the borough disengaging with drug and alcohol services. Engagement work is carried out within the community in order to educate and provide preventative interventions. While the underlying intention of this work is prevention, it also engages young people who require support, by providing advice and information on drug and alcohol misuse.

This specialist area of work encourages rapport building and uses various styles of interventions including workshops, campaigning, educational sessions and the provision of general advice and information on drug and alcohol misuse. Engagement is essential as it allows the Centre to branch out from conventional methods and get to harder to reach groups of vulnerable young people. This type of early intervention work promotes effective multidisciplinary working with other agencies who work with young people at risk or those who are considered to be vulnerable.

This year, the engagement service continued to improve its services and has developed further throughout the borough of Brent. This is important as it enables the Centre to reach more young people, while also raising the awareness about drug and alcohol misuse, and about services provided at the Brent Centre for Young People.

The Centre has been actively working with various organisations around the borough including providing engagement and education sessions at: M Power, College of North West London, Addaction, the Behavioural Improvement Programme (BIP), the Bears Youth Challenge, Hostels including the Harlesden Hostel, and various Schools including Wembley Park School. In addition, the Centre staffed several weekly drop-ins around the borough including at the Centre, at Cottrel House in Wembley, at the College of North West London, at the Pupil Referral Unit (keystage 3), and at Monks Park (as part of the Time4U drop-in service).

In the first 3 months of this year, the Centre was able to offer 39 appointments to 7 young people in the prescribing service

Specialist Prescribing Service

This is the Centre's Tier 3 service which is a medical intervention for under 18s with an opiate addiction. The Centre offers a medical intervention (e.g. substitute prescribing of either Buprenorphine or Methadone) and relevant psychological and social interventions to first stabilise and reduce risk and then to reduce the doses allowing the young person to become drug free. However, should the clients not be able to complete their programme in the community, the Centre can also act as an advocate to refer young people to an appropriate Tier 4 residential rehabilitation clinic. This service was closed in July 2006.

In the first 3 months of this year, the Centre was able to offer 39 appointments to 7 young people in the prescribing service.

In the first 3 months of this year, 234 appointments were offered to 22 young people and 380 telephone interactions were logged

Aftercare Support

The Aftercare project was set up in January 2006 as a 3 month pilot, and continued until the Summer 2006, and was jointly funded by the Brent Drug Action Team (DAT) and by Connexions, to work alongside the agencies in the borough who offer treatment related services to young people. It is staffed by an Aftercare Worker who provides additional support to young people who access drug and alcohol services by facilitating access to education, training and employment as well as assisting in removing the barriers to treatment such as a lack of self-esteem or difficulties accessing benefits. The majority of the work undertaken in aftercare is centred around self-esteem, anxiety and paranoia, as well as housing/homelessness issues, with the aim of working with individuals to get them into positions where long term stability in life is gained, and to allow individuals to evolve and move forward in the direction of their choice.

In the first 3 months of this year, 234 appointments were offered to 22 young people and 380 telephone interactions were logged.

28 appointments
were offered to 6 young
people

Ealing Satellite

This service was set up to support Ealing Social Services and provides a prescribing service to young people living in the Borough of Ealing.

The service is staffed by a Drugs and Alcohol Specialist worker (Centre staff) and a GP who provides initial assessment, treatment reviews and prescribes appropriate medication. The worker links in with the substance misuse team of Social Services providing tier 3 work. The worker also sees clients who have non prescribing needs, but who require a psychological intervention. These clients are seen in an appropriate venue in the Ealing Borough. The drugs service in the Borough of Ealing was put to tender and was therefore closed in January 2007. A total of 28 appointments were offered to 6 young people.

Drugs and Alcohol Case Study

J was referred to me by the Community Safety Team, which is linked to the local College. The team is responsible for supporting young people under the age of sixteen. J came to me for support for his daily cannabis use and binge drinking of alcohol at weekends. He had discussed his worries with the Community Safety Worker and was anxious that his acute drug and drink consumption were interfering with his daily life and preventing him from feeling in control.

Although J came because the Community Safety worker urged him to do so, he showed willingness to attend and to tell me about his life both past and present. He wanted me to understand that he began to binge drink after the break up of the relationship with his girlfriend. J's attitude towards me was friendly and he was talkative but I noticed that he made no connection between his substance misuse and the defense against more painful and difficult experiences in his life.

J spoke about his family history and discussed his sadness relating to the breakdown of his stepfather's and stepmother's relationship. He talked about how he had really liked his stepfather and felt upset that the relationship had dissolved after his mother had met a new partner. Together we were able to understand that his anger at school may have been linked to the feeling of loss of the relationship with his stepfather.

During the period of treatment J spoke about both his difficulties at school around this time and around the relationship with his birth father. He also discussed his difficulties with male peers and about feeling angered for having been permanently excluded from school as a result of fighting with another young man at school. J's mother sent him to Ireland to stay with his birth father as a consequence. This was only for a few months.

As the sessions deepened J became more confident in exploring the time with his father in Ireland. He discussed how he was reckless and would use ecstasy and drink spirits some evenings during the week and also on the weekend. J also commented about how he felt discarded by his father in favour for his younger sister who lived with his father and stepmother in Ireland. He talked about what I interpreted to be a volley of discomfiting and mocking attacks by his father.

I observed that J felt quite low as he touched upon feelings of depression and the need to use drugs and alcohol to lift his spirits. He outlined the period after his return from Ireland living with his mother, two older stepsisters and his new baby brother. J discussed how cramped he felt the house was and expressed a longing to move away so as to have his own space. I noted that he did not cope well with change and during every difficult change to J's life that he would start to experiment with a different substance. On this occasion for example, he discussed how he had begun to use cocaine and how this coincided with him becoming friendly with a young man two years his senior.

I came to wonder whether the drug taking represented a part that J wanted to work on, on a deeper level. I therefore spent some time helping him to get in touch with some of the experiences related to his feelings and the drug taking.

The attempt to find a connection between J's drug taking and his depressed state was not entirely unsuccessful. There remained a longing for him to gain control of his life and so I suggested that J might consider exploring his feelings with a Psychotherapist at the Centre. He decided that this would be helpful.

During the transitional period between the levels of support at the Centre, I noticed that there was a change around J's substance misuse. He reduced his use of cocaine and had returned to drinking spirits. I wondered whether this signified another change for J and together we discussed this. J appeared more settled and we continued to work together until he engaged sufficiently with the Psychotherapist. I felt he gained from me communicating my concern, a process which helped him to acknowledge the substance abuse and helped him to link together various experiences in his life.

Ms Joanna Waggott (Senior Drugs and Alcohol Worker)

Sexual Health Service

The Sexual Health service this year continued its work raising awareness regarding how to be sexually healthy and aware, for under 19s in the borough of Brent. This service tackled issues such as teenage pregnancy and sexually transmitted infections and has done so via four main types of work:

- One-to-one engagements at the Centre (which includes a dedicated drop-in facility);
- Community drop-ins;
- Educational sessions at youth centred projects; and
- Training for professionals working directly with young people.

The sexual health service is staffed by a Sexual Health worker who works closely with the other services available at the Centre as well as with external Brent based agencies such as Sexual Health on Call, the Teenage Pregnancy Team, Addaction and Social Services.

One-to-one engagements

As all one-to-one work at the Centre, it is a free and confidential service, and it provides advice and information on anything to do with sexual health or relationships, pregnancy testing, Chlamydia screening, condoms, and access to emergency contraception (supported locally by the Lonsdale Medical Centre). A total of 26 young people were seen one-to-one at the Centre by the Sexual Health worker including 7 who were seen on a long term basis. The issues tackled with the young people who were seen on a longer term basis (for more than one session) included the termination of pregnancy, miscarriages, poor relationships and poor self esteem. The Centre also established a weekly Sexual Health drop-in this year.

Outreach

The Sexual Health service has continued to provide educational sessions to young people across the Borough of Brent in a wide range of settings. Subject areas which were tackled included Sexually Transmitted Infections and HIV/AIDS awareness, Contraception, Relationships and Self-Esteem. Over 1100 young people were seen through 27 engagement sessions in various locations including at the Brent Education Tuition Service, Schools, the Black Male Forum, and the Wembley Youth Club.

Community Based Drop-ins

Beginning in October 2006, weekly sessions were held at the DePaul Trust (aligned with the St Vincent De Paul Charity) young persons hostel in Willesden along side the Drugs and Alcohol Service. Condom distribution, Chlamydia screening, advice and information on sexual health, drugs and alcohol and education, employment and training were provided within this drop-in facility. This satellite space worked with the hostels client base – homeless young people - who are a group particularly vulnerable to issues such as poor sexual health, substance misuse and are often NEET (not in Education, Employment or Training). A total of 44 young girls and boys were seen at this drop-in.

Professional Trainings

The Sexual Health worker also provided training to other professionals who are in constant contact with young people. This year, 15 professionals were trained.

Irish Youth Project

The Centre has since 2005, been running a Young Irish People's Mental Health Project.

This year, with the generous support of the Dion Committee (Irish Government) and the Irish Youth Foundation, the Centre has been able to expand this project to include support in the areas of Sexual Health and Drugs and Alcohol.

The aim of the project is to provide support, assessment and treatment to young Irish people experiencing mental health, sexual health and substance misuse problems. The project workers made extensive links within the Irish Community with the aim of engaging and interacting with young Irish people around substance misuse, sexual health and other relevant issues which individuals feel need to be address in order to ensure ongoing good health, evolvment and fulfilment of life.

In-house, the Centre has provided support, assessment and treatment to 15 young people of Irish descent in the Mental Health service. A further 7 were seen within the drugs and alcohol services. Nearly 300 appointments were offered in total.

26 young people were seen in the Sexual Health Service

Over 1100 young people were reached through Outreach and Engagement

44 young people were seen at the DePaul Trust Drop-In

15 professionals were trained

In-house nearly 300 appointments were offered to 22 Young Irish People

The Centre has been actively working with Brent Irish Advisory Service (BIAS) since August 2006, engaging the Brent Irish traveller community, spending weekly sessions at the permanent travellers' site based in Lynton Close in Neasden. The Centre successfully engaged with 23 young people on this site mostly relating to aftercare work which includes information and support with regards to education, training and employment.

From October 2006, the Brent Adolescent Centre has been offering a weekly drop-in service, based around sexual health and substance misuse at the De Paul Trust, but also offering a space to talk, linkages with colleges, educational projects, and training programmes at the De Paul's Willesden hostel. The Centre has engaged 44 young people, at least 4 of which were of Irish descent at this space.

The Centre has been engaging with the Safe Start Foundation around developing a working relationship with regards to their new Irish Project based in Alperton. A drop-in service is one idea which has been put forward, but at the present, Safe Start is going to use the Brent Adolescent Centre as their referral pathway with regards to any young people of Irish descent with whom they are working that have issues around sexual health or substance misuse. The Brent Adolescent Centre will also be training Safe Start staff in the Drug Use Screening Tool (DUST) assessment tool with regards to any clients that they would like to assess relating to drug and alcohol use.

Special Events

Open Day

On September 20th 2006, the Centre hosted an Open Day which was attended by Mr. Harshadbhai B Patel, Deputy Mayor of Brent, Brent Councillors, GPs and staff from a variety of voluntary and statutory organisations around Brent. Starbucks provided free refreshments.



Mr. P Jeremy Bard, Deputy Mayor Harshadbhai B Patel, Dr. Egle Laufer and Dr. Maxim de Sauma

Fundraising Event

On November 19th 2006, the Centre hosted a Fundraising Event at the London Jewish Cultural Centre. Over 100 guests attended and participated in a Quiz hosted by QuizQuizQuiz, a dinner catered by Sofra and an Auction which was hosted by Jon Snow, Channel 4 News Presenter. The evening raised over £15,000 for the Centre.

The Centre would like to extend a special thank you to all the guests and to all those who donated promises, goods and cash for the event. In particular the Centre extends its gratitude to Jon Snow for his time and contributions to the auction. Further thanks are extended to Erika and Jeremy Bard, Gerald and Vivien Chappell, Saul Dibb, Vera Lissauer, Peter and Penny Mishcon, Shelly and Tony Robinson, Opera RaRa, the Zebra Two Art Gallery, the EC Sosnow Charitable Trust, the A and S Graham Charitable Trust, the Michael and Morven Heller Charitable Foundation, the Lewis Family Charitable Trust, the Pears Foundation, the Susan and Stephen James Charitable Settlement, the MacTaggart Third Fund, and the Heart to Heart Trust.

Marathon 2006

For the London Marathon 2006, the Centre, as part of the Golden Bond Scheme had 2 runners – Paul Feldman and Martin Powell - who ran and fundraised on behalf of the Centre. Paul and Martin, and their employer, Lloyds TSB, raised £2,500 for the Centre. The Centre would like to extend special thanks to Martin and Paul, Lloyds TSB and all their other supporters for their support.



Martin Powell and Paul Feldman



Obituaries

Moses Laufer (1928-2006)

On July 21 2006, Dr. Moses Laufer, the founder of the Brent Adolescent Centre died aged 78.

Moses, or 'Moe' as he was known to his colleagues was a pioneer in adolescent psychoanalysis. He was born in Montreal on May 6th – a birthday he shared with Sigmund Freud, a coincidence he discovered later in life. His childhood was marked by the great depression of the 1930s and from an early age, he showed signs of a deeply caring personality, especially towards disadvantaged individuals.

He obtained an MSc in Social Work from McGill University in Montreal, and continued further studies at the Western Reserve University in Cleveland, Ohio. He received a bursary to work on a project in Israel helping Indian children who had emigrated without their parents to integrate into the kibbutzim culture. In 1955, he moved to London to begin his training at the Institute of Psychoanalysis and work as a street youth worker in East London supporting disturbed and delinquent youngsters. He qualified as an analyst in 1960 and shortly afterward completed his child and adolescent training at the Anna Freud Centre.

Moe's interest in adolescents and their psychopathology and treatment remained his central preoccupation as he felt that adolescents could be offered analytical treatment at a time when many psychoanalysts feared they might be unreceptive towards it. In 1962, he launched the Young People's Consultation Centre (later the Youth People's Consultation Service), an organisation now linked to the Adolescent Department of the Tavistock Clinic. Under his leadership, in 1967, a group of analysts, including his wife and fellow psychoanalyst Egle Laufer, as well as with Mervin Glasser, Maurice Friedman and Myer Wolh launched the Brent Consultation Centre (now the Brent Adolescent Centre).

Moe has written and edited a great number of papers and books which have been translated into a number of languages. Moe and Egle presented important papers at international conferences and symposia, and lectured and taught extensively around the world. Moe's ideas have been adopted all over the world and the Brent Adolescent Centre continues every year to receive professionals from overseas, who come to learn about its treatment methods.

His colleagues and friends will miss his leadership, generosity and humour.

Clare Doherty (1952 – 2007)



On January 12th 2007, Clare Doherty, Consultant Family Therapist at the Brent Adolescent Centre and the Adolescent Department of the Tavistock Clinic died in a tragic cycling accident. She was an experienced cyclist and it was at first hard to believe that something like that could happen to her. She was healthy, well rested and full of joie de vivre...

Clare was born in Carndonagh, County Donegal, a beautiful north-eastern corner of Ireland. During the seventies, she gained a B Ed from Nottingham and then trained as a social worker and received an MSc in social Sciences from the University of Ulster. After working as a social worker in Derry for a few years, she moved to London and completed a four year training programme in family therapy. She began working in the Brent CAMHS team in 1991. While she later trained in adult mental health, she never completely severed her links with CAMHS. Between 1990 - 95, Clare trained as an adult psychoanalytic psychotherapist at the Tavistock Clinic, worked at the Willesden Centre for Psychological therapies and at the West Middlesex Hospital where were developed a Family Therapy Service which she continued to run until her death. She joined the Adolescent Department of the Tavistock Clinic in 2002.

Clare began her work at the Brent Adolescent Centre in 1998 through a joint partnership with the Brent Child and Family NHS Clinic where she worked with families and adolescents in Brent.

Clare had a cheerful nature and a direct approach. Her humanity and a cracking sense of humour, her good will and generosity were well known to all at the Centre and at her other places of work.

Statement of financial activities

for the Year ended 31st March 2007

	General Fund £	Restricted Fund £	March 2007 £	March 2007 £
Incoming Resources				
Donations received	150,216	-	150,216	117,385
Bank Interest received	3,894	924	4,818	4,609
Contributions from Adolescents	2,180	-	2,180	2,880
Brent Primary Care Trusts	344,068	-	344,068	324,683
Service Agreement/Contracts	62,947		62,947	69,046
Miscellaneous Income	3,803	-	3,803	34,046
Royalties	119	-	119	27
Total Incoming Resources	567,227	924	568,151	552,856
Resources Expended				
Administration & Management Costs	21,710	-	21,710	22,162
Direct Charitable Activities	472,946	1,222	474,168	478,578
Mortgage interest payable	4,343	-	4,343	5,336
Fundraising Expenses	62,641	-	62,641	61,556
Total Resources Expended	561,640	1,222	562,862	567,632
Net Income Resources/ (resources expended)	5,587	(298)	5,289	(14,776)
Bankers				
HSBC St Johns' Wood Branch 1 Finchley Road London NW8 9TS	Transfer of resources	-	-	-
Surplus/(Deficit) of Funds for the Year	5,587	(298)	5,289	(14,776)
Retained Surplus brought forward	279,132	34,321	313,453	328,229
Retained Surplus Carried Forward	284,719	34,742	318,742	313,453
Auditors				
Brooks Carling Curzon House 24 High Street Banstead Surrey CR0 2EF	Mr. P Jeremy Bard BCom MBA (Chairman) and Dr. Bernard Roberts MBChB FRCPsych (Treasurer)			
	This statement is an abridged version of the company's full accounts which will be filed with the Register of Companies and the Charity Commission. They can be inspected at the registered office of the Brent Adolescent Centre on request.			

Report and Financial Review

For the year ended 31 March 2007

The Brent Adolescent Centre, originally known as the Brent Consultation Centre, was founded in 1967. It was incorporated on 17th July 2000 under the provision of the Companies Act 1985, as a company limited by guarantee. The headquarters, operational and clinical premises are located at Johnston House, 51 Winchester Avenue, London NW6 7TT. The charity was re-registered at the same time. The Brent Centre for Young People is the operational name for the services provided.

The names of the members of the executive committee are set out on page 19. The objectives and activities of the company are governed by its Memorandum and Articles of Association.

Objectives of the Charity

The principal objectives of the Brent Adolescent Centre are to provide services to young people aged 14 – 21 in the areas of Health and other areas relevant to young people and to develop research into adolescent breakdown.

Principal Activities

The principal activities of the charity are to treat or assist in the treatment of young people presenting mental, emotional and psychological difficulties or disorders as well as problems in the areas of Sexual and Drugs and Alcohol.

Financial Review

As shown by the Statement of Financial Activities, total incoming resources of the year to 31 March 2006 amounted to £568,000 and expenditure totalled £563,000. As in previous years, the Centre has benefited from financial support of Primary Care Trusts, the Brent Council, Charitable Trusts and personal supporters, for which we are all extremely grateful.

Direct Charitable Activity expenditure amounted to £474,000 which represents a similar amount to the previous year. Administration and Management Costs as well as Fundraising expenses also remained at a similar level to the previous year. There was a slight increase in Brent PCT funding due to the expansion of the Drugs and Alcohol Service while there was also an increase in funding from Grants and Donations which is mostly attributed to increased fundraising efforts from Trusts and Foundations.

Total Fund balances at 31 March 2007 were £319,000, of which £99,000 represents a Reserve Fund which is a significant increase on the previous years balance. A further £26,000 is the Brent Adolescent Centres' Development Fund, which is designated for training and small capital costs. The remaining balance of £193,000 consists of £8,000 in restricted funds and a further unrestricted Funds Balance of £185,000.

Legal Status

The Brent Adolescent Centre is a company limited by guarantee, number 4037793, and therefore has no share capital and is also a registered charity, number 1081903.

Auditor

A resolution to re-appoint Brooks Carling Accountants Limited, as Auditors of the Company was agreed at Annual General Meeting on October 30th 2007.

On behalf of the Executive Committee

Dr. Bernard Roberts, Treasurer

The Brent Adolescent Centre thanks...

We are happy to have attracted funding for our work with vulnerable young people this financial year, in spite of a very competitive fundraising climate.

Our thanks go to the following funders and event supporters who have enabled us both to main and to develop our services:

TRUSTS AND FOUNDATIONS

- The City Bridge Trust (formerly the Bridge House Trust)
- The Dion Committee
- The Goldsmiths Company
- The A and S Graham Charitable Trust
- The Edward Harvist Trust
- The Heart to Heart Trust
- The Michael and Morven Heller Charitable Trust
- The Irish Youth Foundation
- The Susan and Stephen James Charitable Settlement
- The Lewis Family Trust
- The John Lyon's Charity
- The MacTaggart Third Fund
- The Mercers Company
- The Diana and Alan Morgenthau Charitable Trust
- The Pears Foundation
- The Mr. and Mrs. JA Pye Charitable Settlement
- The Sobell Foundation
- The EC Sosnow Charitable Trust
- The Tudor Trust

PUBLIC AUTHORITY GRANTS

- Brent Drug Action Team
- Brent Teaching Primary Care Trust
- Connexions (Brent Council)
- Ealing Primary Care Trust

OTHERS

- Brent Pupil Referral Unit
- Central and Northwest London NHS Mental Health Trust
- Copland School London
- Kingsbury High School
- Preston Manor High School
- Queens Park High School
- Richard and Anthony Company
- The Zebra Two Art Gallery



Brent Centre for Young People - staff

TRUSTEES

CHAIR

Mr P Jeremy Bard

Dr Robin Anderson
The Hon Angela Camber
Dr Selina Gellert (from Oct 2006)
Mrs Virginia Lawlor
Mrs Deborah Perlin
Mrs Wendy Phillips (to Jan 2007)
Dr Bernard Roberts

PRESIDENT

To be appointed

VICE PRESIDENTS

Sir Alan Budd
Mr Peter Wilson

Management & Finance Committee

CHAIR

Mr P Jeremy Bard

Appeals Committee

CHAIR

Mrs Wendy Phillips (to Jan 2007)
Mr P Jeremy Bard (from Jan 2007)

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 1089103

All the information in this report reflects the position as at March 31 2007, unless otherwise stated

STAFF

CHIEF EXECUTIVE OFFICER & CLINICAL DIRECTOR

Dr Maxim de Sauma

PSYCHOANALYSTS AND CHILD & ADOLESCENT PSYCHOTHERAPISTS

Mrs Joelle Alfille-Cook
Miss Samantha Austin
Dr Julia Boutall
Dr Catalina Bronstein
Ms Clare Doherty (to Jan 2007)
Ms Pessi Elias (from Sept 2006)
Dr Sara Flanders
Ms Agathe Gretton (to July 2006)
Mr Emil Jackson
Dr David Leibel
Mrs Branka Pecotic
Mrs Hannah Solemani

RESEARCH PSYCHOLOGISTS

Mrs. Radosveta Dimitrova (Sept 2006 – March 2007)
Mrs Katalin Gardos (to July 2006)
Miss Virginia Suigo (to July 2006)

MENTAL HEALTH SUPPORT AND ENGAGEMENT WORKER

Mrs Alice Palmer (from Jan 2007)

DRUGS & ALCOHOL SERVICE

Mr Timothy Goodwin (from Oct 2006)
Ms Denise Green
Mr Steven Hawker (to Aug 2006)
Mr Daniel Smyth
Miss Joanna Waggott
Miss Erika Wilkins (to Sept 2006)

SPECIALIST YOUNG PERSONS DRUGS & ALCOHOL SERVICE

Dr Audrey Silva (to July 2006)
Miss Ita Cormack (to July 2006)
Dr Paul Sheridan (to May 2006)

YOUNG PERSONS SEXUAL HEALTH SERVICE

Miss Rebecca Maisey (to Jan 2007)

TRAINEE STAFF

Mr Danny Goldberger
Ms Kate McLaughlin (from Oct 2006)

HONORARY CONSULTANTS

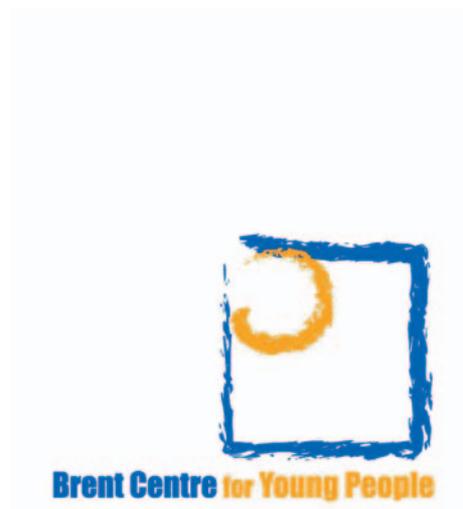
Dr Moses Laufer (passed July 2006)
Mrs Egle Laufer

RESEARCH CONSULTANTS

Dr Mary Target (to May 2006)
Dr Yael Shmuli-Goetz (from June 2006)

FUNDRAISING & ADMINISTRATION STAFF

Ms Alice Davies (June – Sept 2006)
Mrs Maria Gray
Mr Peter King (to Jan 2007)
Miss Aline Milev
Mrs Georgina Quartey
Ms Grace Smith (from Sept 2006)
Miss Laura Tomlinson (to May 2006)



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www.brentcentre.org.uk

Company Number 4037793
Registered Charity Number 1081903