THE BRANDON CENTRE

ANNUAL REPORT

2012-2013

Background

The Brandon Centre for Counselling and Psychotherapy for Young People is a charitable organisation that has existed for over 45 years. Originally called the London Youth Advisory Centre, it began as a contraceptive service for young women aged 12 to 25 years. The founder, Dr Faith Spicer, recognised that young women needed access to a service that allowed them to talk through the emotional issues that accompanied requests for contraception. Shortly after the founding of the contraceptive service, an information service and a psychotherapy service were initiated for young women and men, owing to the scale of the emotional needs of young people in the local community and beyond. These services were made accessible by allowing self-referral and confidentiality, by providing comfortable, welcoming and 'non-institutional premises' in the heart of the local community, and by receptionists being friendly but not intrusive. The contraceptive service quickly gained a reputation for working effectively with young women from dysfunctional backgrounds that put them at risk of unwanted pregnancy and sexually transmitted diseases. The Centre also acquired a reputation for the imaginative application of psychotherapeutic principles in devising innovative services for young people, particularly high-priority groups of young people, and for combining service delivery with audit and research, including the rigorous evaluation of mental health outcomes.

Objectives

The principal objective of the Brandon Centre is to maintain and develop an accessible and flexible professional service in response to the psychological, medical, sexual and social problems of young people aged 12 to 25 years. The Centre aims to relieve distress, mobilise personal resources and facilitate growth in adolescents towards responsibility and self-fulfilment. The Centre particularly aims to prevent or alleviate suffering caused by unwanted pregnancy, ill mental health, psychological disturbance and maladaption in adult and future family relationships. Our service extends to a wide range of adolescent problems and is based on a psychoanalytic understanding of adolescent development. There are particular medical provisions for contraceptive, pregnancy and psychosexual difficulties.

Activities

The Brandon Centre's services cover the following activities:

- contraception and sexual health
- psychotherapy
- multisystemic therapy
- parent training.

The Centre also provides information on contraception, sexual health and mental health. Our services are free of charge and there is no geographical restriction for users of the contraceptive and sexual health service, the psychotherapy service and the parent-training service. The Centre's evaluation activities include routine monitoring of outputs and outcomes and a randomised-controlled trial. We report and disseminate the findings from evaluation activities in peer-reviewed, professional journals. The Centre is registered with the Care Quality Commission and is assessed annually for compliance with the Commission's regulations and standards governing the delivery of healthcare. We are also subject to external assessment. New Philanthropy Capital, an independent charity that analyses charity performance in social welfare, reported its analysis of the Centre in 2008, which it updated and revised in 2009.

Introduction

From the Chair

I feel privileged to present the Brandon Centre's 2012/13 annual report on behalf of the Council of Management. Once again we celebrate real growth in our work with young people, whilst maintaining the very high quality of which we are justifiably proud.

The multisystemic therapy (MST) teams provide treatment for young people with antisocial behaviours, with problem sexual behaviour (as part of a clinical trial), with substance abuse problems and young people involved in gang culture. As a result of the treatment delivered, many young people have been prevented from having to be placed out of home. The Brandon Centre is also running a feasibility study that is seeking to determine whether MST can be adapted for young people with eating disorders.

The contraceptive and sexual health service continues to provide high-quality, individually tailored services to large numbers of young people, including sexually transmitted infections (STI) testing and increasing provision of long-acting reversible contraception, in accordance with National Institute for Health and Care Excellence (NICE) guidelines. The Brandon Centre now also coordinates the local C-card scheme which provides access to condoms for young people.

The Centre's psychotherapy service continues to see a large number of young people, both at our Kentish Town premises and at the Drum in South Islington. Young people access the services by self-referral or referral. Feedback from service users, included in this report, shows how valued the service is to its users, in addition to the outcomes that are regularly monitored.

The parent management training service has a high level of demand from parents, who continue to respond favourably to the programme. A programme for parents of children with attention deficit hyperactivity disorder/attention deficit disorder (ADHD/ADD) was also delivered and well received.

The Centre continues to undertake high-quality research, in conjunction with University College London (UCL) and the Department of Health (DH), with the potential to influence national policy and service delivery.

The Brandon Centre listens to its service users in a number of ways, including written feedback and user groups. Some of their comments are presented as part of this report.

Last year the Council met for six ordinary meetings and one annual general meeting. I would like to thank all members who continue to give their time, experience and knowledge to help the Centre, including Richard Taffler, honorary treasurer, for continuing to oversee our finances.

The successes highlighted in this report were made possible due to the hard work and loyalty of the staff. On behalf of the Council of Management I thank them for their work, and in particular for the continuing dedication of the director, Geoffrey Baruch.

We are very appreciative of the continued financial support from a number of public authorities and for the generosity of charitable trusts and corporations. Their support allows the Centre to continue to respond to the mental health needs and contraceptive and sexual health requirements of young people seeking help.

Danielle Mercey
Chair, Council of Management

From the Director

2012/13 was a positive year of continuing expansion and developments on a number of fronts:

- For the first time, the total number of appointments offered by the Centre was over 11,000.
- Young people and parents attended 83% of appointments offered.
- We extended chlamydia/gonorrhoea screening to Camden sites participating in the Camden C-card scheme run by the Brandon Centre.
- The Centre was part of a successful Camden bid with the Tavistock and Portman NHS Foundation Trust, Families in Focus and MAC-UK to become a child and young people's improved access to psychological therapies site (CYP IAPT). CYP IAPT is a service transformation project for child and adolescent mental health services (CAMHS) initiated and supported by the DH.
- A new Centre MST team, in partnership with Haringey and Waltham Forest local authorities, successfully established MST in these boroughs as part of the Department of Education's initiative piloting intensive, evidence-based interventions aimed at young people on the edge of care or custody.
- The Centre was recommissioned by Waltham Forest until 2014 to provide MST for families of young people caught up in gangs and was also commissioned by Ealing to provide MST until 2015.
- Thus the Brandon Centre has commissions for MST in five London boroughs including Camden, Ealing, Enfield, Haringey, and Waltham Forest.
- In partnership with the Research Department of Clinical, Educational and Health Psychology, UCL, we completed the first year of the first clinical trial in the UK investigating the effectiveness of MST for problem sexual behaviour (MST PSB) in young people. The trial is expected to take a further two years, supported by a grant from the DH.
- We ran well attended and well-received parent training groups for parents of teenagers with challenging behaviour. We also ran a well-received group for parents of five to 13-year-olds with a diagnosis of ADHD. The group leader, Moira Lamond, was invited to give a presentation of the ADHD programme at the community child health conference – a national conference for community paediatricians.

All these developments are consistent with the vision that guides the Centre's activities, which includes:

- sustaining and improving contraceptive and sexual health, and psychotherapy services
- sustaining, improving and promoting newer interventions including MST, parent management training and brief strategic family therapy (BSFT)
- identifying novel interventions and novel ways of delivering interventions and services that have an evidence base and/or are likely to appeal to young people
- testing their effectiveness using routine outcome monitoring and trial methodology
- influencing the direction of service delivery locally and nationally by disseminating findings.

Despite a challenging funding environment, we intend to build on these developments in the coming year.

Geoffrey Baruch
Director

Contraceptive and sexual health services

The contraceptive and sexual health service at the Brandon Centre is free and confidential, and is open every weekday. Young people can make an appointment by phone, email or by dropping in, and can usually expect to be seen the same day.

The service is provided by a team of front-office reception staff, a C-card coordinator/outreach worker, two female doctors and a nurse. Together the staff provide 28 hours of appointment-based clinic time each week, a drop-in service which can be accessed anytime during the Centre's opening hours, and an outreach service in other local youth settings at various times during the afternoons and evenings.

The clinic

Appointment clinics are organised to allow medical staff time to listen to a young person's concerns about their sexual and reproductive health, such as dealing with unplanned pregnancy, STIs or sexual and relationship difficulties. More specifically, the clinical service offers pregnancy testing and STI screening, and can provide emergency contraception, the contraceptive pill, patch, injection, implant and condoms. When necessary, medical staff are able to refer young people onto other services, such as those providing abortion, intrauterine device (IUD) fitting, or more comprehensive STI testing.

Drop-in services: the C-card scheme and chlamydia/ gonorrhoea screening programme

The drop-in service offers free condoms, sexual health advice and information, and basic STI screening. These services are immediately available to young people as soon as they walk through the door, without the need to come back at a time when a doctor or nurse is running a clinic. This service is particularly successful in attracting young men, and other 'harder to reach' clients, who appreciate the ease and informality of access, and the wide variety and range of condoms available to them. We observe young people gain a trust and confidence in the Brandon Centre through 'dropping in' which helps them access the other services we offer.

Our front-office staff managing the drop-in services have the training and experience to recognise young people who may be especially vulnerable and have more complex sexual health needs, and who should really be assessed by a clinician. In these cases, staff offer support, encouragement and flexibility to ensure the young person sees a doctor or nurse as soon as possible.

The C-card scheme: the Brandon Centre continues to coordinate and promote the C-card scheme in Camden. In addition to the Brandon Centre, we have identified additional sites in the borough (mainly youth clubs and colleges), where young people can access free condoms. An increasing number of young people (aged 13 to 24 years) are registering for the scheme. At registration, young people discuss safe condom use and other sexual health issues with a trained worker. They are issued with a card which enables them to obtain free condoms on a repeat basis from any participating outlet ('easy access point') in Camden and other London boroughs. We provide on-going training and support to the youth workers in these centres to ensure that the scheme is implemented effectively and safely. We continue to work in close collaboration with the Pan-London C-card scheme to standardise procedures, monitoring and evaluation with other C-card schemes throughout the capital.

Chlamydia/gonorrhoea screening services: we continue to provide an 'easy to access' STI screening service to young people who use our drop-in services and C-card scheme at the Brandon Centre and other outreach sites. This service was launched in July 2011 and has resulted in a significant increase in the number of young people (especially young men) being tested for chlamydia and gonorrhoea by using a non-invasive, self-testing kit which can be used on site, or taken away and posted from home. Feedback suggests that young people like this quick, simple and discreet opportunity to test for infections, and appreciate the speed of results (usually texted to the young person in 3—5 days). As well as handling all results and managing the positive STI cases that this programme generates, the Brandon Centre deals with positive cases of infection that are picked up by the Camden URLife website-based, chlamydia-screening scheme.

Reaching out

Outreach work is carried out by our designated workers. It aims to improve the accessibility and uptake of the Brandon Centre's contraceptive and sexual health services by groups of young people who are traditionally difficult to reach, such as young men, black and minority ethnic young people, young people in care and young people who are not in mainstream school. Outreach work involves running interactive information sessions in schools, colleges, pupil referral units, youth centres and youth housing projects. A significant amount of outreach work is also carried out by our workers at the C-card scheme sites.

Following the reorganisation of school sexual health education services in Camden in April 2011, we have maintained direct links with local schools: our outreach workers continue to offer assistance in delivering sex education and healthy relationship sessions to young people in school as part of their personal health and social education (PHSE).

Real-care baby programme

This has been the third year that the Brandon Centre has delivered the 'real-care baby programme': a six-session group programme for young people that aims to educate them in sexual health, pregnancy, parenthood, healthy relationships/domestic abuse and self esteem. It is hoped that through participation in the programme, a young person will be better able to make informed decisions about their sexual health, contraception, relationships and becoming a parent. The ultimate goal is to empower young people in their life choices and prevent teenage pregnancy.

What we planned to do:

- continue to provide an accessible, high-quality, sexual and reproductive health service for young people
- continue to coordinate and further develop the Camden C-card scheme by identifying new 'easy access points' for condoms in local youth settings, thereby increasing the number of places where young people can access free condoms
- increase our chlamydia/gonorrhoea screening activity, not only at the Brandon Centre, but in other C-card outreach sites

- further develop our drop-in services, especially as we have an opportunity to create a more private area where we can see drop-in clients
- complete the self-assessment pack and 'mystery shopper' process required to meet the criteria for 'You're Welcome' status. This DH initiative helps service providers ensure that they are providing a young-people-friendly health service.

What we achieved:

- Service activity: Overall 1,482 young people used the contraceptive and sexual health service (clinic services and/or drop-in services) at the Brandon Centre in 2012/13. A total of 3,721 attendances were recorded during the course of the year (this does not include the attendances for drop-in chlamydia/gonorrhoea screening). Although our client numbers are slightly lower than last year, our activity in terms of attendances remains much the same, suggesting that many young people have used our services on a repeat basis throughout the year.
- User feedback indicates that the vast majority of these young people appreciate the ease of access, the range of services provided, and the respectful and confidential manner with which they are treated.
- 'Drop-in' services continue to be a popular way for young people to access sexual health services at the Brandon Centre. The drop-in condom-obtaining service was used by 748 young people (new and regular clients). 348 chlamydia/gonorrhoea screens were also done through the drop-in service. Over half of these were young men, many of whom have become regular clients. We attribute sustained client numbers to the successful development of our drop-in services, the accessibility and acceptability of the C-card and chlamydia/gonorrhoea screening schemes, and to the manner in which our front-office staff address the needs of individuals and groups who are traditionally harder to reach, and who would not normally access health services.
- Chlamydia/gonorrhoea screening: overall our screening activity has increased by 11% when compared to last year's activity. A total of 1,230 chlamydia and gonorrhoea screening tests were performed at the Brandon Centre, 307 of these were carried out by young men (an increase of 25% on last year) who are traditionally difficult to enagage in screening services and health promotion. Subsequently 88 cases of chlamydia and 15 cases of gonorrhoea were diagnosed and treated at the Centre.
- C-card scheme: the Brandon Centre has continued to successfully coordinate and promote the C-card scheme in Camden, and work collaboratively with the Pan-London condom distribution scheme. An additional seven new sites have been identified in youth clubs and other young people's projects. Our C-card coordinator now trains and supports staff in 22 C-card sites ('easy access points') throughout the borough. As a result, activity has increased from last year: 2012/13 saw a total of 820 new registrations onto the C-card scheme, together with 874 repeat attendances for condoms.The C-card scheme continues to receive good feedback from users of the service who appreciate easy access to a wide range of condoms.
- Long-acting reversible contraception (LARC): we continued to promote the uptake of LARC methods and have fitted 59 contraceptive implants in young women aged between 14 and 21 years during 2012/13. The demand for contraceptive implants increases year on year: in total, we have supplied implants to 234 young women since we started offering this service in November 2008. Our second doctor has completed her implant fitting training this year, which will increase the opportunity to offer this method to our clients.
- Outreach: our outreach workers have completed 51 sessions in local schools, special schools, colleges and youth organisations. Overall, outreach activities have engaged 663 young people this year (453 young women and 210 young men).
- Real-care baby programmes: we have delivered three real-care baby programmes. Each was a six-session programme and engaged a total of 23 young women, the majority of whom gave excellent feedback, and many of whom recommended to their friends.
- You're welcome award: The DH's 'You're Welcome' initiative is underpinned by the ethos that all young people are entitled to receive appropriate healthcare wherever they access it. During the last year we participated in the self-assessment and 'mystery shopper' process which resulted in the Brandon Centre meeting the quality criteria and standards for young-people-friendly health services. As a result we were awarded the 'You're Welcome' accreditation from both Camden and Islington boroughs.

What we will achieve next year:

- continue to provide an accessible, high-quality, sexual and reproductive health service for young people
- continue to develop the Camden C-card scheme by identifying new 'easy access points' for condoms in local youth settings
- increase our chlamydia/gonorrhoea screening activity, not only at the Brandon Centre, but more specifically in C-card outreach sites
- further develop our services at the Brandon Centre by responding to our clients' request for more comprehensive STI-testing services. We hope to introduce a service whereby our clients can access an 'on the spot'/instant HIV test at the Centre
- look at ways we can improve our services for young people with a disability or sensory impairment, in terms of the information we provide, outreach work and access to the Centre
- offer contraceptive and sexual health support to the newly commissioned therapeutic service for young parents whose children are at risk of being taken into care.

How we deliver public benefit

The Brandon Centre works cooperatively with Camden and Islington commissioners with responsibility for Teenage Pregnancy and Young People's Sexual Health, and other organisations, to meet the sexual and reproductive healthcare needs of young people in the local area. We contribute significantly to the aims and targets of local and national strategies, including teenage pregnancy strategies and chlamydia screening coverage.

The Brandon Centre's specific strength is in its ability to improve access to services for more vulnerable and hard-to-reach groups. Our drop-in services provide a particularly useful contribution to the aims of the local strategies. As well as providing an easily accessible supply of free condoms, it ensures young people who might not normally access clinical services, are informed about safer sex, effective condom use, and can be encouraged to take a chlamydia/gonorrhoea test and consult with a doctor or nurse if necessary.

Our successful participation in these schemes has seen increasing numbers of users of both the C-card and chlamydia/gonorrhoea screening programmes, and is recognition of the accessibility of the Centre for young people.

Feedback from young people on their experience of the contraceptive and sexual health services

It's great… really really great. I feel totally comfortable asking for the help I need even if it's about an STI test or something that might be embarrassing. Centres like these are so great and I think we're lucky to have them.

It is very welcoming, having it quite small makes it feel more comfortable. It is easily accessible and is local to train stations and buses. The building is welcoming as it feels like a home rather than a clinic.

It's great, it's perfect, IT'S AMAZING.

When I dropped into the centre, everyone was welcoming and not judgmental. They were supportive and I went away with everything I wanted. (They are) very informative as well.

The waiting room is great. I think the huge array of leaflets is very helpful, because I imagine some people might be too embarrassed to specifically search for a leaflet they want, so having so many saves them any such issues.

Efficient, friendly and fuss free – I can always get an appointment when I need one.

Very fast, easy to access, informative, friendly and non-judgmental.

The staff are helpful… it is aimed at people (of) my age. Allows a safe environment for young people.

It's close to home, free service and extremely helpful! I feel comfortable talking to the staff.

The centre is excellent. We would be lost without it.

Contraceptive and sexual health clients rate the service
April 2012 to March 2013

1. How would you rate the care you received?

	Number	%
Excellent	58	56
Very good	39	37
Good	5	5
Somewhat good	2	2
Poor	0	0
Total	104	100

2. Were you involved as much as you wanted to be in the decisions about your care and treatment?

	Number	%
Definitely involved	92	91
Somewhat involved	8	8
Not involved	1	1
Total	101	100

3. Were you treated with respect and dignity?

	Number	%
Yes definitely/all the time	83	89
Somewhat/some of the time	10	11
Not at all/none of the time	0	0
Total	93	100

Psychotherapy service

Providing a psychotherapy service for 12 to 21-year-olds with mental health problems has been at the heart of the Brandon Centre's work for 45 years, alongside our contraceptive and sexual health service. The remit of the service is, in particular, to reach out to 16 to 21 year olds with mental health problems who don't fit into a child and adolescent mental health service or an adult mental health service. The characteristics of the Centre's service have changed little: responsiveness to the mental health needs of young people; accessibility by encouraging self-referral in order to make it as easy as possible for young people to get help; confidentiality so that young people feel able to reveal their worries and concerns; professional psychotherapists experienced in working with young people therapeutically and therefore able to adapt their therapeutic model for the needs of young people. The Centre, with a number of NHS and voluntary sector providers, is a member of Camden CAMHS joint-intake team. Joint intake is a central point for all child and adolescent mental health referrals in Camden, for example from GPs and schools. The Centre also takes referrals directly from referrers as well as taking self-referrals. The Centre is also commissioned by Islington to provide psychotherapy services for young Islington residents at our Kentish Town premises and at the Drum youth centre in Whitecross Street EC1.

What we planned to do:

- provide individual long-term and short-term psychotherapy and cognitive behaviour therapy at the Brandon Centre and at the Drum
- provide a psychotherapy service for young people who have suffered a bereavement
- provide interpersonal psychotherapy and dynamic interpersonal psychotherapy for depressed and anxious young people
- obtain feedback from young people on their experience of the service
- implement the Centre's outcome monitoring programme and Camden CAMHS outcome monitoring programme
- analyse findings from user feedback and from outcome monitoring and consider service developments
- offer a placement for two doctoral clinical psychology trainees and child and adolescent psychotherapy trainees
- continue to screen and recruit young people for the Improving Mood with Psychoanalytic and Cognitive Therapies (IMPACT) trial
- aim to be included in a collaborative for improving access to psychological therapies (IAPT) programme for young people
- introduce IAPT outcome system including session-by-session outcome monitoring
- submit a paper for publication in a peer-reviewed journal reporting outcome findings from data collected since 1993.

What we achieved:

- A total of 359 young people were either referred or self-referred in the year.
- A total of 221 young people received psychotherapy at the Brandon Centre and 55 young people at the Drum.
- The three most frequent current problems presented by young people were emotional problems (261:95%), family problems (219:80%) and problems related to school and higher education (142:52%).
- 52 (19%) were helped for deliberate self-harm, 44 (16%) young people were helped who had attempted suicide and 44 (16%) young people were helped who had a substance-misuse problem.
- A total of 45 (16%) young people who suffered a bereavement were helped.
- Of 71 young people who completed the Commission for Health Improvement Experience of Service Questionnaire (CHI ESQ), 87% rated the statement 'I felt the people who saw me listened to me' as 'certainly true' and 82% rated as 'certainly true' the statement 'Overall the help I received here is good'. 61% and 27% respectively rated the statement 'I feel the people know how to help me' as 'certainly true' and 'partly true'.
- 144 young people new to the service completed a youth self-report (YSR) form or a young adult self-report (YASR) form before starting treatment and 111 completed a follow-up YSR or YASR for our programme monitoring the outcome of treatment.
- 45 out of 48 Camden young people aged 12 to 17 completed the Strength and Difficulties Questionnaire before commencing treatment for Camden CAMHS outcome monitoring project.
- An intention to treat analysis of outcomes based on YSR or YASR forms completed by 2,240 young people before treatment and 986 (44%) young people that have completed a follow-up YSR or YASR at three or six months showed statistically significant decreases in internalising (emotional), externalising (behaviour) and total problems.
- We are providing a placement for two trainee child psychotherapists over a period of four years and a third-year placement to two doctoral clinical psychology trainees from UCL and Royal Holloway College.
- Five young people with moderate to severe depression were treated in the IMPACT trial.
- Two therapists qualified in dynamic interpersonal psychotherapy.
- The Centre was part of a successful Camden bid with the Tavistock and Portman NHS Foundation Trust, Families in Focus and MAC-UK to become a child and young people's improved access to psychological therapies site (CYP IAPT). CYP IAPT is a service transformation project for CAMHS.
- We ran two focus user-feedback groups involving young people that had recently had therapy at the Centre.

What we will achieve next year:

- provide individual long-term and short-term psychotherapy, CBT, dynamic interpersonal psychotherapy and interpersonal psychotherapy at the Brandon Centre and at the Drum
- provide a psychotherapy service for young people who have suffered a bereavement
- provide an outreach and in-reach psychological service that meets the emotional needs of Camden young mothers that have had a child removed from their care or who are in the process of a child being removed from their care
- extend the involvement of young people who have had therapy at the Centre in developing the service
- continue the Centre's outcome monitoring programme in its 20th year
- analyse findings from user feedback and from outcome monitoring and consider service developments
- offer a placement for two third-year doctoral clinical psychology trainees and two child and adolescent psychotherapy trainees
- extend CYP IAPT outcome measures including strength and difficulties

questionnaire (SDQ), revised children's anxiety and depression scale (RCADS), symptom measures, session-by-session monitoring and the goal-based measure so that the whole service is using them
- submit a paper for publication in a peer-reviewed journal reporting outcome findings from data collected since 1993.

How we deliver public benefit

Our psychotherapy service targets high-priority groups of young people aged 12 to 21 years who have great difficulty in accessing statutory services, which often seem to them remote and unavailable. Their mental health problems are harming them currently and harming their future prospects. Our role is to help them overcome these problems so that they can eventually function independently and fulfil their potential.

Feedback from young people on their experience of psychotherapy at the Brandon Centre

Commission for Health Improvement Experience of Service Questionnaire: findings from a sample of young people (71) who attended the Centre's counselling and psychotherapy service in 2012/13:

What was really good about your care?

It was very helpful and the people here do all they can to make it comfortable for their clients ie texting us reminders, letting us phone in and making things easy for us.

Coming here has never felt uncomfortable and strange. All of the staff treated me with respect and kindness. My therapist has really improved my life. She also kept me up to speed with what the team was doing. Feeling informed, respected and understood is something I've only found here.

Regularity, confidentiality, how quickly I got a counselling slot, treatment felt really personal and was focused on me, not on taking or reading notes.

It was good because I felt that she understood the issues I have and did her best to solve the problem.

My counsellor really listened to me, he made me feel better about myself. Felt like he understood.

My counsellor got to the heart of the issues that cause my depression, which allowed me to develop insight and awareness with regard to why I became depressed. By pinpointing the issues that cause my depression I am able to protect myself against them.

Was there anything you didn't like or anything that needs improving?

The time was short. It ended abruptly. Felt that he wanted to go and have a cup of tea and I got annoyed.

The appointment times were quite inconvenient, as they often interfered with the work I had to do in school. So I frequently had to miss sessions.

For people who find it hard to speak openly, encouragement and questions would help. Some people don't know how to begin.

I'd like the framework of the treatment to be made a little clearer to me and maybe have focus on self for improvements.

I didn't stop attending; he just did not get back to me about when my appointment was so I didn't know. I didn't like that I saw two different people.

	Certainly true		Partly true		Not true		Don't know	
	11/12	12/13	11/12	12/13	11/12	12/13	11/12	12/13
I felt that the people who saw me listened to me	83%	88%	7%	11%	10%	1%	0	0
It was easy to talk to the people who saw me	50%	67%	40%	32%	10%	1%	0	0
I was treated well by the people who saw me	88%	95%	12%	4%	0	0	0	1%
My views and worries were taken seriously	90%	86%	5%	14%	5%	0	0	0
I feel the people know how to help me	64%	60%	26%	27%	10%	6%	0	7%
I have been given enough explanation about the help here	84%	75%	16%	17%	0	4%	0	4%
The facilities are comfortable	90%	73%	8%	23%	2%	3%	0	1%
My appointments are usually at a convenient time	76%	77%	16%	17%	8%	6%	0	0
It is quite easy to get to the place where I have my appointments	85%	90%	10%	7%	5%	3%	0	0
If a friend needed this sort of help, I would suggest to them to come here	90%	78%	7%	10%	2%	3%	1%	9%
Overall the help I received here is good	78%	82%	21%	14%	1%	3%	0	1%

Multisystemic therapy (MST)

In 2003, the Brandon Centre was the third organisation in the UK to offer multisystemic therapy (MST) standard, in 2009 the first to pilot MST for young people with problem sexual behaviour (MST PSB), and in 2010 one of the first organisations to offer multisystemic therapy substance abuse (MST SA). There are now over 30 teams in the UK providing MST.

MST was developed in the late 1970s by two psychologists, Scott Henggeler and Chuck Borduin, from the Medical University of South Carolina, because existing services for young offenders and antisocial young people were costly and showed limited effectiveness.

MST is a pragmatic goal-oriented treatment that targets factors in the young person's social network that contribute to antisocial behaviour and other clinical problems. Typically MST interventions aim to improve parental discipline practices, enhance the emotional bond between parent and child, decrease the young person's association with peers who are antisocial, increase their association with peers that are not involved in antisocial activities, and to help parents use relatives, friends and neighbours for support to achieve these changes. The specific treatment techniques used such as cognitive behaviour therapy, behaviour therapy and pragmatic family therapies have strong evidence supporting their effectiveness in tackling antisocial behaviour and other clinical problems. MST is delivered in the community, for example, in the family home and school. The treatment plan is formulated in collaboration with family members. The ultimate goal of MST is to empower the family to build an environment that promotes healthy development without over-reliance on professional support. MST lasts between three and five months and is very intensive: the MST therapist is likely to visit the family three times per week and have telephone contact. An MST team usually comprises three or four therapists, a supervisor and a coordinator, and a hallmark of MST teams is their availability for families to contact 24 hours per day, seven days per week. Visits to families are arranged to suit the family and frequently take place outside traditional office hours.

MST has been evaluated in several randomised-controlled trials run by the developers that show:

- reduced long-term rates of criminal offending in serious young offenders
- decreased recidivism and re-arrests
- reduced rates of out-of-home placements for serious young offenders
- extensive improvements in family functioning
- decreased behaviour and mental health problems for serious young offenders
- favourable outcomes at cost savings in comparison with usual mental health and youth offending services.

The success of MST with young offenders and antisocial behaviour has led to MST being piloted and evaluated with other clinical problems including young people with problem sexual behaviour, child abuse and neglect, substance misuse, diabetes management and acute psychiatric hospital admission.

The Brandon Centre ran the first clinical trial of MST in the UK, in partnership with Camden and Haringey Youth Offending Services. The effectiveness of MST was compared against usual youth offending services in preventing and reducing reoffending, and findings 18 months after treatment show a significant reduction in non-violent reoffending.

What we planned to do:

- treat 12 families commissioned by Camden CAMHS, Safeguarding and Social Care, special educational needs, and youth offending service
- treat 10 cases commissioned by Enfield CAMHS, Children in Need and youth offending service
- treat 12 MST PSB cases as part of the randomised-controlled trial
- treat 10 MST SA cases including three commissioned by Camden
- treat 30 MST cases in Haringey and Waltham Forest aimed at preventing the young person going into care or custody
- treat seven Waltham Forest gang cases
- support Action for Children in establishing MST teams
- commissioning of MST from another borough for 2012/13 in addition to commissions from Camden and Enfield.

What we achieved:

- Treated 80 families.
- Treated 19 cases referred by Camden; four were ongoing from 2011/12 and were completed in 2012/13. Of 15 families referred in 2012/13, two cases ended prematurely, nine were completed and four were ongoing at the end of the financial year, 31 March 2013.
- Of 80 families treated, 17 were also substance-abuse cases that were part of a three-year pilot of MST SA. Young substance abusers from 11 families achieved complete abstinence over several weeks by the end of treatment as evidenced by urine screens; one case was ongoing at the end of the year.
- Treated 15 cases referred by Enfield; five were ongoing from 2011/12 and were completed in 2012/13. Of 11 families referred in 2012/13, one case did not start treatment, six were completed and four were ongoing at the end of the year.
- Treated 10 MST PSB cases; three were ongoing from 2011/12 and were completed in 2012/13. Seven cases were treated as part the MST PSB randomised-controlled trial. Of these, four were completed and three were ongoing at the end of the financial year.
- Treated 23 cases as part of the partnership with Haringey and Waltham Forest aimed at families with a young person on the edge of care or custody. 15 cases were completed, two ended prematurely and six were ongoing at the end of the year.
- Treated nine Waltham Forest families with a young person involved in a gang; two were ongoing from 2011/12 and were completed in 2012/13. Of seven families referred in 2012/13, four were completed, two ended prematurely and one was ongoing at the end of the financial year.
- Started a feasibility study in collaboration with the Royal Free Hospital eating disorders service applying MST to two families where the young person has an eating disorder.
- Prevented 42 out of 47 Camden, Enfield, Haringey and Waltham Forest completed cases from being placed out of home.

- Supported Action for Children in developing MST teams in Derby and in Essex.
- Collaborated with Social Finance Limited in developing MST teams in Essex, funded by social impact bonds.
- Commissoned by Ealing to provide MST for 10 families per annum over 2.5 years.
- Commissioned by Waltham Forest until March 2014 to continue providing MST for another seven Waltham Forest families with a young person involved in a gang.

What we will achieve next year:

- treat 10 cases commissioned by Camden
- treat 10 cases commissioned by Enfield
- treat 12 MST PSB cases as part of the randomised-controlled trial
- treat 10 MST SA cases including three commissioned by Camden and supported by funding from the DH Innovation, Excellence and Service Development Fund
- treat 10 cases commissioned by Ealing
- treat up to 30 MST cases in Haringey and Waltham Forest aimed at preventing the young person going into care or custody
- treat seven Waltham Forest gang cases
- support Action for Children in establishing MST teams
- apply to the DH Innovation, Excellence and Strategic Development Fund for a three year pilot adapting MST for eating disorders in collaboration with Royal Free Hospial eating disorders service
- analyse three years' follow-up outcome data from the Centre's MST randomised-controlled trial.

How we deliver public benefit

Although youth offending has declined, it remains a significant social problem. Policymakers and commissioners of services are seeking alternatives to the use of custody, which is expensive and largely ineffective in preventing reoffending. Commissioners are also looking for effective, community-based interventions as an alternative to placing young people with complex clinical and family problems in medium-stay hospitals, foster care, children's homes and boarding schools. The Centre's promotion of MST is making a significant contribution to this agenda.

Parents who had MST in 2012/13 said:

After all this time I still have behaviour sheets, he knows that if he does start misbehaving we will start on the behaviour charts. He still pushes boundaries but is much calmer. It gave me confidence and made me believe that I could do it. I used to jump on him for misbehaving but equally expected him to do something naughty. MST has done well for the rest of the children; they know I won't give in. I don't know where I would be now without the MST therapist.

It helped us to get a structure in place at a difficult time. He had had two major arrests so we needed some help. The support from the MST therapist helped to stabilise things but some of the sanctions didn't work, like taking a phone off a teenager who will just go out and steal another one. The work certainly put him back on the rails, it was a turning point I think. It was exhausting doing the meetings as I was on shift work but there was no way round that. He didn't buy into the points system, the idea of giving him a voucher card so he would spend money on better things wouldn't work because he would just sell it. But it showed him that we were trying, it really put the brakes on his bad behaviour. No means plain sailing now but things have got a lot better.

Most helpful was the way they always accompanied me to meetings and helped me out with that to get the best for him. Everything had its uses; some of it was more helpful than others.

The service was really good. Nicer than other services, spoke better towards me. Communication with my children is better, everything was helpful.

Yeah definitely, today for example she has kicked off and I've spoken to the school, I have good contact with the school now. I manage my emotions better. Maintaining a good relationship with my mum and dad and using their support to back me up. I still have the contracts with the children in place.

Most helpful is someone on call 24/7, and somone at the end of a phone. Nothing was least helpful.

Parent management training and family therapy

Parent management training is a proven and effective intervention that is recommended for managing and reducing behaviour problems in young people and helping parents of children with ADHD. Group-based parent management training programmes have become a common way of delivering this intervention. Parent management training uses behaviour management principles taken from social learning theory. The training includes showing parents how to track and monitor behaviour, training in the use of positive reinforcements, and training to use mild punishment in an immediate and predictable manner.

The Brandon Centre offers group-based parent management training programmes for parents and carers who are having difficulty controlling the behaviour of their teenage child (ages 12–17) and for parents of children (ages 5–13) with ADHD. The programmes give practical guidance to parents who are trying to change and improve their child's behaviour. Parents who attend the programmes find their child's behaviour at home difficult to manage, some are concerned about how their child behaves at school and others are worried about their child being involved in antisocial behaviour, taking drugs and drinking alcohol.

'Parenting with Love and Limits' is run over six weeks and the Centre's ADHD programme is run over eight weeks.

The Brandon Centre is also piloting a model of family therapy called brief strategic family therapy (BSFT), which helps families with a teenager who has significant substance-misuse problems and behaviour problems. The BFST therapist offers the family a weekly session in their home and treatment can last 26 weeks. BSFT addresses patterns of relating in the family that may contribute to the young person's substance misuse, and equips parents to be more effective in controlling and preventing their child's substance misuse and behaviour problems.

What we planned to do:

- offer six 'Parenting with Love and Limits' groups in the year
- offer two groups per week, one group for parents who prefer to attend while their child is at school and another group for parents who prefer to attend after work
- offer counselling to young people of parents that attend the group programme
- have an average of six parents attend per group
- have parents complete forms that measure their child's behaviour problems and measure style of parenting
- obtain feedback from parents on their experience of the group programme
- offer one group for Islington parents of children aged 5 to 13 years with ADHD/ADD
- offer BSFT for parents of young people with substance-misuse problems.

What we achieved:

- Six 'Parenting with Love and Limits' groups were run in the year.
- 70 parents attended a group in the year, an average of 11 parents per group.
- 71% completed the programme and of 486 sessions offered to parents 83% were attended.
- Seven young people of the parents who attended the group programme attended counselling sessions.
- Updated findings from the outcome study continue to show significant improvements in the behaviour and mental health problems achieved by young people whose parents attended the programmes. The behaviour problems of 141 (58%) young people of 241 surveyed improved reliably according to parents that completed a child behaviour checklist (CBCL) before and after the programme.
- Parents reported a high degree of satisfaction with the programmes.
- We offered one group for Islington parents of ADHD/ADD children aged 5 to 13 years that was attended by 12 parents.
- 55% completed the programme and parents attended 62% of 84 sessions offered.
- Parents that attended the group felt significantly more empowered in managing ADHD.
- Six families received BSFT, and 84% of 95 sessions offered were attended.

What we will achieve next year:

- offer six 'Parenting with Love and Limits' groups in the year
- offer two groups per week, one group for parents who prefer to attend while their child is at school and another group for parents who prefer to attend after work
- offer counselling to young people of parents that attend the group programme
- have an average of six parents attend per group
- have parents complete forms that measure their child's behaviour problems and measure style of parenting
- obtain feedback from parents on their experience of the group programme
- offer one group for parents of children aged 5 to 13 years with ADHD/ADD
- offer BSFT for parents of young people with substance-misuse problems.

How we deliver public benefit

Conduct disorder and oppositional defiant disorder affect 8.1% of boys and 2.8% of girls between 11 and 16, and are the most common reasons for referral to child and adolescent mental health services. Conduct disorder is associated with severe functional impairment and often presents with disorders such as depression, anxiety and ADHD. Young people with conduct disorder are likely to have worse mental health, less successful family lives and poorer social and economic prospects in adulthood. Left untreated, conduct disorders are also economically costly. By offering parent management training and family therapy, the Brandon Centre makes a significant contribution to preventing and treating these problems.

Parents reflect on their experience of the Centre's parent management training programme

Generally I feel quite empowered. I received practical advice – actual tools to regain control as a parent, consequently this helps my child to feel safe and relations have improved.

I found the classes very helpful as they have given me insight to understanding my daughter better. I am using the things I learnt through the course to help both me and my daughter to have a better relationship. I feel we both are a lot clearer now, we have a respect contract in place and it has improved my daughter's behaviour.

Had choice of Thursday evening or Friday so don't miss classes. It was really good to be in a group of other parents of teenagers all going through a lot of the same things together. The group leader made it very easy to help and understand all he was teaching and for me I found it very simple to follow which is an enormous benefit.

The classes offered practical, realistic ideas for dealing with my daughter which I could use immediately, for instance, the button busters. They also helped me recognise what I was doing wrong, like getting drawn into arguments.

It was useful to have the book to reinforce the different topics covered by the sessions. It was also good to get advice about areas to improve on. I found hearing stories from other parents reassuring that I wasn't isolated in my thinking and behaviour.

I found button pushing very effective. Also positive praise has helped immensely. All views were heard and discussed without prejudice. It was an inspiring experience.

I've only attended the parenting course and the course itself guides you as a parent. It does not criticise parents, it equips them with everything that they need to love and guide their child.

I am so glad I did the course but I do wish I had started it when he was younger – before he got into trouble. All parents should have access to something like this, before things go wrong, not just after.

I found this parenting group very very useful. I liked how the group leader approached it, he made all of the parents feel very relaxed in his delivery of teaching the class; allowing us to air our problems without being judgemental or critical; offering invaluable advice, guidance and resources in tackling problematic situations. I liked the way the classes were structured each week, in looking at the different situations that could potentially arise when raising children.

I would definitely recommend these classes to a friend(s) who had problematic children or who found their approach to parenting not as effective as they would like it to be. I think these parenting classes offer an invaluable approach to problems that can arise in bringing up children and dealing with how you can make your parenting style (more) effective, to get more out of your relationship with your child/children.

Audit and evaluation

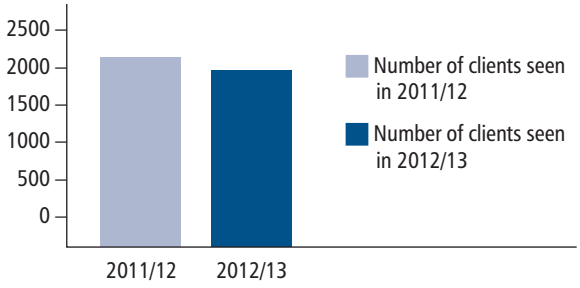
Audit has become a fundamental requirement in clinical practice. The purpose of clinical audit is to improve services to patients by a formal process of setting standards, gathering data to find how the service is performing in relation to them, and changing practice as a result.

The Brandon Centre applies three different approaches in auditing the contraceptive service and psychotherapy service. First, we collect data on the characteristics of our users that help us to understand whether our services are reaching our target population, particularly young people who are hard to reach and difficult to treat. Second, we find out how well psychotherapy is working by evaluating mental health outcome. We use reliable and valid methods of measuring the functioning of young people and use different sources of information on the young person's functioning, including information from the young person, their therapist and a significant other in their life such as a parent, friend, teacher or partner. This evaluation of mental health outcome involves making these assessments at the beginning of treatment, during treatment, at the end of treatment and at repeated follow-ups after treatment has ended. Finally, we interview young people in order to elicit their views about the service they receive and their ideas about where we might make improvements.

Monitoring statistics

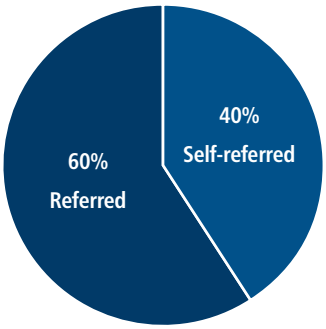
Service data

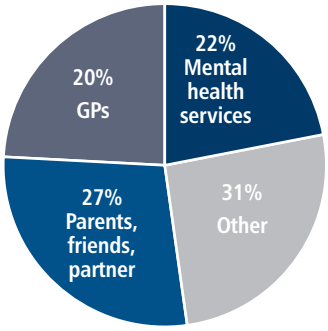
In 2012/13, 1,951 young people and parents used the Centre's services compared to 2,167 in 2011/12.



1,482 used the contraceptive and sexual health service, dropped in for condoms and chlamydia and STI testing; 955 used the contraceptive and sexual health appointment service and 748 used the drop-in condom service. Of these, 221 young people accessed the drop-in condom service and also attended an appointment with a doctor or a nurse. 276 young people used the psychotherapy service; 24 parents attended a consultation; 84 parents who came from 72 families attended sessions in connection with the Centre's parent management training group; 80 families received MST, and six families participated in the Centre's family therapy project for young substance misusers.

40% of young people self-referred to the counselling and psychotherapy service. The main sources of referral were GPs (20%), parents, relatives, friends or a partner (27%) and mental health services (22%).





	Sessions offered	Sessions attended
	12/13	12/13
Contraceptive services	3,994	3,721(93%)
Therapy	3,487	2,347 (67%)
MST	3,147	2,706 (86%)
Parenting	510	455 (89%)
Family therapy	95	80 (84%)
Real baby group	75	75 (100%)
Total	11,308	9,384 (83%)

Demographics The ages of the young people were:

Age (years)	Contraception	Psychotherapy	Parenting and MST	Total
	(%)	(%)	(%)	(%)
	(N=1,703)	(N=276)	(N=152)	(N=2,131)
5–17	34.7	48.55	98.03	41.0
18–21	53.44	49.64	0	49.2
22+	11.63	1.09	0	9.4
Not recorded	0.23	0.72	1.97	0.4
Total	100	100	100	100

Gender of young people was:

	Contraception	Psychotherapy	Parenting and MST	Total
	(%)	(%)	(%)	(%)
	(N=1,703)	(N=276)	(N=152)	(N=2,131)
Female	73.69	70.01	48.68	71.56
Male	26.31	29.99	51.32	28.44
Total	100	100	100	100

Ethnic background

	Contraception	Psychotherapy	Parenting and MST	Total
	(%)	(%)	(%)	(%)
White	984 (57.78)	166 (60.14)	73 (48.03)	1223 (57.39)
Mixed	248 (14.56)	36 (13.04)	17 (11.18)	301 (14.12)
Asian and Asian British	92 (5.41)	19 (6.89)	6 (3.95)	117 (5.49)
Black or Black British	209 (12.27)	26 (9.42)	32 (21.05)	267 (12.53)
Chinese	7 (0.41)	2 (0.73)	0 (0.00)	9 (0.42)
Other ethnic group	78 (4.58)	13 (4.71)	1 (0.66)	92 (4.32)
Not known or recorded	85 (4.99)	14 (5.07)	23 (15.13)	122 (5.73)
Total	1,703 (100)	276 (100)	152 (100)	2,131 (100)

29% of young people who used the counselling and psychotherapy service were from an intact family.
35% were at school, 38% were at college, university or engaged in vocational training, 12% were unemployed and 7% were employed.

Problems presented by young people

The average number of problems for young people using the psychotherapy service was five, three for the parenting programme and five for MST. They presented the following problems:

	Psychotherapy	Parenting	MST
	% (N=275)	% (N=72)	% (N=80)
Family problems	80	100	94
Depression/anxiety	95	20	47
Problems related to school and higher education	52	71	88
Sexual/relationship problems	36	8	26
Violent and offending behaviour and other conduct problems	26	100	91
Social isolation	45	1	22
Sleep problems	36	nk	10
Separation anxiety and developmental problems	32	4	7
Somatic symptoms	25	nk	4
Drug abuse and alcohol abuse	16	10	46
At risk of deliberate self-harm	29	4	17
Sexual and physical abuse	15	3	7
Bereavement	16	1	9
Eating problems	16	3	10
Deliberate self-harm	19	4	22
Attempted suicide	16	0	10
Employment problems	8	0	0
Significant illness involving hospital	7	0	5
Pregnancy/abortion	3	0	0

Use of contraceptive and sexual health service, including drop-in condom service

Number of young people who were issued with the following methods of contraception:

	Female	Male
Oral/transdermal hormonal contraception	618	
Condoms	774	441
Patch	67	
Injectable contraception	56	
Implant	59	
Number of emergency contraception supplied	366	
Number of pregnancy tests performed	505	
Number of positive pregnancy tests:	53	
Number referred for termination	41	
Number planning to continue with pregnancy	6	
Number unsure of their decision	5	
Number who miscarried	1	
Number of screens for chlamydia and gonorrhoea done in appointment clinic	796	66
Number of screens positive for an		
Infection (chlamydia, gonorrhoea)	58	14

Chlamydia/gonorrhoea screening programme drop-in service

	Female	Male
Number of screens for chlamydia and gonorrhoea done in drop-in services	125	243
Number of screens positive for an infection (chlamydia, gonorrhoea or both)	9	15
Total number of chlamydia and gonorrhoea screens	921	309
Total number of positive screens	67	29

Mental health outcome

There are three informants in our study of outcome for psychotherapy: the young person in treatment who has either completed the YSR form or, if they were over 18, the YASR; a significant other and the young person's psychotherapist who have completed the significant other version of the Teacher's Report Form (SOF); or if the young person is over 18, the Young Adult Behaviour Checklist (YABCL). The YSR/YASR, SOF/YABCL present 118 statements, which are rated according to whether the statement is not true, sometimes/somewhat true, or very true/often true. The statements mostly refer to emotional and behavioural problems that young people may encounter. In measuring the effectiveness of the parenting programme, parents complete a similar form, the CBCL.

Measuring change

In our study of outcome we have used three ways of measuring change:

1. We have examined the change in mean or average YSR/YASR internalising, externalising and total problem scores between intake three months, six months and follow-up at one year. The advantage of this method is that it is sensitive to relative change; for example it can show how the young person who has a very high score in the clinical range* at intake improves substantially even though she/he does not improve enough to get into the non-clinical population.

2. We have also assessed outcome by examining the change in the number of young people who start in the clinical range and move to the non-clinical range or vice-versa. The advantage of this method is that it uses a clinically reliable and valid distinction established by researchers. The disadvantage of this method is that it is insensitive to relative change. For example, a young person who scores 60 on total problems at intake only has to change by one point to get in to the non-clinical range, whereas the young person who scores 70 at intake has to change by 11 points.

3. Finally, we have assessed outcome by categorising cases according to the presence of statistically reliable change in the young person's clinical presentation. A statistical formula is used to work out the number of points the young person has to change for a reliable improvement or deterioration to occur. The advantage of this method is that the change it shows in the young person cannot be due to measurement error and chance.

* A score above 60 is in the clinical range and a score below 60 is in the non-clinical range. For individual syndrome scores (Anxious/Depressed), a score above 67 is in the clinical range and a score below 67 is in the non-clinical range.

Psychotherapy outcomes

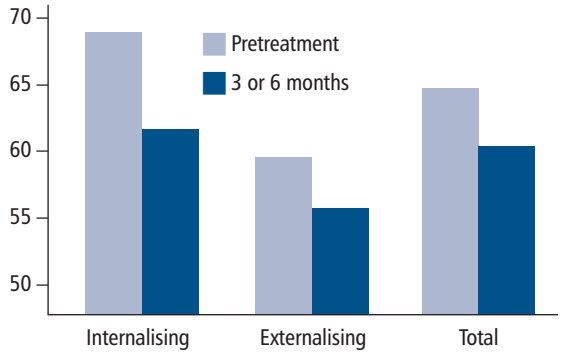
Using all data collected since 1993 at six-month follow-up or three-month follow-up if six month data are unavailable, outcomes for young people who completed a YSR or a YASR were as follows:

CHANGE IN MEAN SCORES

Mean change YSR/YASR internalising, externalising and total problem scores at pretreatment, and six months. There is a statistically significant improvement for all three problem areas:

Means and standard deviations of pretreatment and follow-up YSR/YASR internalising, externalising and total scores (N=986)

	Internalising	Externalising	Total
	Score(sd)	Score(sd)	Score(sd)
Pretreatment	68.9 (10.5)	59.3 (10.0)	64.9 (9.5)
3 or 6 m.	61.8 (11.7)	56.3 (10.6)	60.1 (10.8)



CHANGE FROM THE CLINICAL TO THE NON-CLINICAL RANGE AND VICE VERSA

Change from clinical to non-clinical range and non-clinical to clinical range for young people who completed a form at pretreatment and at three or six months. There is a statistically significant improvement for all three problem areas:

Frequency of clinical levels of YSR/YASR internalising, externalising and total problems at pretreatment and follow-up (N=986)

	Internalising	Externalising	Total
Clinical to non-clinical	208 (21.1%)	175 (17.8%)	223 (22.6%)
Non-clinical to clinical	42 (4.3%)	75 (7.6%)	34 (3.4%)
Remained in clinical range	537 (54.4%)	297 (30.1%)	501 (50.8%)
Remained in non-clinical range	199 (20.2%)	439 (44.5%)	228 (23.2%)

RELIABLE CHANGE

In the data presented, the reliable change index (RC index) for males who completed the YSR is 8, 8 and 20 points (using 1.65 SE of measurement) for internalising, externalising and total problem scores respectively. For males who completed the YASR, the RC index is 5, 6 and 16 (using 1.65 SE of measurement) for internalising, externalising and total problem scores respectively. For females, the corresponding RC index (using 1.65 SE of measurement) for the YSR internalising, externalising and total problem scores is 7, 6 and 17 respectively. For females who completed the YASR, the RC index is 6, 5 and 17 (using 1.65 SE of measurement) for internalising, externalising and total problem scores respectively. 88 cases did not complete the YSR or YASR at both time points and as a result the RC index could not be calculated. These cases were excluded from the analysis. Reliable change scores between intake and three or six months are therefore for 898 young people:

Reliable change in YSR/YASR internalising, externalising and total scores at pretreatment and follow-up (N=898)

	Internalising	Externalising	Total
No change	433 (48.2%)	480 (53.4%)	833 (92.8%)
Improvement	381 (42.4%)	314 (35%)	61 (6.8%)
Deterioration	84 (9.4%)	104 (11.6%)	4 (0.4%)

The small percentage of young people showing a reliable improvement for total problems is explained by the much higher RC index for total problems.

Parenting programme outcomes

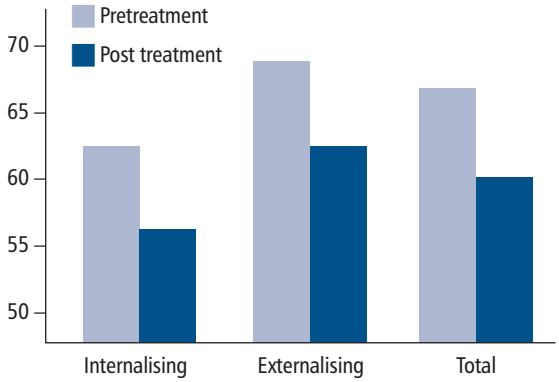
Using data collected from parents who have attended the parenting programme and who completed a CBCL at intake, and at either three months or six months following the conclusion of the intervention, the outcomes in their child's behaviour and problems are as follows:

CHANGE IN MEAN SCORES

There is a significant change for CBCL internalising, externalising and total problem scores at pre and post programme for 242 young people rated by parents that completed forms at both time points:

Means and standard deviations of pre- and post-treatment CBCL internalising, externalising and total scores (N=242)

	Internalising	Externalising	Total
	Score(sd)	Score(sd)	Score(sd)
Pretreatment	62.4 (11.3)	68.0 (8.6)	67.0 (9.0)
Post-treatment	56.0 (11.7)	62.2 (10.4)	60.4 (10.6)



CHANGE FROM THE CLINICAL TO THE NON-CLINICAL RANGE AND VICE VERSA

Change from clinical to non-clinical range and non-clinical to clinical range pre- and post-treatment for 242 young people rated by parents that completed forms. There is a statistically significant improvement for all three problem areas:

Frequency of clinical levels of CBCL internalising, externalising and total scores pre and post programme (N=242)

	Internalising	Externalising	Total
Clinical to non-clinical	73 (30.2%)	57 (23.6%)	63 (26%)
Non-clinical to clinical	7 (2.9%)	4 (1.7%)	4 (1.7%)
Remained in clinical range	83 (34.3%)	144 (59.5%)	132 (54.5%)
Remained in non-clinical range	79 (32.6%)	37 (15.2%)	43 (17.8%)

RELIABLE CHANGE

The reliable change (RC) index for boys is 6, 5, and 5 points (using 1.6 SE of measurement) for CBCL internalising, externalising and total problem scores respectively; for girls the corresponding RC index was the same apart from the total problem scores' index which was 6 points. More than half of parents that completed the measures pre and post programme reported reliable improvement for all types of problems.

Reliable change in CBCL internalising, externalising and total problem scores pre and post programme (N=242)

	Internalising	Externalising	Total
No change	90 (37.2%)	85 (35.1%)	92 (38%)
Improvement	127 (52.5%)	141 (58.3%)	138 (57%)
Deterioration	25 (10.3%)	16 (6.6%)	12 (5%)

Report and Financial Review

for the year ended 31 March 2013

The Brandon Centre was formerly The London Youth Advisory Centre, which was founded in 1968. It was registered as a charity and incorporated as a company in 1984. The names of the members of the Council of Management at 31 March 2012 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 objective of the Brandon Centre is to maintain and develop an accessible and flexible professional service in response to the psychological, medical, sexual and social problems of young people aged 12 to 25 years.It aims to relieve distress, mobilise personal resources and facilitate growth in adolescents towards responsibility and self-fulfilment. Furthermore, it aims to prevent or alleviate suffering caused by unwanted pregnancy and by ill mental health, psychological disturbance and maladaptation in adult and future family relationships.

Principal activities

The Brandon Centre's service extends to a wide range of adolescent problems.There is a particular medical provision for contraceptive, pregnancy and psychosexual difficulties.The work of the Centre covers four main activities: psychotherapy and medical counselling; the provision of information for both young people and professionals; research and evaluation; and consultation and teaching.

Financial review

As shown by the Statement of Financial Activities, total incoming resources for the year to 31 March 2013 amounted to £1,600,615 (2012: £1,193,661), including capital grants, and expenditure totalled £1,446,110 (2012: £1,106,568). Net incoming resources during the year amounted to £154,505 (2012: £87,093). As in previous years, the Centre has benefited from the financial support of health and local authorities, charitable trusts and corporate donors, for which we are extremely grateful.

Total Fund balances at 31 March 2013 were £968,639 (2012: £814,134) of which £252,388 (2012: £252,388) was the capital reserve, which represents the cost of funding the property in north-west London where the Brandon Centre carries out its activities. A further £79,003 (2012: £85,119) is the Brandon Centre's Development Fund, which is designated as a long-term contingency fund as described in more detail in the notes to the accounts. The remaining balance of £637,218 (2012: £476,627) consists of £94,213 (2012: £64,300) restricted funds, which relate to the various activities of the Brandon Centre, together with an unrestricted funds balance of £543,005 (2012: £412,327), which is higher than the level of reserves considered necessary as per the reserves policy by £102,000. Free reserves at the end of the year stood at £535,975 (2012: £407,588).

The Brandon Centre's financial position at 31 March 2013 remains sound. The funding environment is becoming increasingly difficult and could have an impact on current levels of activity.

Legal status

Brandon Centre for Counselling and Psychotherapy for Young People is a company limited by guarantee, number 1830241, and therefore has no share capital and is also a registered charity, number 290118.

Auditors

A resolution to re-appoint Field Sullivan Chartered Accountants, as the auditor of the company will be proposed at the Annual General Meeting.

The report, which has been prepared in accordance with the special provisions of part VII of the Companies Act 1985 applicable to small companies, was approved by the Board on 8 July 2013 and signed on its behalf.

On behalf of the Council of Management,
Richard Taffler
Honorary treasurer

Statement of financial activities and income and expenditure

Account for the year ended 31 March 2013

	Capital Reserve	Development Fund	Restricted Funds	Unrestricted Funds	Funds 2013	Funds 2012
	£	£	£	£	£	£
Incoming resources						
Incoming resources from generated funds:						
Voluntary income	-	-	540,000	58,748	598,748	537,781
Investment income	-	390	-	6,967	7,357	8,005
Incoming resources from charitable activities	-	-	-	994,329	994,329	647,875
Other incoming resources	-	-	-	181	181	-
Total incoming resources	-	390	540,000	1,060,225	1,600,615	1,193,661
Resources expended						
Costs of generating funds:						
Costs of generating voluntary income	-	-	-	5,241	5,241	5,115
Charitable activities	-	6,476	509,353	910,996	1,426,825	1,087,772
Governance costs	-	-	734	13,310	14,044	13,681
Total resources expended	-	6,476	510,087	929,547	1,446,110	1,106,568
Net incoming/outgoing resources before transfers	-	(6,086)	29,913	130,678	154,505	87,093
Transfers between funds	-	-	-	-	-	-
Net income and movement in funds	-	(6,086)	29,913	130,678	154,505	87,093
Reconciliation of funds						
Total funds brought forward	252,388	85,119	64,300	412,327	814,134	727,041
Total funds carried forward	252,388	79,033	94,213	543,005	968,639	814,134

Summary of Year End Position

as at 31 March 2013

	2013		2012	
	£	£	£	£
Fixed assets				
Freehold property		252,388		252,388
Fixtures and fittings		7,355		11,540
Total fixed assets		259,743		263,928
Current assets				
Debtors	51,164		24,692	
Cash at bank - deposit accounts	997,876		1,163,919	
Cash at bank and in hand	35,577		15,632	
Total current assets	1,084,617		1,204,243	
Creditors: amounts falling due within one year	(349,407)		(342,723)	
Net current assets/(liabilities)		735,210		861,520
Total assets less current liabilities		994,953		1,125,448
Creditors: amounts falling due after more than one year		(26,314)		(311,314)
Net assets		968,639		814,134
The funds of the charity:				
Restricted funds:				
Capital reserve	252,388		252,388	
Development fund	79,033		85,119	
Other Restricted funds	94,213		64,300	
		425,634		401,807
Unrestricted funds:				
General fund	543,005		412,327	
Total unrestricted funds		543,005		412,327
Total charity funds		968,639		814,134

The purpose of these pages is to provide a summary of the charity's year end position and income and expenditure for the period stated. This summary is derived from the audited annual accounts, and is not a full representation. This report may not be sufficient to give a full understanding of the charity's finances. A full copy of the annual accounts and auditor's report can be obtained from the Secretary, The Brandon Centre, 26 Prince of Wales Road, Kentish Town, London NW5 3LG.

The Brandon Centre

Registered address:

26 Prince of Wales Road
Kentish Town
London NW5 3LG
Tel: 020 7267 4792
Fax: 020 7267 5212
Email: reception@brandoncentre.org.uk
Website: www.brandoncentre.org.uk
Registered Charity No: 290118
Company Limited by Guarantee No: 1830241

Open:	
Monday:	9.30 am–8.00 pm
Tuesday:	9.30 am–6.00 pm
Wednesday:	9.30 am–7.00 pm
Thursday:	9.30 am–7.30 pm
Friday:	9.30 am–5.00 pm

Council of Management
Dr Danielle Mercey (chair)
Professor Richard Taffler (honorary treasurer)
Dolores Currie
Denise Galpert (from November 2012)
Dr Anna Higgitt
Lucie Morris (from March 2012)
Yemi Oloyede
Brenda Sutherland
Olivia Tatton Brown
Basil Tyson

Company secretary
Geoffrey Baruch

Bankers
Barclays Bank plc
Islington & Camden Business Centre
PO Box 3474
London NW1 7NQ

Legal advisors
Bindmans LLP Solicitors
275 Gray's Inn Road
London WC1X 8QF

Auditor
Field Sullivan Chartered Accountants
Neptune House
70 Royal Hill
London SE10 8RF

The staff

Director
Geoffrey Baruch

Contraceptive & sexual health service
Doctors
Caroline Chan
Helen Montgomery (lead clinician)

Nurse
Judith Miller

Psychotherapy service
Psychotherapists
Sally Barker
Nicola Cloutman
Rumman Hoque
James Rose (until September 2012)

Child and adolescent psychotherapists
Adam Duncan (in training)
Zora Goodland (consultant child and adolescent psychotherapist)
Francesca Haslam (in training, from October 2012)
Adele O'Hanlan (in training, until July 2012)

Clinical psychologists
Emma Silver (consultant clinical psychologist and lead clinician for psychotherapy service)
Barry Starr (in training, until September 2012)
Sara Szydlowski (in training, from October 2012)
Jonathan Totman (in training, from October 2012)

Cognitive behaviour therapist
Lorna Vincent

Family therapist
Amanda Middleton

Multisystemic therapy service
Supervisors
Moira Lamond
Christopher Newman (back-up supervisor)
Stephanie Schutte
Charles Wells (manager)

MST Therapists
Jacqeline Cannon
Robert Farrelly
Timothy Flynn
Anita Freeman
Donna Johnson (until October 2012)
Beth Liddle (until March 2013)
Varinder Panesar
Laura Pike (from June 2012)
Amanda Singh
Mayuri Unalkat

Administrative and reception staff
Projects manager
Charlotte Reynolds

MST coordinators
Samantha Bickerstaff (from January 2013)
Joanna Brett (until December 2012)
Stacey Miller (projects assistant)

Psychotherapy referrals coordinator
Clare Hoddinott

Camden C-card coordinators/sexual health facilitators
Shirldon Barthelmy
Sandra Chidavaenzi

Contraceptive and sexual health service advisors and medical reception
Dominique Golden
Mandy Rose (until March 2012)
Katrina Wright

Drum administrator
Caroline Moore

The Brandon Centre thanks

Our sincere thanks to the following statutory bodies, trusts, companies and donors for their support in 2012/13:

Public authorities
Department of Health
London Borough of Camden
London Borough of Enfield
London Borough of Haringey
London Borough of Islington
London Borough of Waltham Forest
NHS Camden
NHS Enfield
NHS Haringey
NHS Islington

Trusts
The A B Charitable Trust
The Albert Hunt Trust
BBC Children in Need Appeal
The City Bridge Trust
Cripplegate Foundation
The Fitzdale Trust
GMS Estates Limited
G M Morrison Charitable Trust
Hampstead Wells and Campden Trust
Irish Youth Foundation
Islington Giving
John Lyon's Charity
J Paul Getty Jnr Charitable Foundation
The Lambert Charitable Trust
Sir Mark and Lady Turner Charitable Settlement
Marsh Christian Trust
The Mercers' Company
Oakdale Trust
The Rayne Foundation
The Scotshill Trust
Shanly Foundation
Tuixen Foundation
The Rhododendron Trust
The Sir Jules Thorn Charitable Trust
The Vandervell Foundation

Corporate
The Coutts Charitable Trust

Donors
Lilly Oppenheim
Ian Simpson and Catherine Utley
Andrew Whitehead

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