annual report

2013-2014

THE BRANDON CENTRE

Background

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 maladaptation 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, mental health and other health issues. Our services are free of charge. There is no geographical restriction for users of the contraceptive and sexual health service and the parent-training service. The psychotherapy service is confined to young people that live in Camden or Islington. 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

It is with great pleasure that I write this introduction to the 2013/14 Brandon Centre annual report. Once again we are able to report significant growth of the Centre's activities, but more importantly we can show positive outcomes for the service users, due to the Centre's rigour in evaluating all of its work.

The Centre's psychotherapy service has continued to grow. The Centre is part of Camden CYP IAPT (children and young people's improving access to psychological therapies) partnership. Referrals are received from Camden Joint Intake, Islington CAMHS (child and adolescent mental health service) and Camden and Islington Psychological Therapies Service. Key to the Brandon Centre's aims is the ability for young people to self refer. In 2013/14, including parent referrals, 57% (167) of young people that used the Centre's service and its satellite service in Islington, Counselling at the Drum, were self referrals. The Brandon Centre has also established an innovative service providing emotional support for Camden young parents whose child has been removed into care.

Three MST (multisystemic therapy) teams provided treatment for over 90 families of young people, with antisocial behaviours, problem sexual behaviour (as part of a clinical trial), substance abuse problems and young people involved in gang culture. As a result of MST, many of them have been prevented from being placed in care or from receiving a custodial sentence.

The contraceptive and sexual health service continues to provide high-quality, individually tailored services to large numbers of young people. There has been a significant increase in STI testing and importantly an increase in young people treated for bacterial STIs.

The parent management training service has a high level of demand from parents, who continue to respond favourably to the programme with excellent retention rates for such a demanding programme.

Certain key themes that emerge from all the services provided include:

The constant desire to receive meaningful feedback from users. Staff have used innovative ways to engage young people in order to hear their views. Some of these are sampled in this report. Some parents, who were part of the MST programmes, were interviewed in depth on their experiences. We are also very pleased to have on the council of management a young person who is a former user of the Centre's services, and a parent who participated in the MST programme.

Continuing involvement in high quality research ensures that the Centre is contributing to the knowledge base in these areas and influencing national strategy.

A commitment to training by providing placements for DClinPsy (Doctorate in Clinical Psychology) students and students on the clinical child and adolescent psychotherapy training at the Tavistock and Portman NHS Foundation Trust helps to disseminate the good practice that is part of the Brandon Centre culture.

Last year the council of management met for six ordinary meetings and one annual general meeting. I would like to thank all members of the management committee who continue to give their time, experience and knowledge to help the Centre, including Richard Taffler, honorary treasurer who oversees 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 health and local 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
May 2014

From the Director

In 2013/14:

- The total number of appointments offered by the Centre was 11,382 and 2,035 young people, parents and families used the Centre's services.
- Young people and parents attended 80% of appointments offered.
- We ran a successful feedback fête over two weeks in July at the Centre when 77 young people gave their views on the services they received.
- We ran two well attended focus groups to learn from parents their experience of using the multisystemic therapy (MST) service.
- We offered a range of contraceptive and sexual health services at the Centre including the appointment clinic staffed by doctors and a nurse and drop-in services offering free condoms, sexual health advice and information and basic STI screening run by trained front office staff.
- The Centre's C-card coordinator and sexual health programmes facilitator continued to coordinate and promote the C-card scheme in Camden at outreach sites and, with a colleague, run interactive information sessions in schools, colleges, pupil referral units, youth centres, and hostels for young people.
- Brandon Reach, a service to provide emotional support to Camden young parents that have had a child removed into care, was successfully established by one of our clinical psychologists.
- All clinicians working in the counselling and psychotherapy service were participating in the CYP IAPT (child and young person improved access to psychological therapies) programme of routine patient reported outcome measurement.
- From March 2014, new funding from Camden enabled the Centre to provide additional quality therapeutic support to Camden under 25 year olds with a mental health need below adult mental health thresholds as an element of Minding the Gap, an innovative project aimed at improving mental health and other outcomes for Camden 16 to 25 year olds.
- New MST commissions included Ealing, Islington and Lambeth and the re-commissioning of MST by Waltham Forest for families of young people caught up in gangs.
- Brandon Centre MST teams provided MST in seven London boroughs including Camden, Ealing, Enfield, Haringey, Islington, Lambeth and Waltham Forest.
- In partnership with the Research Department of Clinical, Educational and Health Psychology University College London, we completed the second 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 three years, supported by a grant from the Department of Health.
- We ran six well attended and well received parent training groups for parents of teenagers with challenging behaviour.

These achievements are consistent with our aspiration to provide services that are:

- accessible: don't have long waiting times, are designed with young people in mind, are open at times that are convenient for young people, are safe and confidential and have friendly and professional staff;
- evidence based: the staff use their knowledge of what works (the evidence base) and their experience of working with young people (practice based evidence) to decide with young people the best way to help them;
- outcome focused: helping young people achieve the outcomes they want and using outcomes measures and feedback from young people to find out whether we are meeting their goals.

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 our medical staff adequate time to deal with a young person's concerns about their sexual and reproductive health. These include preventing and dealing with unplanned pregnancy, sexually transmitted infections (STIs) and sexual and relationship difficulties. The clinic service offers pregnancy testing, basic STI screening, and can provide most methods of contraception (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 that many young people gain a trust and confidence in the Brandon Centre through 'dropping-in'. Once engaged, they may then be encouraged to take a chlamydia and gonorrhoea test and to consult with a doctor or nurse if necessary.

The drop-in services are managed by our front office team who all have the training and experience to recognise young people who may be especially vulnerable and have more complex sexual health needs, and those 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 coordinates and promotes the C-card scheme in Camden. In addition to the Brandon Centre, we have identified other 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 of the other participating C-card sites 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 work in close collaboration with the London wide C-card scheme to standardise procedures, monitoring and evaluation.

Chlamydia/gonorrhoea screening services: we 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 at 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 screening generates, the Brandon Centre also deals with the positive cases of infection that are detected by the home testing kits that young people obtain over the internet from the Camden URLife website.

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 or living with a learning disability, 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 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 PHSE.

What we had planned to do during 2013/14:

- Continue to provide an accessible, high-quality, sexual and reproductive health service for young people.
- Continue to develop the Camden C-card scheme by increasing the number of young people accessing the scheme, either as first time users or as regular repeat users.
- Further develop our drop-in services, especially with regard to creating a more private area where we can see drop-in clients.
- Increase our chlamydia/gonorrhoea screening activity, not only at the Brandon Centre, but more specifically in C-card outreach sites.
- Respond to our clients' request for more comprehensive STI testing services, by providing HIV testing at the Brandon Centre.
- Look at ways we can improve our services for young people with a disability or a sensory impairment.
- Offer contraceptive and sexual health support to the recently commissioned

therapeutic service for young parents whose children are at risk of being taken into care (now known as the Brandon Reach programme).

What we achieved during 2013/14:

- **Service activity:** Overall, 1,530 young people used the contraceptive and sexual health service (clinic services and/or drop-in services) at the Brandon Centre in 2013/14. A total of 3,668 attendances were recorded during the course of the year (this does not include the attendances for drop-in chlamydia and gonorrhoea screening).
- **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. 635 young people used this means of obtaining condoms (new and regular clients). 405 chlamydia/gonorrhoea screens were also done through the drop-in service. Almost two thirds of these were done by young men, many of whom have become regular clients.
- **Chlamydia/gonorrhoea screening:** overall our screening activity has increased by 15% when compared to last year's activity. A total of 1,418 chlamydia and gonorrhoea screening tests were performed at the Brandon Centre during 2013/14. We have diagnosed and managed significantly more cases of sexually transmitted infections this year (increase of 64% on last year): approximately 11% of young people who took a test at the Brandon Centre had either chlamydia (133 cases), gonorrhoea (11 cases) or both infections (11 cases).
- **C-card scheme:** Our C-card coordinator has provided ongoing training and support to staff in 22 C-card sites throughout the borough, to help them promote the scheme to the young people. As a result, 2013/14 saw a total of 624 new registrations onto the C-card scheme, together with 841 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 66 contraceptive implants in young women aged between 14 and 21 years during 2013/14. The demand for contraceptive implants increases year on year: in total, we have supplied implants to 300 young women since we started offering this service in November 2008.
- **Outreach:** our outreach workers have completed 71 sessions in local schools, SEN schools, colleges and youth organisations. Outreach activities have specifically targeted young people who are 'harder to reach', such as those who access an ex-offenders service and those who attend youth clubs in areas which have particular problems with anti social behaviour. Overall, outreach work has engaged 1,296 young people this year (925 young women and 371 young men).
- **HIV testing:** our clinical staff have received training in 'finger prick' HIV testing and we are about to begin to offer the test to selected clients from May 2014.
- **Brandon Reach programme:** working in close association with the psychologist managing this programme, we have provided contraceptive and sexual health services to young women who have had, or who are in the process of having their children taken into care. This vulnerable group are difficult to engage, and require services such as ours that can provide the flexibility and innovation required to ensure their sexual health needs are met.
- **Young people with disability:** outreach sessions have taken place in a local SEN school, with plans to deliver similar sessions in specialist youth centres. We have already seen that this has resulted in more young people with disability being able to access the Centre and use its services.

What we hope to achieve next year during 2014/15:

- Continue to provide an accessible, high-quality, sexual and reproductive health service for young people.
- Continue to support C-card sites with training, C-card drop-in sessions and SRE sessions, to further engage and increase the number of young people signed up to the scheme. To identify new sites for the C-card scheme, prioritising those that engage young people who are considered especially vulnerable.
- Increase our chlamydia/gonorrhoea screening activity, not only at the Brandon Centre, but more specifically in C-card outreach sites. This will require us to offer more training and support to youth workers, or to introduce screening only sessions run by Brandon Centre staff in these outreach settings.
- If the HIV testing pilot is successful, we will consider offering an HIV test to anyone who asks for it, initially in the setting of the clinic, but ultimately as a drop-in service. We hope this will promote awareness and discussion about the risk of HIV for our young clients throughout our services, and provide another opportunity to encourage safer sex.
- Continue to look at ways we can improve our services for young people with a disability or sensory impairment in terms of the access to the Centre, staff training and our outreach work. We will ensure that our website encourages young people with a disability, and that the information and services we provide are tailored to their specific needs.
- Consider alternative approaches to providing contraception and sexual health services (such as 'domiciliary'/outreach services) for those young women who are engaged with the Brandon Reach programme, who otherwise find access to mainstream services difficult.
- We hope to secure funding to deliver further Real Care baby programmes, with a view to offering the programme to looked after young people and young women leaving care. We hope that in getting the programme accredited, it will be even more attractive to young people and encourage participation.

How we deliver public benefit

The Brandon Centre works collaboratively with local health service commissioners and with other Camden based 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, especially those which aspire to reduce teenage pregnancy rates and improve chlamydia screening coverage.

The Brandon Centre's specific strength and contribution lies in its ability to improve access to services for more vulnerable and 'hard-to-reach' young people. The ongoing success of our drop-in services (C-card and STI screening) clearly demonstrates the Centre is both accessible and acceptable to local young people, who might otherwise find it difficult to engage with more mainstream health services.

A sample of contraceptive and sexual health clients rate the service April 2013 to March 2014

How would you rate the care you received?

	Number	%
Excellent	22	43
Very Good	27	53
Good	1	2
Somewhat Good	1	2
Poor	0	0
Total	51	100

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

	Number	%
Definitely Involved	44	90
Somewhat Involved	5	10
Not Involved	0	0
Total	49	100

Were you treated with respect and dignity?

	Number	%
Yes Definitely/All the time	46	92
Somewhat/Some of the time	4	8
Not at all/None of the time	0	0
Total	50	100

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

I think the building is nice and is one of the nicest clinics that I have been to ….. it's quiet and relaxing, and unlike some other clinics that I have been to, it has a really friendly atmosphere ……. I try and visit here more than the one at university.

I called to book an appointment over the phone and everyone was very helpful. On my first visit I met with a doctor…… I felt safe and like I could trust everyone that worked here.

Coming here for the first time was a really pleasant experience….. I am so grateful for all the help given to me here.

I used the drop in service……. the people were very friendly. I felt very comfortable and not ashamed at all.

It feels like the staff really want to help….. it feels like no one judges you. I feel more secure coming here than going to my GP.

Always consistent and helpful, informative, friendly and just so, so lovely.

I love the help given here. I am honestly so grateful for everything the Brandon Centre has done for me. I don't know what I'd have done without this centre being available.

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 over 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 clinicians 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 Child and Adolescent Mental Health Services (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. With the support of Islington Council and Cripplegate Foundation, the Centre provides counselling and psychotherapy services for Islington young people at the Drum youth centre in Whitecross Street EC1.

What we planned to do:

- Provide individual long-term and short-term psychotherapy, cognitive behaviour therapy (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.
- 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 SDQ, 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.

What we achieved:

- A total of 252 young people were either referred or self referred in the year to the Brandon Centre and 70 to the Drum.
- A total of 241 young people received psychotherapy at the Brandon Centre and 54 young people at the Drum.
- The three most frequent current problems presented by young people were emotional problems (258:97%), family problems (206:78%) and problems related to school and higher education (151:57%).
- 63 (24%) were helped for deliberate self harm, 40 (15%) young people were helped who had attempted suicide and 95 (36%) reported being at risk from deliberate self harm.
- A total of 61 (23%) young people who suffered a bereavement were helped.
- Of 60 young people who had psychotherapy at the Brandon Centre and completed the Commission for Health Improvement Experience of Service Questionnaire (CHI ESQ), 78% rated the statement 'I felt the people who saw me listened to me' as 'certainly true' and 73% rated as 'certainly true' the statement 'Overall the help I received here is good'. 52% and 40% respectively rated the statement 'I feel the people know how to help me' as 'certainly true' and 'partly true'. 98% rated as 'certainly true' the statement 'I was treated well by the people who saw me'.
- 151 young people new to the service completed a youth self report form (YSR) or a young adult self report form (YASR) before starting treatment. 59 (48%) of those eligible to complete a follow-up YSR or YASR for our programme monitoring the outcome of treatment did so.
- 91, 12 to 17 year olds completed an SDQ (Strength and Difficulties Questionnaire) before commencing treatment and 20 completed a follow-up SDQ, 85 completed an RCADS (Revised Children's Anxiety and Depression Scale) and 16 completed a follow-up RCADS.
- We provided a four year placement for two trainee child and adolescent psychotherapists and a third year placement for two doctoral clinical psychology trainees from University College London and University of East London.
- The psychotherapy service team, staffed by one child and adolescent psychotherapist, three clinical psychologists, a cognitive behaviour therapist and three psychodynamic therapists, was able to offer child and adolescent psychotherapy, psychodynamic psychotherapy, cognitive behaviour therapy, dynamic interpersonal psychotherapy, interpersonal psychotherapy and narrative therapy.
- All clinicians working in the counselling and psychotherapy service were participating in the CYP IAPT (child and young person improved access to psychological therapies) programme of routine patient reported outcome measurement.
- Brandon Reach, a service to provide emotional support to Camden young parents that have had a child removed into care, was successfully established by one of our clinical psychologists who worked with 15 young parents in the year.
- Feedback from the user service group led to one off appointments being offered for young people while on the waiting list.
- Two users of the service were part of an interview panel that interviewed candidates for three new posts in the psychotherapy service to provide additional quality therapeutic support to Camden under 25 year olds with a mental health need below adult mental health thresholds as an element of the Minding the Gap project.

What we will achieve next year:

- Provide individual long-term and short-term psychotherapy, CBT, dynamic interpersonal psychotherapy, interpersonal psychotherapy and narrative therapy at the Brandon Centre and at the Drum.
- See an additional 180 Camden 16 to 24 year olds and reduce waiting times from 11 to two weeks as part of Camden's Minding the Gap project.
- Use additional psychotherapy capacity to reach out to young people in the Camden Under 25s Advice Service and Camden Hostels Pathway.
- Treat substance misuse disorders that accompany mental health problems presented by young people.
- Provide a psychotherapy service for 12 to 18 year olds who have suffered a bereavement.
- Continue to develop and expand the Camden Reach model of service delivery.
- Continue embedding the CYP IAPT approach to outcome monitoring in order to improve the quality and experience of the psychotherapy service.
- Extend the involvement of young people who have had therapy at the Centre in further developing the service.
- Analyse findings from user feedback and from outcome monitoring and

consider service developments.
- Offer a placement for one third year doctoral clinical psychology trainee and one child and adolescent psychotherapy trainee.

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 (60) who attended the Centre's counselling and psychotherapy service in 2013/14.

	Certainly true		Partly true		Not true		Don't know	
	12/13	13/14	12/13	13/14	12/13	13/14	12/13	13/14
I felt that the people who saw me listened to me	87%	78%	11%	20%	2%	0	0	2%
It was easy to talk to the people who saw me	66%	53%	32%	35%	2%	10%	0	2%
I was treated well by the people who saw me	94%	98%	4%	2%	0	0	2%	0
My views and worries were taken seriously	86%	78%	14%	15%	0	3%	0	4%
I feel the people know how to help me	60%	52%	27%	40%	6%	3%	7%	5%
I have been given enough explanation about the help here	66%	66%	27%	27%	4%	3%	3%	4%
The facilities are comfortable	73%	75%	23%	20%	3%	5%	1%	0
My appointments are usually at a convenient time	76%	71%	18%	20%	6%	7%	0	2%
It is quite easy to get to the place where I have my appointments	90%	82%	7%	15%	3%	3%	0	0
If a friend needed this sort of help, I would suggest to them to come here	79%	67%	10%	25%	3%	2%	8%	6%
Overall the help I received here is good	82%	73%	14%	23%	3%	0	1%	4%

What was really good about your care?

He gave me ideas since going there. He listened to how I was feeling. Since not going there I have been figuring it (stuff) out for myself. Coming to the Brandon Centre gave me a lot of help. Gave me help with my childhood life. I realised from coming there that I wasn't a sad story and had problems.

I just found it really reassuring. I didn't want to burden my family with my problems. Each time I went I felt better - having someone to talk to at the Brandon Centre was good. As it is their job I didn't feel like I was burdening them.

I liked the feeling of not being judged and feeling like my therapist was devoted to establishing and working through my issues. I felt I was in a very safe environment. I think overall the sessions were really good for me as they helped me ground my issues and develop an understanding of them. The people here are very friendly, the service quick and the facilities are plenty and comfortable.

Really easy to speak to her. It was kept anonymous, personal but anonymous. I found it really helpful.

I was able to speak to her and not feel I was talking to a brick wall and I liked it when she gave me her personal opinion instead of sitting on the fence like some people do.

The Brandon Centre saved my life!

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

Not working for me, I feel like I need a reply. I feel like I'm talking to a wall.

I became more confused than less confused. GP now referred me for CBT would be good to look at my physical condition. I would recommend CBT to others as it sounds good.

Wait time, did not find it helpful.

I understand it takes time to get an appointment but maybe the waiting process could be quicker?

The reason I ended was because I was having trouble getting there one day, I wasn't feeling good, she didn't quite understand where I was coming from. Ended unexpectedly which was hard. It was difficult getting to the Centre. There was a long waiting list, I was a bit put off by the times available and the wait.

I didn't really feel comfortable talking about stuff, didn't want to come anyway. The time of the appointments was not good. It interrupted my evening.

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 35 teams in England, Scotland and Northern Ireland 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 anti-social 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 for achieving 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. A hallmark of MST teams is their availability for families to contact them 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 adaptations of MST standard 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 (YOS) and University College London. The aim of the trial was to evaluate the effectiveness of MST in reducing youth offending compared with YOS (youth offending services) management as usual. Although young people receiving both MST and YOS interventions showed improvement in terms of reduced offending, the MST model of service-delivery reduced significantly further the likelihood of non violent offending during an 18-month follow-up period. Consistent with offending data, the results of youth-reported delinquency and parental reports of aggressive and delinquent behaviours show significantly greater reductions from pre-treatment to post-treatment levels in the MST group. Results from an economic evaluation that accompanied the trial by the Centre for the Economics of Mental Health at the Institute of Psychiatry support the finding that MST plus YOS management as usual has scope for cost savings compared with YOS management as usual alone. Findings from a qualitative study of families' experience of MST that participated in the trial support the MST theory of change but suggest some adaptations including ongoing support for families struggling to maintain strategies beyond the prescribed treatment period. All three studies have been published in peer reviewed, professional journals.

What we planned to do:

- 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 Department of Health 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 Department of Health Innovation, Excellence and Strategic Development Fund for a three-year pilot adapting MST for eating disorders in collaboration with Royal Free Hospital eating disorders service.
- Analyse three years' follow-up outcome data from the Centre's MST randomised controlled trial.

What we achieved:

- 93 families received MST, 52 cases were completed, 36 were ongoing and five dropped out.
- Of 88 families treated, 17 were also substance abuse cases that were part of a three-year pilot of MST SA. Three did not achieve abstinence, four were abstinent for 1-4 weeks, nine were abstinent for 5-10 weeks, one was abstinent for 12 weeks.
- Treated 18 cases referred by Camden; five were ongoing from 2012/13 and were completed in 2013/14. Of 13 families referred in 2013/14, two cases ended prematurely, seven were completed and

four were ongoing at the end of the financial year, 31 March 2014.

- Treated 13 cases referred by Enfield; three were ongoing from 2012/13 and were completed in 2013/14. Of 10 new cases referred and started in 2013/14, eight were completed and two were ongoing at the end of the financial year.
- Treated eight MST PSB cases; three were ongoing from 2012/13. Seven cases were treated as part the MST PSB randomised controlled trial. Of these four were completed and three were ongoing. One commissioned MST PSB case was referred and completed.
- Treated 26 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. 14 were referred by Haringey Social Services and 12 were referred by Waltham Forest Social Services. Eight cases were ongoing from 2012/13 and 18 were new cases. 14 cases were completed, three ended prematurely and nine were ongoing at the end of the year.
- Treated 10 Waltham Forest families with a young person involved in a gang; three were ongoing from 2012/13 and were completed in 2013/14. Of seven families referred in 2013/14, three were completed, one ended prematurely and three were ongoing at the end of the financial year.
- Treated 10 Ealing families referred as part of the Think Family strategy. Four cases were completed, three were closed prematurely and three were ongoing at the end of the financial year.
- Started three of five commissioned Islington cases referred by the Youth Offending Service and five of 14 Lambeth cases referred as part of the Troubled Families programme.
- Continued a feasibility study in collaboration with the Royal Free Hospital eating disorders service applying MST to three families where the young person has an eating disorder. The cases were successfully completed.
- Of 25 Haringey/Waltham Forest edge of care/custody cases that completed treatment since April 2012, 23 have remained at home, 16 have been closed to Social Services, nine young people have re-offended and 23 are in education or training.
- Five out of 10 young people from families that have completed MST since April 2012 as part of the Waltham Forest gangs project have not re-offended, one has been placed out of home and eight are in education or training.
- Successfully tendered to continue providing MST for another seven Waltham Forest families with a young person involved in a gang.
- Ran two focus groups to learn from parents their experience of using the MST service.
- Three year follow-up outcome data from the Centre's MST randomised controlled trial showed no significant differences in offending between the MST plus YOS management as usual group and YOS management as usual group.

What we will achieve next year:

- Treat 13 Camden families, 10 Enfield families, 28 Haringey/Waltham Forest edge of care/custody families, 10 Ealing Think Family cases, seven Waltham Forest Gangs project families, 12 MST PSB cases as part of the randomised controlled trial, 14 Lambeth Troubled Family cases and five Islington Youth Offending Service cases.
- Run two focus groups to learn from parents their experience of using the multisystemic therapy (MST) service and collect feedback from parents and where possible from young people and from referrers.
- Pilot a post MST intervention service to support sustainability of MST outcomes.
- Continue to collect follow-up data on the young person's offending behaviour, social care status, whether the young person is living at home and whether the young person is in education or training.

How we deliver public benefit

Although youth offending has declined, it remains a significant social problem. Policy makers and commissioners of services are seeking alternatives to the use of custody, which is expensive and largely ineffective in preventing re-offending. 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 school. The Centre's promotion of MST is making a significant contribution to this agenda.

Parents who had MST in 2013/14 said:

It helped us to get a structure in place at a difficult time. Roy had had two major arrests so we needed some help. The support from the 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 Sainsbury's 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.

It's really proactive & I liked how we looked at everything that influenced the behaviours that were happening and the way that we worked out some fixed guidelines of how to deal with certain behaviours. There was always a map or plan of how to deal with the situation and back up strategies. It was done beforehand so we weren't thinking on our feet when it happened. Also having someone at the end of the phone if we were stuck or didn't agree about the next course of action, it helped us to clarify our thinking at the time or give us another course of action.

Yes I know places to go now if she goes missing. Everyone in the family cracked down on her, she used to play us off against one another but now we are all using the same rule book. It's also consistency, before I would have let things go but there are consequences now and it is not a battle. The Brandon Centre worked well with me.

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 attention deficit hyperactivity disorder (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.

'Parenting with Love and Limits' is a group-based parent management training programme run over six weeks for parents and carers who are having difficulty controlling the behaviour of their teenage child (ages 12–17). The programme gives practical guidance to parents who are trying to change and improve their child's behaviour. Parents who attend the programme 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.

The Brandon Centre has also been 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 BSFT 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.
- An average of six parents attend per group.
- 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 attention deficit hyperactivity disorder (ADHD)/attention deficit disorder (ADD).
- Offer brief strategic family therapy for parents of young people with substance misuse problems.

What we achieved:

- Six Parenting with Love and Limits groups were run in the year.
- 65 parents from 56 families attended a group in the year, an average of nine parents per group.
- 33 (51%) parents attended all sessions and 20 parents attended all but one session.
- 88% of sessions offered (379) were attended.
- Two young people of the parents who attended the group programme attended counselling sessions.
- Updated findings from the outcome study continued to show significant improvements in the behaviour and mental health problems achieved by young people whose parents attended the programmes. The behaviour problems of 154 (58%) young people of 267 surveyed improved reliably according to parents that completed a child behaviour checklist before and after the programme.
- Parents reported a high degree of satisfaction with the programmes.
- 10 families received brief strategic family therapy, and 87% of 46 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.
- An average of six parents attend per group.
- 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.

How we deliver public benefit

Conduct disorder and oppositional defiant disorder affect 8.1% of boys and 2.8% of girls aged between 11 and 16, and are the most common reason 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

The course 'normalised' the situation and gave me strategies to deal with behaviour problems. It reminded me of firmness and fair rules and the importance of remaining calm, and gave me a sense of self. It was a very good course and I enjoyed it. Re-empowered me as a parent.

I found it much more helpful in relation to how to manage my own behaviour, emotions and reactions than about how to change hers. I can manage better and suffer less which makes family life a bit calmer.

I have learnt many new things about my teenager and through this have restored happiness in my home. I would highly recommend this course.

The approach was good. I would not make it different. I felt at ease to talk about my problems with my teen. Of course there are ups and downs but we have to remember that at the end of the day our teen is not our enemy. We love them besides sometimes they are so nasty and make us so sad. And it is only a phase they are going through, but we still need to take control. Thank-you very much for everything.

The classes have helped us rethink about our parenting skills and made us realise if we want to improve upon our teenagers behaviour and attitude we also need to change. The overall course has made us rethink about our parenting.

I found it helpful to have a weekly meeting to go through and discuss the recommendations in Dr. Sells' book that the course is based on. It was supportive to be in a group with other people experiencing similar problems. Even the short video clips were quite helpful.

I've noticed a real difference. I found helpful the feedback and tips to help manage a teenager, I learnt to let go and I realised that my teen wasn't so bad, comparing to other families. Just normal teenager behaviour.

I was told 'its not personal'. This was a revelation to me. Me and my husband were totally heartbroken when we came to the centre. We got told that teenagers don't do things to upset parents. It has given me great comfort in a very difficult time of our lives. I still walk around the house repeating to myself 'it is not personal!'

I was lost and without these classes I would not have been able to manage. I am able to use things like threatening to buy my child Asda trainers and taking away games consoles to compel my child to behave in the way I want him to, rather than threatening to stop e.g. music classes, Duke of Edinburgh Award, school performing, arts production attendance etc. everything I learnt helped me understand my child better and there have been no more big arguments.

I learnt so many things. What to do when my children's temper goes up.

Realizing that although my daughters behaviour can be difficult to deal with at times, she is not as badly behaved as some young people, she has a lot of positive behaviours.

Button-pushing; not responding to this & walking away (saying so) really helps. Praise; offering a lot more praise which can be difficult when things are not going well, now make more effort to do so, use of text works well.

Audit and evaluation

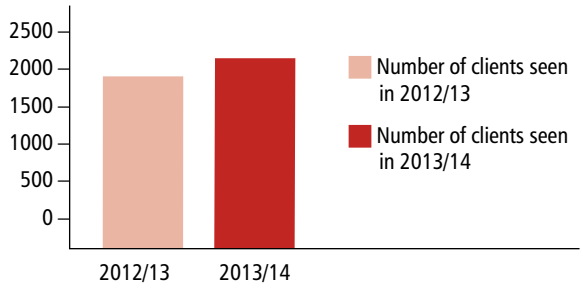
Audit has become a fundamental requirement in clinical practice. The purpose of clinical audit is to improve services to patients by a formal process of setting standards, gathering data to find how the service is performing in relation to them, and changing practice as a result.

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

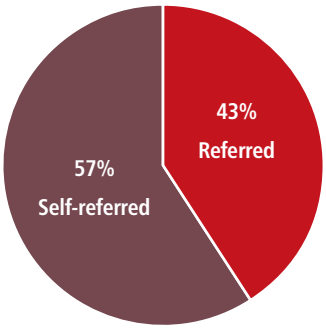
Service data

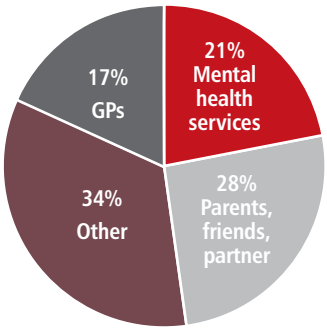
In 2013/14, 2,026 young people, parents and families used the Centre's services compared to 1,951 in 2012/2013.



1,710 used the contraceptive and sexual health service, dropped in for condoms and chlamydia and gonorrhoea testing; 1,075 used the contraceptive and sexual health appointment service and 635 used the drop-in condom service. Of these, 180 young people accessed both the drop-in condom service and also attended an appointment with a doctor or a nurse. 295 young people used the psychotherapy service; 43 parents attended a consultation; 65 parents who came from 56 families attended the Centre's parent management training group; 93 families received multisystemic therapy (MST), and nine families participated in the Centre's family therapy project for young substance misusers.

Including referrals made by parents or relatives, 57% of young people self-referred to the counselling and psychotherapy service. The main sources where service users learned of the Centre were GPs (17%), parents, relatives, friends or a partner (28%) and mental health services (21%).





	Sessions offered	Sessions attended
Contraceptive services	4,115	3,668 (89%)
Therapy	3,879	2,542(66%)
MST	2,963	2,575 (87%)
Parenting	379	334 (88%)
Family therapy	46	40 (87%)
Total	11,382	9,159 (80%)

Demographics The ages of the young people were:

Age (years)	Contraception (%) (N=1,710)	Psychotherapy (%) (N=295)	Parenting and MST (%) (N=158)	Total (%) (N=2,163)
11–17	29.53	53.22	98.10	37.77
18–21	55.73	43.73	0	50.16
22+	14.44	2.71	0	11.79
Not recorded	0.30	0.34	1.90	0.28
Total	100	100	100	100

Gender of young people was:

	Contraception (%) (N=1,710)	Psychotherapy (%) (N=295)	Parenting and MST (%) (N=158)	Total (%) (N=2,163)
Female	75.91	74.92	51.90	74.02
Male	24.09	25.08	48.10	25.98
Total	100	100	100	100

Ethnic background

	Contraception	Psychotherapy	Parenting and MST	Total
White	997 (58.30%)	165 (55.93%)	95 (60.13%)	1,257 (58.11%)
Mixed	243 (14.21%)	35 (11.86%)	18 (11.39%)	296 (13.68%)
Asian and Asian British	95 (5.56%)	19 (6.44%)	7 (4.43%)	121 (5.59%)
Black or Black British	205 (11.99%)	31 (10.51%)	25 (15.83%)	261 (12.07%)
Chinese	13 (0.76%)	2 (0.68%)	0 (0.00%)	15 (0.69%)
Other ethnic group	88 (5.15%)	15 (5.09%)	1 (0.63%)	104 (4.81%)
Not known or recorded	69 (4.03%)	28 (9.49%)	12 (7.59%)	109 (5.05%)
Total	1,710 (100%)	295 (100%)	158 (100%)	2,163 (100%)

32.3% of young people who used the counselling and psychotherapy service were from an intact family.
35% were at school, 36% were at college, university or engaged in vocational training, 14% were unemployed and 3% were employed.

Problems presented by young people

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

	Psychotherapy	Parenting	MST
	% (N=265)	% (N=59)	% (N=60)
Family problems	78	100	85
Depression/anxiety	97	15	53
Problems related to school and higher education	57	59	87
Sexual/relationship problems	37	3	20
Violent and offending behaviour and other conduct problems	21	100	97
Social isolation	48	0	28
Sleep problems	44	nk	23
Separation anxiety and developmental problems	37	0	12
Somatic symptoms	15	nk	5
Drug abuse and alcohol abuse	20	12	43
At risk of deliberate self-harm	36	3	27
Sexual and physical abuse	16	0	22
Bereavement	23	2	8
Eating problems	19	2	11
Deliberate self-harm	24	2	25
Attempted suicide	15	0	7
Employment problems	8	0	0
Significant illness involving hospital	10	0	3
Pregnancy/abortion	3	0	2

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	Total
Oral/transdermal hormonal contraception	668		
Condoms	966	390	1,356
Patch	88		
Injectable contraception	81		
Implant	60		
Number of emergency contraception supplied	410		
Number of pregnancy tests performed	611		
Number of positive pregnancy tests:	58		
Number referred for termination	40		
Number planning to continue with pregnancy	9		
Number unsure of their decision	6		
Number who miscarried	3		
Number of screens for chlamydia and gonorrhoea done in appointment clinic	948	66	1,014
Number of screens positive for an infection (chlamydia, gonorrhoea)	101	11	112
		(11.04% positivity)	
Chlamydia screening programme drop-in service:			
Number of screens for chlamydia and gonorrhoea done in drop-in services	144	260	404
Number of screens positive for an infection (chlamydia, gonorrhoea or both)	14	29	43
		(10.7% positivity)	
Total number of chlamydia and gonorrhoea screens	1,092	326	1,418
Total number of positive screens	115	40	155
		(11.0% positivity)	

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 (e.g. Anxious/Depressed), a score above 67 is in the clinical range and a score below 67 is in the non-clinical range.

Psychotherapy outcomes

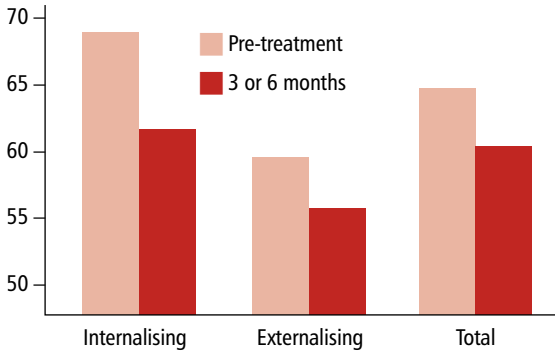
Using all data collected from 1993 to 2013 at six month follow-up or three month follow-up if six month data are unavailable, outcomes for young people who completed a youth self report form (YSR) or a young adult self report form (YASR) were as follows:

CHANGE IN MEAN SCORES

Mean change YSR/YASR internalising, externalising and total problem scores at pre-treatment, and six months (n: 986). There is a statistically significant improvement for all three problem areas:

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

	Internalising	Externalising	Total
	Score(sd)	Score(sd)	Score(sd)
Pre-treatment	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 986 young people who completed a form at pre-treatment 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 pre-treatment 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 (3.5%)
Remained in clinical range	537 (54.4%)	297 (30.1%)	501 (50.8%)
Remained in non-clinical range	199 (20.2%)	439 (44.5%)	226 (23.1%)

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 is therefore for 898 young people:

Reliable change in YSR/YASR internalising, externalising and total scores at pre-treatment 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.

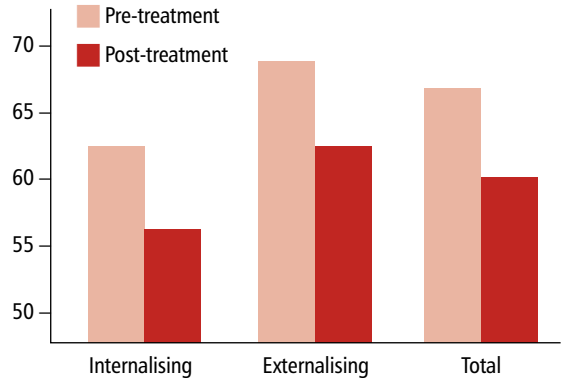
Parenting programme outcomes

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 child behaviour checklist (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)
Pre-treatment	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 index (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 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 31st March 2014

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 31st March 2014 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 mental ill 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 31st March 2014 amounted to £1,663,363 (2013: £1,600,615), including capital grants, and expenditure totalled £1,552,798 (2013: £1,446,110). Net incoming resources during the year amounted to £110,565 (2013: £154,505). As in previous years, the Centre has benefited from the financial support of health and local authorities, charitable trusts and corporate donors.

Total Fund balances at 31st March 2014 were £1,079,204 (2013: £968,639) of which £252,388 (2013: £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 £79,094 (2013: £79,033) 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 £747,722 (2013: £637,218) consists of £50,913 (2013: £94,213) restricted funds, which relate to the various activities of the Brandon Centre, together with an unrestricted funds balance of £696,809 (2013: £543,005), 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 £693,087 (2013: £535,975).

The Brandon Centre's financial position at 31st March 2014 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 20 June 2014 and signed on its behalf.

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

Statement of financial activities (including income and expenditure account)

Account for the year ended 31 March 2014

	Unestricted Funds	Restricted Funds	Total Funds 2014	Total Funds 2013
	£	£	£	£
Incoming resources				
Incoming resources from generated funds:				
Voluntary income	28,809	445,375	474,184	598,748
Investment income	2,717	386	3,103	7,357
Incoming resources from charitable activities	1,185,627	-	1,185,627	994,329
Other incoming resources	449	-	449	181
Total incoming resources	1,217,602	445,761	1,663,363	1,600,615
Resources expended				
Costs of generating funds Fundraising trading:				
Cost of goods sold and other costs	5,385	-	5,385	5,241
Charitable activities	1,043,931	489,000	1,532,931	1,426,825
Governance costs	14,482	-	14,482	14,044
Total resources expended	1,063,798	489,000	1,552,798	1,446,110
Net movement in funds	153,804	(43,239)	110,565	154,505
Reconciliation of funds				
Total funds brought forward	543,005	425,634	968,639	814,134
Total funds carried forward	696,809	382,395	1,079,204	968,639

Summary of year end position

as at 31 March 2014

	2014		2013	
	£	£	£	£
Fixed assets				
Tangible assets		256,109		259,743
Current assets				
Debtors	48,144		51,164	
Cash at bank and in hand	858,085		1,033,453	
	906,229		1,084,617	
Creditors: amounts falling due within one year	(83,134)		(349,407)	
Net current assets		823,095		735,210
Total assets less current liabilities		1,079,204		994,953
Creditors: amounts falling due after more than one year		-		(26,314)
Net assets		1,079,204		968,639
The funds of the charity:				
Restricted funds in surplus		382,395		425,634
Unrestricted funds				
Unrestricted income funds		696,809		543,005
Total charity funds		1,079,204		968,639

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, 26 Prince of Wales Road, Kentish Town, London NW5 3LG.

The Brandon Centre

Open:	
Monday:	9.30 am–8.00 pm
Tuesday:	9.30 am–8.00 pm
Wednesday:	9.30 am–8.00 pm
Thursday:	9.30 am–7.30 pm
Friday:	9.30 am–5.00 pm
Saturday:	10.00am-3.00pm

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

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

Company secretary
Geoffrey Baruch

Bankers
Barclays Bank plc
CAMDEN
Leicester LE87 2BB

Legal advisors
Bindmans LLP Solicitors
236 Gray's Inn Road
London WC1X 8HB

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

The staff

Director
Geoffrey Baruch

Contraceptive & sexual health service:

Doctors
Helen Montgomery (lead clinician)
Caroline Chan

Nurse
Judith Miller

Psychotherapy service:

Psychotherapists
Sally Barker
Nicola Cloutman
Rumman Hoque

Child and adolescent psychotherapists
Adam Duncan (in training)
Zora Goodland (consultant child and adolescent psychotherapist)
Francesca Haslam (in training)

Clinical psychologists
Emma Silver (consultant clinical psychologist and lead clinician for psychotherapy service)
Barbara Rishworth
Tania Salvo (from March 2014)
Sara Szydlowski (in training, until September 2013)
Jonathan Totman (in training, until September 2013)
Phebe Burns (in training from October 2013)
Yvanna Coopoosamy (in training from October 2013)

Cognitive behaviour therapist
Lorna Vincent

Family therapist
Amanda Middleton (until July 2013)
Petra Titlbachova (from October 2013)

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

MST Therapists
Claire Baxter (April 2013 until November 2013)
Emily Callard (from May 2013)
Jacqueline Cannon
Timothy Flynn (until December 2013)
Anita Freeman (until June 2013)
Natasha Gold (from January 2014)
Miltos Hadjiosif (from September 2013 until January 2014)
Lizzie Kock (from November 2013)
Aimee Longos (from January 2014)
Catalin Lulea (from May 2013)
Natalie McIntosh (from September 2013)
Varinder Panesar (until October 2013)
Laura Pike (until September 2013)
Amanda Singh
Mendy Stevenson (from September 2014 to February 2014)
Fiona Tait (from July 2013)
Mayuri Unalkat

Administrative and reception staff:

Operations manager
Charlotte Reynolds

MST coordinators
Samantha Bickerstaff
Stacey Miller (projects assistant)

Psychotherapy referrals coordinators
Clare Hoddinott
Gillian Turnbull (from March 2014)

Camden C-card coordinators/sexual health facilitator
Shirldon Barthelmy

Contraceptive and sexual health service advisors and medical reception
Sandra Chidavaenzi (until October 2013)
Cristianne Connor (from October 2013)
Dominique Golden
Rebecca Keigh (from January 2014)
Belinda Rowe (from April 2013)
Katrina Wright (until December 2013)

Drum administrator
Caroline Moore

The Brandon Centre thanks

Our sincere thanks to the following statutory bodies, trusts, companies and donors for their support in 2013/14:

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

Trusts
The Albert Hunt Trust
BBC Children in Need Appeal
The City Bridge Trust
The Cotton Trust
Cripplegate Foundation
The Fitzdale Trust
G M Morrison Charitable Trust
GMS Estates Limited
The Goldsmiths' Company
Hampstead Wells and Campden Trust
Irish Youth Foundation
The Lambert Charitable Trust
Sir Mark and Lady Turner Charitable Settlement
Oakdale Trust
The Rayne Foundation
The Rhododendron Trust
Shanly Foundation
The Sir Jules Thorn Charitable Trust
The Vandervell Foundation

Corporate
The Coutts Charitable Trust

Donors
Lilly Oppenheim

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Registered Charity No: 290118. Company Limited by Guarantee No: 1830241