



Annual
Report

2015/2016

Background

Brandon Centre for Counselling and Psychotherapy for Young People is a charitable organisation that has existed for over 48 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 the need of young women to access a service which allowed them to talk through emotional issues associated with requests for contraception. Shortly after the founding of the contraceptive service, an information service and a psychotherapy service were created to meet the emotional needs of young women and men in the local community and beyond. These services were easily accessible through self-referral and ensuring confidentiality. They provided comfortable, welcoming and 'non-institutional premises' in the heart of the local community, with 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 acquired a reputation for its 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 also 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 (CQC) and is assessed annually for compliance with the CQC'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 am delighted to present the 2015/16 Brandon Centre annual report. Once again the Centre has had an extremely busy year with excellent uptake of all appointments, as well as drop-in services, and many outreach events provided in schools, hostels and other sites where young people can be reached. All services continue to operate according to the Centre's key principles of accessibility (including an emphasis on self-referral where possible and appropriate) which are evidence-based and outcome-focused. This requires innovation alongside constant measurement and improvement. The psychotherapy services and contraception and sexual health service successfully bid for local authority contracts. The contraception and sexual health service now forms part of a local network of services for young people and, as a result, has developed its services and premises. The Centre continues to engage service users, their parents and carers, in its feedback and this is used to continue to develop and improve our services. The Centre has also continued to conduct research of the highest quality, including a unique study of multisystemic therapy (MST) for problem sexual behaviour.

Last year, the Council of Management met for six ordinary meetings and the Annual General Meeting. We have spent time reviewing our strengths and weaknesses as a Council, as well as the risks to and strengths of the Centre using guidance from the Charity Commission. This is to ensure that going

forward we fulfil our duties as trustees and ensure a healthy future for the Centre. 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. We were sorry to say goodbye to Lucie Morris during the year and thank her for her support.

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 clinical commissioning groups (CCGs) 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.

Dr Danielle Mercey
Chair, Council of Management
May 2016

From the Director

The Centre offered 10,882 appointments in 2015/16 of which 81% were attended by young people and parents. In total 4,035 young people, parents and families used the Centre's services. A survey of young people's experience of the psychotherapy service was carried out by two youth ambassadors, with the help of our participation officer and a trainee doctoral clinical psychologist. This was successful in informing our service development. As part of a network with Brook and the Homerton, we also implemented new young people's sexual health services in Camden and Islington.

The Centre continued to offer a range of contraceptive and sexual health services, including an appointment clinic staffed by doctors and a nurse, and drop-in services offering free condoms, sexual health advice and information, and basic sexually transmitted infections (STI) screening run by trained front-office staff. The Centre's C-card coordinator and sexual health programmes facilitator also continued to run and promote the C-card scheme in Camden and, in partnership with Brook, in Islington at outreach sites. Our facilitator ran interactive information sessions in schools, colleges, pupil referral units, youth centres, and hostels engaging with 1,516 young people. Meanwhile, Brandon Reach, a service to provide emotional support to young parents who have had a child removed into care, expanded its multi-faceted programme in Camden.

Our clinicians working in the counselling and psychotherapy service continued their participation in the Child and Young People's Improved Access to Psychological Therapies programme (CYP IAPT) of routine patient-reported outcome-measurement. In addition, as a result of successfully tendering for a new contract for young people's mental health services, our counselling and psychotherapy service provided support for 269 of Camden's 12- to 24-year-olds. In total, 81 of Islington's young people attended counselling and psychotherapy sessions delivered by us at Lift and Platform youth hubs and at the Drum youth service in Whitecross Street. The Centre's activities continued to see high levels of participation with 240 year 11 students, from two local secondary schools, taking part in an exam stress workshop run by our clinical psychologists.

Two Brandon Centre teams provided multisystemic therapy (MST) in Camden, Ealing, Enfield, Haringey, Islington and Lambeth. We also completed the fourth year of the first clinical trial in the UK, in partnership with MST UK and the Research Department of Clinical, Educational and Health Psychology University College London, to investigate the effectiveness of MST for problem sexual behaviour (MST PSB) in young people. The trial is expected to take five years.

We ran six well-attended and well-received parent-management training groups for parents

of teenagers with challenging behaviour and initiated Brandon Prevent, providing eight sessions of individualised support for parents of teenagers with moderate to severe challenging behaviour in addition to attending the group. We also ran a successful eight-session group programme for parents of five- to 12-year-olds with a diagnosis of attention deficit hyperactivity disorder (ADHD).

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
May 2016

Contraceptive and sexual health services

As part of a newly commissioned contract starting in April 2015, the contraceptive and sexual health service at the Brandon Centre has been working in partnership with Brook Euston and Homerton NHS Trust at Pulse in Islington to provide a network of young people's community sexual health services across Camden and Islington.

This innovative model of joint care provision includes: three contraception and sexual health clinics (one being the Brandon Centre), supported C-card sites (providing access to free condoms in community youth services), sexual and relationship education (SRE) in schools, clinical- and targeted-outreach with more vulnerable young people, and children's workforce training and development across both boroughs.

The focus of our activities in 2015–16

1. Developing and strengthening the Camden and Islington Young People's Sexual Health network

Regular meetings have taken place with our Brook and Homerton NHS Trust to ensure we provide accessible and high-quality services that are consistent and standardised across Camden and Islington, and meet the sexual health needs of young people. Outcomes of ongoing collaborative working include:

- standardisation and monitoring of clinic provision and clinical practice, safeguarding procedures and practice, data monitoring and reporting templates
- coordination and planning of SRE provision
- engagement of young people to help shape and develop the new network
- developing and launching the network brand
- quarterly educational and networking meetings for all partner organisation staff
- representation of the young people's sexual health network at external professional meetings and forums.

2. Developing the contraception and sexual health clinic services based at the Brandon Centre

In line with service specifications of the new contract, the Centre's core sexual health clinic provision has expanded, improving access for more young people and reducing the need for onward referral to larger genitourinary medicine (GUM) and contraceptive clinics. This has been achieved by:

- increasing the age range of service users up to the age of 25 years
- extending opening hours for support workers and specialist nurses/doctors to be available six days a week, including early evenings and Saturdays
- refurbishing the clinic space to provide an extra consultation room
- offering a more comprehensive range of STI testing and treatment
- offering access to a full range of contraceptive methods, either on site or through established referral pathways into other services (within and outside of the network)
- continuing to ensure young people have easy access to services with a mix of appointment clinics and drop-in services
- continuing to provide an appointment clinic that allows doctors and nurses the time to deal comprehensively and holistically with sexual health concerns and difficult issues, such as managing an unplanned pregnancy or infection, or sexual and relationship difficulties
- further developing drop-in services to allow more young people immediate access to a trained support worker providing advice and information, condoms, full STI testing for those without symptoms, and in time, pregnancy testing and assistance with self-referral to abortion services.

Our support workers have the training and experience to recognise young people who may be especially vulnerable, those who have more complex sexual health needs, and those who should be assessed by a clinician. We recognise that a well-run, drop-in service is particularly successful in attracting young men and other 'harder-to-reach' clients, who appreciate the ease and informality of access, and the quick, simple, discreet service they are given.

3. C-card and workforce development programme

The Brandon Centre now has responsibility for coordinating the C-card scheme provision and workforce development training across both Camden and Islington. The Centre has delivered these services for many years in Camden and in 2015/16 we developed a close working partnership with Brook (former provider in Islington) to ensure the ongoing success of a uniform scheme across both boroughs.

The C-card scheme provides young people (aged 13 to 24 years) with access to free condoms from 'C-card sites' (youth clubs, colleges and other community youth services). Once registered for the scheme, young people are provided with a card, which allows them easy access to free condoms from any C-card site in Camden, Islington, or other borough that participates in a London-wide Come Correct C-card scheme.

At C-card attendances, young people are encouraged to discuss safe condom use and other sexual health issues with a staff member or youth worker who has received appropriate training. They are offered a 'self-test' on site for chlamydia and gonorrhoea, and are informed about the local network of sexual health clinics.

C-card coordinators from Brook and Brandon Centre regularly visit C-card sites to provide hands-on training and support to youth workers, to assist with engagement, and to increase the number of young people signing up to the scheme. The coordinators aim to identify new sites for the C-card scheme, prioritising those that work with young people who are considered especially vulnerable.

Workforce development (WFD) training targets staff who work in various organisations with young people across Camden and Islington. A standardised package of training is offered to this workforce, providing basic (level 1) and more in depth (level 2) information about the sexual and reproductive health issues that affect young people. Training aims to help staff and organisations develop more confidence when dealing with this aspect of their work with clients, feel better placed to advise and signpost young people onto other services as required, or in some cases, become a C-card provider themselves. Additional training is provided where specific 'emerging' themes have been identified by the workforce.

4. Sexual and Relationships Education (SRE)

The three providers of the new sexual health network (Brandon Centre, Brook and Homerton NHS Trust) work collaboratively to deliver a core offer of sexual health and healthy relationship education in mainstream secondary schools and academies across Camden and Islington, to support teachers to develop and deliver Personal, Social, Health Education (PHSE) lesson plans, and (in Camden) to partner and support SRE delivery by school nurses. The Brandon Centre provides an SRE coordinator and outreach SRE workers who contribute to the network provision, and meet other providers on a quarterly basis to develop the core resources, link delivery to the schools, and develop other initiatives.

5. Brandon Reach programme

We continue to work in close association with the psychologists managing the Brandon Reach programme to address the contraceptive and sexual health needs of young women who have had, or who are in the process of having, their children taken into care.

What we achieved during 2015/16:

Contraceptive and sexual health clinic services

- **Service activity:** more young people than ever before (1,759 individuals) used the contraceptive and sexual health clinic services during 2015/16, recording 3,496 attendances (appointment and drop-in services).
- **User feedback (see below)** 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.
- **Chlamydia/gonorrhoea screening:** 1,434 chlamydia and gonorrhoea screening tests were carried out in 2015/16; our highest number to date and a 5% increase on last year. A quarter of these tests were done in young men, largely due to the easy accessibility of the drop-in service. As a result, 108 (8.2%) of young people were diagnosed and treated for chlamydia (97 cases), gonorrhoea (3 cases) or both infections (8 cases).
- **Provision of contraception:** almost 70% of young women attending our sexual health service were provided with effective hormonal contraception, including long-acting reversible contraception (LARC) methods (11–14%). Promotion of LARC methods continues: 90 contraceptive implants were fitted at the Centre during 2015/16 (8% increase on last year). Seamless referral pathways have been developed within the network for emergency and routine intrauterine device (IUD) fittings.
- **HIV testing:** HIV testing activity increased by five fold during 2015/16. Almost 150 HIV point of care 'finger prick' tests were carried out, establishing it as an easy and acceptable method of HIV testing for young people.
- **Brandon Reach:** we continue to provide contraception and sexual health services to several of the young women engaged in this programme, ensuring flexibility wherever possible to ensure accessibility for this hard-to-reach group

C-card scheme and workforce development:

- We provided training and support to staff in 52 C-card sites throughout Camden and Islington, including two new sites and 50 existing sites. As a result, 2015/16 saw a total of 2,153 new registrations onto the C-card scheme, together with 1,629 repeat attendances for condoms. Seventy young people accessed the chlamydia/gonorrhoea screening at a C-card site.
- Feedback from young people confirms that they appreciate the easy access to a wide range of free condoms from C-card sites, which are local and familiar to them. Feedback from the staff working in these youth settings also describes a positive impact

on their service and their youth workers:

'We have been operating the C-card scheme for a number of years and I can safely say that this service has had a phenomenal effect on our ability to provide our young people with a high-quality, personal and positive service...enabling young people to discover and take charge of their sexual health...in a safe and nurturing environment.'

- During the year four (quarterly) level 1 and 2 training sessions were provided to the children's workforce across Camden and Islington, with 78 participants for level 1 and 64 participants for level 2 overall. Two stakeholder events brought together 41 members of staff from 27 different organisations. By request, a training day focussing on young people and pornography was delivered to 27 participants, as well as a bespoke full-day training on levels 1 and 2 sexual health, healthy relationships and C-card.

Sex and Relationships Education (SRE)

Brandon Centre SRE workers delivered 24 sessions in local schools and colleges as part of the network provision, developing partnerships with school nurses to expand their capacity to offer SRE support to schools in Camden, and supporting teachers (PHSE leads) to deliver extended programmes of SRE in their schools.

What we hope to achieve next year during 2016/17:

Contraceptive and sexual health clinic services:

- continue to provide high-quality sexual health services for young people, which are readily accessible with minimal waiting time
- continue to work with partner providers to ensure consistency of care in all clinic services and full coverage of access across the network
- ensure that, wherever possible, young women have access to the full range of contraceptive options and are encouraged to use long-acting reversible contraception (LARC) methods
- make it easier for young people to access full STI screening and pregnancy testing without waiting to see a clinician, unless there is need, by training support workers managing drop-in services
- provide holistic care through timely appointments for psychosexual and therapeutic counselling sessions with young people.

SRE provision:

- continue to work collaboratively with the network to ensure that young people across Camden and Islington have an increased understanding of healthy relationships and sexual health, and have adequate information to access services when needed.

C-card and workforce development:

- continue to provide core level 1 and 2 training, which will be updated to incorporate more C-card focused training and thereby encourage more organisations to become C-card sites
- continue to encourage C-card sites to offer chlamydia/gonorrhoea screening packs to young people
- provide specific training requested by the workforce, eg young people and pornography, young people and healthy relationships, and sexual health issues for young people with disabilities
- provide specific training in relevant areas for foster carers.

How we deliver public benefit:

We work collaboratively with Camden and Islington public health commissioners and other sexual healthcare providers to meet the sexual and reproductive healthcare needs of young people across both boroughs, through core clinic-based services, outreach activities and SRE delivery in schools and colleges.

With our partner organisations, we aim to meet the targets set by local and national strategies, especially those which aspire to reduce teenage pregnancy rates and improve STI and HIV screening coverage, and increased awareness and knowledge of relationships and sexual health amongst young people.

The Brandon Centre's specific strength and contribution lies in its ability to provide welcoming, accessible and flexible services, which are successful in engaging the more vulnerable and 'harder-to-reach' young people, such as young men, black and minority ethnic young people, young offenders, young people in care, not in mainstream school or living with a learning disability, who may struggle to access more mainstream health services.

How young people who used the contraceptive and sexual health service at the Brandon Centre in 2015/16 felt about their experience

	Definitely true	Partly true	Not true	Don't know
The people who saw me listened to me.	97	8	1	1
It was easy to talk to the people who saw me.	92	12	2	1
I was treated with respect and dignity by the people who saw me.	97	8	2	
I feel the people here know how to help me.	94	10	1	1
I felt involved as much as I wanted to be with decisions about my care and treatment.	90	14		1
The facilities (eg waiting room, other waiting areas, clinic rooms) at the Brandon Centre are comfortable.	88	17		
It is easy to travel to and find the Brandon Centre.	91	15	1	
Appointments are usually easy to get and at a time that suits me.	72	30	2	
When I talk with the staff here, it always feels private and confidential.	97	10		
Young people who are under 16-years old would feel safe coming here.	93	9		4
If a friend needed this sort of help, I would recommend that they came here.	102	3	1	
Overall I feel the care I have received here is very good.	99	7		

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

'The first time I came I was very nervous but it felt really comfortable almost immediately.'

'The staff are understanding, not judgmental and it feels comfortable to speak to the workers.'

'They listen and cater to you individually. It's always really personal – they take into account my beliefs and lifestyle when giving me advice.'

'Very helpful and friendly staff, it's always easy to talk to someone especially over the phone. You offer a very specialist service and always make me feel welcome.'

'Very kind helpful, informative and knowledgeable, also usually no delays. Really good service and I am pleased the age limit has been raised.'

'You are always treated with respect. Everyone is very nice and makes you feel comfortable.'

'I would recommend this clinic!'

Psychotherapy service

Providing a psychotherapy service for 12- to 25-year-olds with mental health problems has been at the heart of the Brandon Centre's work for over 47 years, alongside our contraceptive and sexual health service. The remit of the service is, in particular, to reach out to 16- to 24-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 Open Minded joint-intake team. Joint intake is a central point for child and adolescent mental health referrals in Camden, for example from GPs and schools. The Centre is also a founding partner with Open Minded and Camden and Islington Health NHS Foundation Trust of Minding the Gap Transition service, a new service to bridge the gap between adolescent and adult mental health services for vulnerable young people with a complex presentation.

Brandon Reach provides emotional and psychological support for Camden young parents who have had a child removed into care. With the support of Islington and Cripplegate Foundation, the Centre provides counselling and psychotherapy services for Islington's 16- to 21-year-olds at the Drum youth centre in Whitecross Street EC1 and at Lift and Platform youth hubs. The Centre is part of a consortium led by Catch 22, which includes The Tavistock and Portman NHS Trust, Camden and Islington NHS Foundation Trust, The Anna Freud Centre, The Winch, and The Integrate Movement that successfully tendered for Camden's Minding the Gap Multidisciplinary Team, which is now named Axis. Axis is aimed at young people with multiple social and health problems who don't access traditional services. Young people take a leading role in shaping this new, predominantly outreach service, which is situated in a renovated youth space at the old post office on Harben Parade, Finchley Road NW3. An innovative feature of Axis is the staff composition comprising Young People's Workers with skills in engaging a hard-to-reach population.

What we planned to do:

- Provide individual long-term and short-term psychotherapy, cognitive behavioural therapy (CBT), dynamic interpersonal psychotherapy, interpersonal psychotherapy, narrative therapy,

and dialectical behaviour therapy at the Brandon Centre, at the Drum, and at Lift and Platform youth hubs.

- Ensure 200 Camden 16- to 24-year-olds were seen and reduce waiting times from 6.65 weeks to four weeks at the Brandon Centre as part of Camden's Minding the Gap project.
- Ensure 67 Islington 16- to 21-year-olds were seen at Counselling at the Drum and up to 20 young people seen at Lift and Platform.
- Reach out to young people in Camden supported by the accommodation pathway.
- Provide a psychotherapy service for 12- to 18-year-olds who have suffered a bereavement.
- Continue to develop the Camden Reach model of service delivery.
- Continue embedding the Children and Young People's Improving Access to Psychological Therapies programme (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 through the pioneering youth ambassador scheme.
- Continue to be active partners in joint intake and the Minding the Gap transition service.
- Contribute to a new way of working with young people as part of the development of the Minding the Gap multidisciplinary team, and integrating this with the Brandon Centre's service and other Camden adolescent and adult mental health services for young people.
- 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 one child and adolescent psychotherapy trainee.

What we achieved:

- The psychotherapy service team, staffed by two child and adolescent psychotherapists, five clinical psychologists and three psychodynamic therapists, provided individual child and adolescent psychotherapy, psychodynamic psychotherapy, CBT, dynamic interpersonal psychotherapy, interpersonal psychotherapy, narrative therapy, dialectical behaviour therapy, mindfulness and group psychodynamic psychotherapy.
- In total, 265 Camden 12- to 24-year-olds were referred or self-referred, and 78 Islington 16- to 21-year-olds were referred or self-referred in 2015/16.
- Average waiting times in 2015/16 for Camden young people was 9.4 weeks and 15 weeks for Islington young people.
- 269 Camden and 80 Islington young people attended

psychotherapy sessions of whom 186 and 50 were referred during the year.

- 17 young parents engaged in the expanded Brandon Reach service staffed by two clinical psychologists.
- 240 year 11 students from two local secondary schools attended an exam stress workshop provided by the Centre's clinical psychologists.
- A Brandon Centre clinical psychologist spent an additional half day working with young people and key workers in Camden's supported accommodation assessment units.
- 54 bereaved young people were supported, of which 26 were 12- to 18-year-olds.
- Identified four most frequent current problems presented by young people as emotional problems (346:99%), family problems (269:77%), problems related to school and higher education (186:53%) and social isolation (148:42%).
- Support provided to 88 (25%) young people suffering from deliberate self harm, 71 (21%) who had attempted suicide and 130 (37%) reported being at risk from deliberate self harm.
- 97 young people completed a Commission for Health Improvement Experience of Service Questionnaire (CHI ESQ): 91% rated the statement 'I felt the people who saw me listened to me' as 'certainly true' and 86% rated the statement 'Overall the help I received here is good' as 'certainly true'; 73% and 22% respectively rated the statement 'I feel the people know how to help me' as 'certainly true' and 'partly true'; 93% rated the statement 'I was treated well by the people who saw me' as 'certainly true'; 89% rated the statement 'If a friend needed this sort of help, I would suggest to them to come here' as 'certainly true'.
- 189 young people new to the service completed a youth self-report form (YSR) or a young adult self-report form (YASR) before starting treatment; 122 completed a follow-up YSR or YASR to monitor treatment outcome.
- 111 young people completed the goal-based outcome measure and 99 completed a follow-up on at least one of their goals.
- 84% of young people achieved a reliable change (ie a change greater than 2.45 points) with at least one of their goals.
- Provided a four-year placement for one trainee child and adolescent psychotherapist.
- Provided a third-year placement for two doctoral clinical psychology trainees from University College London (UCL).
- Clinicians working in the counselling and psychotherapy service were participating in the Children and Young People's Improved Access to Psychological Therapies programme (CYP IAPT) of routine, patient-reported outcome measurement.
- Two former service users participated in the youth ambassador scheme and, with the help of our participation officer and a trainee clinical psychologist, they devised a questionnaire about young people's experience of the service they administered to current service users. These findings were analysed and presented to the team of psychotherapists and clinical psychologists, and disseminated to Brandon Centre users in the waiting room and on our website.

What we will achieve next year:

- Provide individual long-term and short-term psychotherapy, CBT, dynamic interpersonal psychotherapy, interpersonal psychotherapy, narrative therapy, dialectical behaviour therapy at the Brandon Centre, at the Drum, and at the Lift and Platform.
- Aim to help 300 Camden 12- to 24-year-olds and reduce average waiting time from 9.4 weeks to six weeks.
- Aim to help 80 Islington 16- to 21-year-olds and reduce waiting time from 16 to eight weeks.
- Provide a psychotherapy service for 12- to 18-year-olds who have suffered a bereavement.
- Continue to develop the Brandon Reach model of service delivery for young parents whose child has been permanently removed from their care.
- Provide an exam stress workshop run by the Centre's clinical psychologists to 300 year 11 students in three Camden secondary schools.
- Pilot an outreach mental health service for 24 Islington young men disengaged from education, employment and training in partnership with Jobs in Mind.
- Pilot a new school-based counselling and psychotherapy service to a cluster of primary and secondary schools in Harrow.
- Continue embedding 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 by continuing to develop the service through the pioneering youth ambassador scheme.
- Continue to be active partners in Camden joint intake and Minding the Gap transitions service.
- Support the Axis service in collaboration with our Camden partners.
- 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 one child and adolescent psychotherapy trainee.

How we deliver public benefit:

Our psychotherapy service targets high-priority groups of young people aged 12- to 24-years who have had great difficulty in accessing statutory services, which often seem to them remote and unavailable. These young people have mental health problems that are currently harmful to them and risk harming their future prospects. Our role is to help them overcome these problems to allow them to function independently and fulfil their potential.

Feedback from 97 young people on their experience of the Centre’s psychotherapy services in 2015/16: findings from Commission for Health Improvement Experience of Service Questionnaire.

	Certainly true		Partly true		Not true		Don't know	
	14/15	15/16	14/15	15/16	14/15	15/16	14/15	15/16
I felt that the people who saw me listened to me.	86%	91%	11%	9%	0	0	3%	0
It was easy to talk to the people who saw me.	65%	77%	32%	22%	2%	1%	1%	0
I was treated well by the people who saw me.	96%	93%	3%	7%	0	0	1%	0
My views and worries were taken seriously.	83%	90%	16%	10%	1%	0	0	0
I feel the people know how to help me.	60%	73%	33%	23%	3%	0	4%	4%
I have been given enough explanation about the help here.	72%	73%	23%	25%	3%	2%	2%	0
The facilities are comfortable.	81%	81%	18%	16%	1%	3%	0	0
My appointments are usually at a convenient time.	77%	82%	19%	14%	3%	4%	1%	0
It is quite easy to get to the place where I have my appointments.	86%	89%	13%	10%	1%	1%	0	0
If a friend needed this sort of help, I would suggest to them to come here.	79%	89%	20%	11%	0	0	1%	0
Overall the help I received here is good.	79%	87%	20%	12%	0	0	1%	1%

What was really good about your care?

‘It was at a convenient time, he was always willing to cater to my scheduling issues. He did not make me feel bad for being late. I felt I could speak to him about most if not all things, and he always made me feel comfortable. He asked challenging but good questions. He used counselling techniques that felt natural and unrehearsed. I gained good emotion regulation skills thanks to him.’

‘Short waiting times, I felt like I was always taken seriously and treated with respect. We often reviewed my targets, which was good as it showed my progression or lack of, and we would then talk about why, which always makes me feel like you are at least trying to move forward.’

‘Felt like my therapist really listened to me, gave me constructive help, tools to help with my anxiety, I felt I could talk without being judged. I had sessions over quite a long period of time, which was helpful.’

‘My worries and concerns were taken seriously, the contact kept between my therapist and GP was good to allow all factors to be placed.’

‘Everyone was very friendly and helpful. Things were explained clearly and I was told what to expect from my time here. My therapist was very patient with me and I appreciate their help. The posters in the waiting room with the survey answers and outcomes were useful in finding out what changes are being made and that comments are being listened to.’

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

‘He liked to link my reflections on my life with how things were going between me and him. As if there could be parallels between my life in counselling and outside of it. I was not sure what the purpose of this was. At the same time, it made me think about how my relationship with others differed with my relationship with him. That was okay, but I still felt like he wanted to talk about it more than was interesting. I found it interesting, but sometimes wanted to speak about my life outside of counselling more.’

‘Longer time.’

‘When you start, it would be helpful if the therapist could tell you the range of different therapies available, what is involved.’

‘Maybe combine talking therapy with some CBT at the end because once you understand the roots of your problems, how do you then change your behaviour on a day-to-day basis?’

‘Inclusion of more practical advice, or advice to explore by myself, if not appropriate for the session, something like CBT.’

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 36 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 which 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 seek support from relatives, friends and neighbours in 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, eg 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 intensive: the MST therapist is likely to visit the family three times a week and have regular telephone contact. An MST team usually includes three or four therapists, a supervisor and a coordinator. A hallmark of MST teams is their availability for families to contact them 24 hours a day, seven days a 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.

In 2003, 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 (UCL). The aim of the trial was to evaluate the effectiveness of MST in reducing youth offending compared with YOS 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 was shown to significantly reduce the likelihood of further 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.

The trial was accompanied by an economic evaluation by the Centre for the Economics of Mental Health at the Institute of Psychiatry. These results support the finding that MST plus YOS management has scope for cost savings compared with YOS management alone. Findings from a qualitative study of the experiences of families participating in the trial support the MST theory of change, although suggest some adaptations are needed such as 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 13 Camden families, 10 Enfield families, 12 Haringey edge of care/custody families and 14 Lambeth troubled family cases.
- Continue to recruit cases for the MST PSB randomised controlled trial with the aim of treating a minimum of six cases.

What we achieved:

- 69 families received MST, 44 cases were successfully completed, 18 were ongoing and seven ended prematurely.
- Treated 13 cases referred by Camden; three were ongoing from 2014/15 and were completed in 2015/16. Of 10 families referred in 2015/16, three cases ended prematurely, five were successfully completed and two ongoing at the end of the financial year, 31 March 2016.
- Treated 14 cases referred by Enfield; six were ongoing from

2014/15 and were completed in 2015/16. Of eight new cases referred and started in 2015/16, five were successfully completed and three were ongoing at the end of the financial year.

- Treated seven MST PSB cases; two were ongoing from 2014/15 and were successfully completed in 2015/16. Four cases were treated as part of the MST PSB randomised-controlled trial. Of these, three were ongoing and one ended prematurely; one commissioned MST PSB case was ongoing.
- Treated 13 Haringey cases; five were ongoing from 2014/15 and were successfully completed in 2015/16. Of eight new cases started in 2015/16, four were successfully completed, one ended prematurely and three were ongoing at the end of the financial year.
- Treated three Waltham Forest families with a young person involved in a gang; three were ongoing from 2014/15 and were completed in 2015/16.
- Treated seven Ealing families referred as part of the Think Family strategy; four cases were ongoing from 2014/15 and were successfully completed. Three were started and were successfully completed in 2015/16.
- Treated 13 Lambeth families referred as part of the Troubled Families programme; five cases were ongoing from 2014/15 and were successfully completed. Of eight new cases started in 2015/16, seven were successfully completed, and one case ended prematurely.

What we will achieve next year:

- Treat 13 Camden families, 10 Enfield families and 10 Lambeth families.
- Continue to recruit cases for the MST PSB randomised-controlled trial with the aim of treating a minimum of six cases.
- Continue to follow up families that had MST at one year and two years, collecting MST outcome data on whether the young person is in education, employment or training and is living at home.

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.

Unsolicited feedback from parents who had MST:

Case 1

'We continue to be impressed with MST and our MST therapist, Emily, she is very holding and lovely. She is great, I've been incredibly impressed! She is encouraging with a lot of hope.'

Case 2

'Dear Natalie (MST therapist),

I hope that you are well and I am sorry that I haven't been in touch sooner.

We have now completed the strengths and difficulties questionnaire and sent it to you at the Brandon Centre.

As there isn't a pro-forma to feedback on the process overall, and some of the pro-formas and questionnaires provided really didn't seem to be matched to the circumstances or the MST provision, I thought that it might be helpful to note some positive aspects of the way that you worked with us, including:

- flexible meetings arranged at times to fit with other commitments and at home*
- protected time to think and discuss our problems*
- suggestions of practical strategies for different situations and in response to different behaviours, eg contracts, routines and rules*
- constructive feedback on draft contracts and rules, eg 'critical friend' role*
- acceptance of Andrew's diagnosis with training sessions on ADHD that your supervisor provided and your knowledge of this condition*
- focus not just on immediate situations, but long-term ambition for Andrew, eg to be able to recognise and self-manage aspects of his behaviour*
- helpful summary documents that you provided for our last few sessions*
- your patience with our wish to better understand the MST process and rationale!*

Best wishes and thanks,

Jane.'

Case 3

'The help from you, I don't know how I would have got through without it. The Brandon Centre was the best thing that happened to me, it completely changed everything. Catalin was amazing!'

Case 4 [two-year follow up]

'We thank you for your excellent help. Muhammad and Aaeesha are still in the throes of sibling rivalry but Muhammad is so much better, focussed on a career and finding good friends.'

Case 4

'To Natalie,

I'd like to thank you with all my heart for your support during the toughest time of my life. Several months ago, I felt as though I had almost lost Daisy and I was ready to hand her over to social services as I could no longer keep her safe from herself and the outside world. With your guidance I not only have Daisy back, I also have a functioning family unit that I am able to parent to my full potential. Our journey has no end but I feel I am now equipped to tackle anything that Daisy and life choose to throw in my direction.

Thank you,

Mary'

'MST is the BEST!'

Parent management training (PMT)

Parent management training (PMT) is a proven and effective intervention that is recommended for managing and reducing behaviour problems and behaviour associated with attention deficit hyperactivity disorder (ADHD) in young people and children. Group-based PMT programmes have become a common way of delivering this intervention. PMT uses behaviour management principles taken from social learning theory. The training shows parents how to track and monitor behaviour, and teaches parents how to use positive reinforcements and mild punishment in an immediate and predictable manner.

This year the Centre ran 'Parenting with Love and Limits', a group-based PMT programme run over six weeks for parents and carers who are having difficulty controlling the behaviour of their teenage child (ages 12–17). We also ran a group-based programme for parents of 5- to 12-year-old children with a diagnosis of ADHD, incorporating the principles of 1-2-3 Magic Parenting. Both of these 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, while some are concerned about how their child behaves at school, and others are worried about their teenager being involved in antisocial behaviour, taking drugs and drinking alcohol.

We also started a new project, Brandon Prevent, for parents of teenagers with behaviour problems of sufficient severity to require additional support. This, in addition to the Parenting with Love and Limits group, provides a weekly session with an assistant psychologist who works with the parents to reinforce the lessons taught in the group programme. The aim is to increase the probability of parents achieving the goals of the programme with regard to problem teenage behaviour and to generalise the strategies to other children in the family.

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.
- Engage parents from four families attending the group in Brandon Prevent.
- Offer one group for parents of 5- to 12-year-old children with a diagnosis of ADHD incorporating the principles of 1-2-3 Magic Parenting.

What we achieved:

- Held six Parenting with Love and Limits groups and one group for parents of 5- to 12-year-old children with a diagnosis of ADHD.
- 84 parents from 59 families attended a group with an average of 12 parents per group.
- 47 (44%) parents attended all sessions and 15 parents attended all but one session.
- 354 (87%) parents attended the sessions that were offered.
- Four parents were supported by the Brandon Prevent programme.
- Outcome findings from the 2015/16 cohort of parents who attended Parenting with Love and Limits, and who completed a child behaviour checklist before and after the programme, show a 50% reliable improvement for internalising and externalising problems in the child.
- Parents reported a high degree of satisfaction with the programmes offered.

What we will achieve next year:

- Offer six 'Parenting with Love and Limits' groups.
- 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.
- Support parents from 16 families attending the groups in the Brandon Prevent programme.
- Offer two groups for parents of 5- to 12-year-old children with a diagnosis of ADHD incorporating the principles of 1-2-3 Magic Parenting.

How we deliver public benefit:

Conduct disorder and oppositional defiant disorder affect 8.1% of boys and 2.8% of girls between ages 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 PMT, the Brandon Centre makes a significant contribution to preventing and treating these problems.

Using a new experience of service questionnaire, 30 parents from two Parenting with Love and Limit groups and one group for parents of children diagnosed with ADHD run in January and February 2016 rated the programmes:

	Definitely true	Partly true	Not true	Don't know
	15/16	15/16	15/16	15/16
I felt that the people who saw me listened to me.	93%	7%	0	0
It was easy to talk to the people who saw me.	90%	10%	0	0
I was treated well by the people who saw me.	100%	0	0	0
My views and worries were taken seriously.	93%	7%	0	0
I feel the people know how to help me.	83%	17%	0	0
I have been given enough explanation about the help here.	90%	10%	0	0
The facilities are comfortable.	80%	20%	0	0
My appointments are usually at a convenient time.	77%	20%	3%	0
It is quite easy to get to the place where I have my appointments.	90%	7%	3%	0
If a friend needed this sort of help, I would suggest to them to come here.	97%	3%	0	0
Overall the help I received here is good.	93%	7%	0	0

What was really good about your care?

'Everything! I've learnt so many new strategies and it's so amazing to meet people in similar situations. The way this was all delivered was so easy to grasp and to implement strategies at home.'

'To have someone with good experience of dealing with children with ADHD and other difficulties being the presenter/leader. It gave me a sense of reassurance that this programme would work!'

'Meeting other parents whose children share the same difficulties as mine and listening to their stories. That 1-2-3 Magic Parenting seems like quite a simple and easy method.'

'I felt comfortable talking about my difficulties. I learnt very useful strategies. It [Brandon Prevent] has had a great positive impact on my whole family. It's great to have been able to see a psychologist one-to-one and for my son to have been seen by a psychotherapist. Thank you!'

'I have learnt a lot and don't feel like the only parent with struggles. I feel like we are a family again and are on the right track.'

Is there anything else you want to tell us about the service you received?

'I think that this service is helping me to understand my role as a grandmother looking after my daughter's children and how different it is from my role as a mother to my own children. Thank you!'

'A big thank you. You've given me some great ideas and inspiration.'

'Thank-you for putting this on – I hope that funding can be found to continue offering the courses to others as I found it invaluable. I also hope funding can be found to run a continuing facilitated support group.'

'It's a friendly and excellent service that should be made available to all parents of children with ADHD/ADD.'

'Overall I would recommend the course to all parents struggling with their child's behaviour and there were plenty of pointers and encouragement to move forward.'

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 out 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, eg 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.



40% of young people who used the counselling and psychotherapy service were from an intact family

14% were at school, 46% were at college, university or engaged in vocational training, 10% were unemployed and 8% were employed

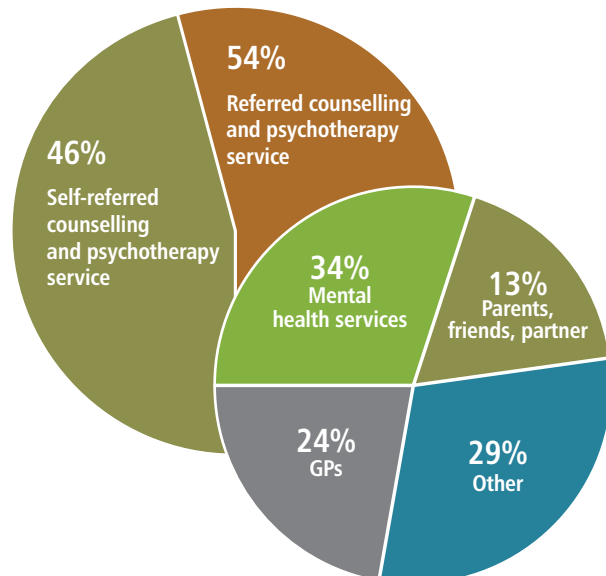
Monitoring statistics

Service data

In 2015/16, 4,035 young people, parents and families used the Centre's services.

1,759 used the contraceptive and sexual health service, dropped in for condoms and chlamydia and gonorrhoea testing; 1,357 used the contraceptive and sexual health appointment service and 402 used the drop-in condom service. 1,516 young people engaged in drop-in sessions and SRE sessions in secondary schools and youth clubs. 367 young people used the psychotherapy services; 84 parents who came from 59 families attended the Centre's parent management training (PMT) programmes; 69 families received multisystemic therapy (MST). 240 year 11 students from two local secondary schools participated in an exam stress workshop run by Centre clinical psychologists.

Including referrals made by parents or relatives, 46% of young people self-referred to the counselling and psychotherapy service. The main sources where service users learned of the Centre were GPs (24%), parents, relatives, friends or a partner (13%) and child and adult mental health services and student counselling services (34%).



	Sessions offered	Sessions attended
Contraceptive services	3,838	3,496 (91%)
Therapy	4,828	3,493 (72%)
MST	1,705	1,478 (81%)
Parenting	511	444 (87%)
Total	10,882	8,811 (81%)

Demographics

The ages of the young people were:

Age (years)	Contraception (%) (N=1,759)	Psychotherapy (%) (N=367)	Parenting and MST (%) (N=128)	Total (%) (N=2,254)
11-17	22.80	30.53	99.22	28.38
18-21	51.96	52.85	0	49.17
22+	25.24	15.80	0	22.27
Not recorded	0	0.82	0.78	0.18
Total	100	100	100	100

Gender of young people was:

	Contraception (%) (N=1,759)	Psychotherapy (%) (N=367)	Parenting and MST (%) (N=128)	Total (%) (N=2,254)
Female	75.27	72.75	42.97	73.03
Male	24.73	27.25	57.03	26.97
Total	100	100	100	100

Ethnic background:

	Contraception	Psychotherapy	Parenting and MST	Total
White	1022 (58.10%)	196 (53.41%)	64 (50.00%)	1,282 (56.88%)
Mixed	242 (13.76%)	61 (16.62%)	25 (19.53%)	328 (14.55%)
Asian and Asian British	94 (5.34%)	29 (7.90%)	5 (3.91%)	128 (5.68%)
Black or Black British	247 (14.04%)	35 (9.54%)	22 (17.19%)	304 (13.49%)
Chinese	17 (0.97%)	5 (1.36%)	0 (0.00%)	22 (0.98%)
Other ethnic group	78 (4.43%)	6 (1.63%)	0 (0.00%)	84 (3.73%)
Not known or recorded	59 (3.36%)	35 (9.54%)	12 (9.37%)	106 (4.69%)
Total	1,759 (100%)	367 (100%)	128 (100%)	2,254 (100%)

Problems presented by young people

The average number of problems for young people using the psychotherapy service was five. They presented the following problems:

	Psychotherapy % (n:349)	Parenting % (n=56)	MST % (n=57)
Family problems	77	71	81
Depression/anxiety	99	29	74
Problems related to school and higher education	53	55	91
Sexual/relationship problems	46	4	23
Conduct/behaviour problems or ADHD	21	100	91
Social isolation	42	2	16
Sleep problems	42	4	25
Separation anxiety and developmental problems	22	2	5
Somatic symptoms	11	0	5
Drug abuse and alcohol abuse	26	15	47
At risk of deliberate self-harm	37	0	16
Sexual and physical abuse	22	0	18
Bereavement	18	4	7
Eating problems	21	4	5
Deliberate self-harm	25	0	23
Attempted suicide	21	0	10
Employment problems	16	0	2
Significant illness involving hospital	9	0	9

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

Number of clinic consultations where young people were issued with the following methods of contraception:

Oral/transdermal hormonal contraception	1017
Condoms	1019
Patch	87
Injectable contraception	139
Implant	90
Number of emergency contraception supplied	338
Number of pregnancy tests performed	482
Number of positive pregnancy tests:	52
Number referred for termination	41
Number planning to continue with pregnancy	1
Number unsure of their decision	7
Number who miscarried	3
Number of attendances for self-managed care/drop-in for condoms	774
Number of screens for chlamydia and gonorrhoea done in appointment clinic	988
Number of screens positive for an infection (chlamydia, gonorrhoea or both)	81
Chlamydia screening programme drop-in service:	
Number of screens for chlamydia and gonorrhoea done in drop-in services	446
Number of screens positive for an infection (chlamydia, gonorrhoea or both)	28
Total number of chlamydia and gonorrhoea screens	1434
Total number of positive screens	119

91% of families that accessed MST had a child with conduct or behaviour problems or ADHD

100% of parents attending the parenting programme had a child with conduct or behaviour problems or ADHD

99% of young people who used the counselling and psychotherapy service had depression or anxiety

The number of young people with at least one goal showing a reliable change was 79 [84%]

The number of goals showing a reliable change was 169 [70%]

Mental health outcome

As part of our programmes, young people complete the Youth Self Report (YSR) form or, for over 18s, the Young Adult Self Report (YASR) form. Significant others and therapists complete the significant other version of the Teacher's Report Form (SOF) or, for over 18s, the Young Adult Behaviour Checklist (YABCL).

The YSR/YASR and 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 (internalising) and behavioural (externalising) problems that young people may encounter. Young people also complete the 3-item Goal-Based Outcome tool (GBO) which measures progress towards goals. The young person formulates three self-determined goals at the start of treatment. Progress towards each goal is then rated on a scale from goal not met at all (0) to goal reached (10). The intervals at which goals are reviewed are decided by the young person and their therapist. In measuring the effectiveness of the parenting programme, parents complete a Child Behaviour Checklist (CBCL).

Psychotherapy outcomes

Reliable change

In the data presented, the reliable change index (RC index) for males who completed the YSR is 8 points and 8 points (where the standard error of change is multiplied by 1.65 for a 95% confidence level) for internalising and externalising problem scores respectively. Change in scores up or down greater than these amounts should be regarded as reliable as there is a 95% possibility that this change is not due to chance. For males who completed the YASR, the RC index is 5 and 6 (using 1.65 SE of measurement) for internalising and externalising 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 and 6 respectively. For females who completed the YASR, the RC index is 6 and 5 (using 1.65 SE of measurement) for internalising and externalising problem scores respectively.

Reliable change in YSR/YASR internalising and externalising scores at pre-treatment and follow-up (N=100).

	INTERNALISING	EXTERNALISING
No change	39 (39%)	44 (44%)
Improvement	51 (51%)	40 (40%)
Deterioration	10 (10.0%)	16 (5.0%)

Goal-based outcome

From a recent study interpreting goal-based outcome scores, a change greater than 2.45 points in the GBO represents reliable change. Of 94 young people that formulated goals before their treatment started, the number of young people with at least one goal showing a reliable change is 79 (84%). Of 243 goals formulated by 94 young people the number of goals showing a reliable change are 169 (70%). No goals showed a reliable deterioration and 74 (30%) showed no reliable change.

Multisystemic therapy outcomes

Of 34 one-year follow-ups, 21 were living at home, 21 were in education or employment and 25 had not received any convictions since the end of treatment.

Of 22 two-year follow-ups, 18 were living at home, 16 were in education or employment and 19 had not received any convictions since the end of treatment.

Parenting programme outcomes

Using data collected from parents who attended Parenting with Love and Limits in 2015/16 and who completed a CBCL at intake, and at either three months or six months following the conclusion of the intervention, 14 out of 25 show a reliable change for internalising problems and 13 out of 25 show a reliable change for externalising problems.

Report and Financial Review

for the year ended 31st March 2016

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 2016 are set out on page 23. 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

The Brandon Centre's financial position at 31st March 2016 remains sound. The funding environment is becoming increasingly difficult and could have an impact on current levels of activity.

As shown by the Statement of Financial Activities, total incoming resources for the year to 31st March 2016 amounted to £1,663,422 (2015: £1,729,340), including capital grants, and expenditure totalled £1,768,959 (2015: £1,767,207). Net outgoing resources during the year amounted to £105,537 (2015: outgoing £37,867). As in previous years, the Centre has benefited from the financial support of health and local authorities, charitable trusts and corporate donors.

At 31 March 2016 the Centre had total reserves of £935,800 (2015: £1,041,337), of which free reserves (excludes restricted funds and funds invested in fixed assets) amounted to £632,138 (2015: £709,513).

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 10 July 2016 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)

for the year ended 31 March 2016

	Unrestricted Funds	Restricted Funds	Total Funds 2016	Total Funds 2015
	£	£	£	£
Incoming resources				
Incoming resources from generated funds:				
Voluntary income	22,994	121,000	143,994	120,589
Investment income	2,336	297	2,633	2,806
Incoming resources from charitable activities	1,516,795	-	1,516,795	1,605,648
Other incoming resources		-		297
Total incoming resources	1,542,125	121,297	1,663,422	1,729,340
Resources expended				
Charitable activities	1,609,793	149,459	1,759,252	1,757,600
Governance costs	9,707	-	9,707	9,607
Total resources expended	1,619,500	149,459	1,768,959	1,767,207
Net movement in funds	(77,375)	(28,162)	(105,537)	(37,867)
Reconciliation of funds				
Total funds brought forward	709,513	331,824	1,041,337	1,079,204
Total funds carried forward	632,138	303,662	935,800	1,041,337

Summary of year-end position

as at 31 March 2016

	2016		2015	
	£	£	£	£
Fixed assets				
Tangible assets		252,387		253,186
Current assets				
Debtors	56,133		77,459	
Cash at bank and in hand	729,685		758,967	
	785,818		836,426	
Creditors: Amounts falling due within one year	(102,405)		(48,275)	
Net current assets		683,413		788,151
Net assets		935,800		1,041,337
The funds of the charity:				
Restricted funds		303,662		331,824
Unrestricted funds				
Unrestricted income funds		632,138		709,513
Total charity funds		935,800		1,041,337

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.

BRANDON CENTRE FOR COUNSELLING AND PSYCHOTHERAPY FOR YOUNG PEOPLE

Open:

Monday: 9.30 am–7.00 pm

Tuesday: 9.30 am–7.30 pm

Wednesday: 9.30 am–7.00 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: +44 (0)20 7267 4792
Fax: +44 (0)20 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
Dr Anna Higgitt
Lucie Morris
(until September 2016)
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

Staff

Director

Geoffrey Baruch

CONTRACEPTIVE AND SEXUAL HEALTH SERVICE:

Doctors

Helen Montgomery (lead clinician)
Caroline Chan

Nurse

Judith Miller (until July 2016)
Michaela Martin

PSYCHOTHERAPY SERVICE:

Psychotherapists

Sally Barker
Nicola Cloutman (until July 2016)
Rumman Hoque

Child and adolescent psychotherapists

Zora Goodland (consultant child and adolescent psychotherapist)
Krisna Catsaras
Francesca Haslam (in training)

Clinical psychologists

Emma Silver (consultant clinical psychologist and lead clinician for psychotherapy service)
Barbara Rishworth
Pavlos Rossolymos
Tania Salvo
Amy Schofield (from September 2016)
Abbie Unwin
Clare Drea (in training from October 2015)
Richard Grove (in training from October 2015)
James Hanley (in training from October 2014)

Assistant psychologist

Sarah Bowles (from January 2016)

Systemic family therapist

Claudia Zonenfeld (from January 2016)

Multisystemic therapy service supervisors

Moira Lamond
Christopher Newman (back-up supervisor)
Stephanie Schutte (until January 2016)
Charles Wells (manager) (until April 2016)

MST therapists

Carly MacDonald (from December 2015)
Emily Callard
Jacqueline Cannon (until June 2015)
Ana Figueira (until December 2015)
Natasha Gold
Paulina Janus
Lizzie Kock (until April 2015)
Aimee Longos (until April 2015)
Catalin Lulea (until December 2015)
Natalie McIntosh (until February 2016)
Mayuri Unalkat (until April 2015)
Stacey Willis (until April 2015))

Young people's workers

Janine Goodin-Deer (from September 2015)
Jasdeep Grewal (from September 2015)
Anna Segal (from September 2015 until March 2016)
Gemicha West (from September 2015 to March 2016)

ADMINISTRATIVE AND RECEPTION STAFF:

Operations manager

Charlotte Reynolds

MST coordinators

Samantha Bickerstaff (until December 2015)
Stacey Miller

Psychotherapy referrals coordinators

Clare Hoddinott (participation facilitator)
Mahbube Hussain (from October 2015)
Gillian Turnbull

Clinical services manager

Rebecca Keigh

Camden C-card coordinator/sexual health facilitator

Shirdon Barthelmy

Contraceptive and sexual health:

Service advisors and medical reception

Dominique Golden
Rhiannon Jones
Belinda Rowe (until November 2015)
Phoebe Tansley (from February 2016)

Drum administrator

Caroline Moore



The Brandon Centre
26 Prince of Wales Road
Kentish Town
London NW5 3LG
Tel: +44 (0)20 7267 4792
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Email: reception@brandoncentre.org.uk
Website: www.brandoncentre.org.uk

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

The Brandon Centre thanks

Our sincere thanks to the following statutory bodies, trusts, and donors for their support in 2015/16:

Public authorities

Department of Health
London Borough of Camden
London Borough of Enfield
London Borough of Haringey
London Borough of Islington
London Borough of Lambeth
Camden clinical commissioning group (CCG)
Enfield CCG
Islington CCG



Trusts

BBC Children in Need Appeal
The John S Cohen Foundation
Cripplegate Foundation
The Fitzdale Trust
G M Morrison Charitable Trust
GMS Estates Limited
Hampstead Wells and Campden Trust
Irish Youth Foundation
John Lyons Charity
The Lambert Charitable Trust
The Leathersellers' Company
Sir Mark and Lady Turner Charitable Settlement
Marsh Christian Trust
The Mercers' Company
Oakdale Trust
Peter Stebbings Memorial Charity
The Rhododendron Trust
The Shanly Foundation
The Sir Jules Thorn Charitable Trust
The Tudor Trust
The Vandervell Foundation