ANNUAL REPORT

2014/2015

THE BRANDON CENTRE

BACKGROUND

Brandon Centre for Counselling and Psychotherapy for Young People is a charitable organisation that has existed for over 47 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, mental ill 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

I am delighted to present the 2014/2015 Brandon Centre annual report. In line with its original aims, the Centre continues to provide the highest quality sexual health care, psychotherapy, parent management training and other more specialised and innovative therapies including Multisystemic Therapy. All services continue to operate according to the Centre's key principles of accessibility, (including an emphasis on self-referral where possible and appropriate), being evidence based, and being outcome focused. This requires innovation alongside constant measurement and improvement. The Centre has had to be creative in finding new ways of attracting service users, and their parents and carers, to engage in meaningful feedback and service design. The Centre has also continued to conduct research of the highest quality. This report shows how successful the Brandon Centre staff have been in each of these areas.

Last year the council of management met for six ordinary meetings and the 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

Introduction from the director

In 2014/15:

- The total number of appointments offered by the Centre was 13,026 and 2,049 young people, parents and families used the Centre's services.
- Young people and parents attended 78% of appointments offered.
- We ran a successful feedback fête over three weeks in July and August at the Centre when 86 young people gave their views on the services they received.
- We also initiated a youth ambassador scheme, a new way of involving young people in the life of the Centre, providing them with positive skills and experiences.
- 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, as a result of a successful tender, received additional financial support from Camden to expand its programme over the next three years.
- All clinicians working in the counselling and psychotherapy service continued participating in the CYP IAPT (child and young person improved access to psychological therapies) programme of routine patient reported outcome measurement.
- Increased funding from Camden allowed the Centre to provide additional quality therapeutic support for 300 Camden under 25 year olds with a mental health need below adult mental health thresholds.
- Our presence in Islington increased with a new psychotherapy service at Lift and Platform youth hubs, funded by the local authority, in addition to Counselling at the Drum, which we successfully tendered for.
- Three 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 third 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 four years, supported by a grant from the Department of Health.
- We ran six well attended and well received parent management 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 available every week day, with a limited service on a Saturday. Our team of reception staff and client support workers, nurses and doctors, and C-card coordinator/outreach worker, work together to provide drop-in and appointment-based clinic services at the Centre itself, and outreach services in other local youth settings. Services are free and confidential: young people can make contact by phone, email or by dropping into the Centre, and can usually expect to be seen the same day.

The clinic

The clinic appointment system is organised to allow our doctors and nurses adequate time with young people, to deal comprehensively with their sexual and reproductive health concerns. Young people often want information about preventing pregnancy and sexually transmitted infections (STIs), help dealing with an unplanned pregnancy or infection, and a space to discuss sexual and relationship difficulties. The clinic service offers pregnancy testing, STI testing, and can provide most methods of contraception, while always promoting safer sex. When needed, medical staff will signpost or 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 STI screening for chlamydia and gonorrhoea. These services are available at any time during the Centre's opening hours and are provided by our front office/ client support worker team, who all 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 really be assessed by a clinician.

Because advice, information, condoms and STI testing are all immediately available to young people as soon as they walk through the door, the drop-in service is particularly successful in attracting young men, and other 'harder to reach' clients, who appreciate the ease and informality of access, the quick, simple and discreet opportunity to test for infections, 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 access other services and consult with a doctor or nurse if necessary.

The C-card scheme: currently the Brandon Centre coordinates and promotes the C-card scheme in Camden. This scheme encourages young people (aged 13 to 24 years) to register, whereby they are issued with a card, which enables them to obtain free condoms on a repeat basis from any participating C-card site in Camden and other London boroughs. 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.

At registration and at regular subsequent visits, young people discuss safe condom use and other sexual health issues with a trained worker. The Brandon Centre's C-card coordinator provides 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.

Reaching out

Our outreach workers continue to offer assistance in delivering sex education and healthy relationship (SRE) sessions to young people in local schools as part of the PHSE curriculum. They also deliver more targeted SRE and information sessions to young people in other educational settings, pupil referral units, youth centres, youth housing projects and C-card sites.

Outreach work aims to improve sexual health awareness amongst groups of young people who are traditionally difficult-to-reach, and encourage the uptake of the Brandon Centre's contraceptive and sexual health services by those less likely to engage with mainstream health services such as young men, black and minority ethnic young people, young people in care or living with a learning disability, young offenders and young people who are not in mainstream school.

What we had planned to do 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 identify new sites for the C-card scheme, prioritising those that engage young people who are considered especially vulnerable.
- Maintain our chlamydia/gonorrhoea screening activity, not only at the Brandon Centre, but also in C-card outreach sites.
- Run an HIV testing pilot and be able to offer an 'instant' HIV test to anyone who asks for it, thereby promoting awareness and discussion about the risk of HIV with our young clients, and providing another opportunity to encourage safer sex.
- 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 2014/15:

- **Service activity:** overall, 1,628 young people used the contraceptive and sexual health service at the Brandon Centre during 2014/15, recording 3,843 attendances in either clinic or drop-in services.
- **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** continued to be an increasingly popular way for young people to access sexual health services at the Brandon Centre. 585 young people used this means of obtaining condoms (new and regular clients). 491 chlamydia/gonorrhoea screens were also done through the drop-in service. Well over half of these tests were done by young men, many of whom have become regular clients.
- **Chlamydia/gonorrhoea screening:** our STI screening activity was maintained this year; a total of 1,368 chlamydia and gonorrhoea

screening tests were performed at the Brandon Centre during 2014/15. As a result, we diagnosed and treated a significant number of sexually transmitted infections: approximately 9% of young people who took a test at the Brandon Centre had either chlamydia (100 cases), gonorrhoea (9 cases) or both infections (10 cases).

- **C-card scheme:** our C-card coordinator provided training and support to staff in two new C-card sites this year, as well as continued support to the existing 22 sites throughout the borough, assisting youth workers in the promotion of the condom scheme to the young people. As a result, 2014/15 saw a total of 648 new registrations onto the C-card scheme, together with 942 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 83 contraceptive implants in young women between age 14 and 23 years during 2014/15. The demand for contraceptive implants increases year on year: to date, we have supplied implants to almost 400 young women since we started offering this service in November 2008.
- **HIV testing:** we introduced 'instant' point of care HIV testing, and promoted it during National HIV testing week in November 2014. Overall we performed 30 HIV tests and demonstrated that it is an easy and acceptable method of HIV testing for young people: HIV point of care testing has now become part of our mainstream services.
- **Outreach:** our outreach workers have completed 55 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 antisocial behaviour. Overall, outreach work has engaged 815 young people this year (499 young women and 316 young men).
- **Brandon Reach programme:** we have provided contraceptive and sexual health services to several of the young women who are working with the psychologists running the programme. Young people in 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.
- **Successfully tendering for a new contract:** the Brandon Centre was successful in its bid to continue to provide young people's sexual health services in Camden. This new contract, commisioned by Camden and Islington Public Health, proposes an innovative model of care, whereby three service providers (including the Brandon Centre) work in partnership to deliver a network of young people's sexual health services across Camden and Islington. This network provision will include three contraception and sexual health clinics, supported C-card sites, SRE in schools, clinical and targeted outreach with more vulnerable young people, and children's workforce training and development across both boroughs.

What we hope to achieve next year during 2015/16:

- We anticipate that a good deal of our time this coming year will be devoted to developing and strengthening the new sexual health service network, working collaboratively with the other sexual health providers in Camden and Islington. This will ensure continued provision of an accessible, high-quality, sexual and reproductive health service for young people, which is consistent and standardised across both boroughs.
- For the Brandon Centre, this will mean developing and expanding our clinic services, so there is less need to refer young people on to larger GUM and contraceptive clinics. We plan to:
  - » develop drop-in, 'self managed care' services, and ensure that young people can access pregnancy testing and full STI screening, without having to wait to see a clinician unless there is specific need.
  - » ensure that wherever possible, young people have access to the full range of contraceptive options.
  - » offer full STI screening, including routine testing for HIV and syphilis, and hepatitis screening and vaccination for high risk groups.
- We will continue to provide SRE in local schools and colleges: this will be planned, developed and coordinated by the network of sexual health providers working together with schools and school nurses across both boroughs.
- We will become responsible for the C-card scheme across both Camden and Islington and will work in partnership with Brook to ensure the ongoing success of the scheme across both boroughs. We will 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. We will identify new sites for the C-card scheme, prioritising those that engage young people who are considered especially vulnerable.
- We plan to work with Brook to deliver training to all those who work with young people in Camden and Islington, to ensure they have adequate information about the sexual and reproductive health issues that affect young people. Through this workforce development, it is hoped that youth workers will feel more confident when dealing with sexual health issues in their work with clients, and be able to advise and signpost young people onto other services as required.

How we deliver public benefit

The Brandon Centre has always worked closely with health service commissioners and other Camden based organisations to meet the sexual and reproductive healthcare needs of young people in the local area.

In future, our work will extend across both Camden and Islington as we work collaboratively with public health commissioners and other sexual health care providers, and contribute to the comprehensive network of young people's sexual health clinics, outreach and SRE services across both Camden and Islington. As part of this network, we will contribute 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 provide welcoming, accessible and flexible services, which are successful in engaging the more vulnerable and 'harder-to-reach' young people, who might otherwise struggle to access more mainstream health services.

Using a new experience of service questionnaire, 57 contraceptive and sexual health clients rate the service (1 September 2014 to 31 March 2015)

	Definitely true	Partly true	Not true	Don't know
The people who saw me listened to me	89%	9%	2%	
It was easy to talk to the people who saw me	81%	17%	2%	
I was treated with respect and dignity by the people who saw me	84%	9%	7%	
I feel the people here know how to help me	75%	23%	2%	
I felt involved as much as I wanted to be with decisions about my care and treatment	81%	9%	7%	3%
The facilities (e.g. waiting room, other waiting areas, clinic rooms) at the Brandon Centre are comfortable	76%	19%	5%	
It is easy to travel to and find the Brandon Centre	87%	10%	3%	
Appointments are usually easy to get and at a time that suits me	57%	40%	3%	
When I talk with the staff here, it always feels private and confidential	84%	11%	5%	
Young people who are under 16yrs old would feel safe coming here	75%	21%		4%
If a friend needed this sort of help, I would recommend that they came here	86%	10%	2%	2%
Overall I feel the care I have received here is very good	91%	9%		

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

Staff allow you to have full control over services that you want to have. Everybody is very happy and helpful……they don't undermine or judge young people

Doctor/nurses are very caring and advised the best form of protection for me. They also made sure I knew about the form of contraception which is always important

*Fast Treatment * very comfortable and homely * staff are lovely and friendly * nobody judges you * you feel safe*

Feels very personal – from the appointment texts having a name signed at the end, to someone opening the door when you arrive. Also very easy to book and change appointments

I always feel as if I'm being listened to and never feel judged

I have visited the Brandon Centre many times over the past 6 years and have left happy every single time, and will continue to use this service in the future

Friendly, great service. Staff at the reception do a great job! Doctor always helpful. You deserve more funding!!! What you do for young people is very important to not only the individual but society as a whole

It's confidential, comprehensive, safe and comfortable. The Brandon Centre is a sanctuary and haven for many young people round Camden. I don't know what I'd do without it

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 46 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 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 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. This is a service aimed at young people with multiple social and health problems who don't access traditional services. Young people will take a leading role in shaping this new predominantly outreach service, which will be situated in a renovated youth space at the old post office on Harben Parade, Finchley Road NW3.

What we planned to do:

- 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 supported accommodation 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.

What we achieved:

- A total of 360 young people were either referred or self referred in the year to the Brandon Centre and 104 to the Drum.
- Waiting time for young people who attended an appointment at the Brandon Centre was 6.65 weeks and 7.81 weeks at the Drum.
- A total of 321 young people (300 from Camden and 21 from Islington) received psychotherapy at the Brandon Centre, 11 attended sessions at Lift and Platform and 67 young people were helped at the Drum.
- As a result of a successful tender, Brandon Reach expanded from October 2014 to be delivered by two clinical psychologists who worked with 14 Camden young parents in 2014/15.
- One of our clinical psychologists devoted a half day to working with young people and key workers in Camden supported accommodation assessment units and a child and adolescent psychotherapist was available to support young people and staff at Camden Under 25s Advice Centre.
- 69 young people were treated who presented with a substance misuse problem.
- 63 bereaved young people were helped of which 35 were 12 to 18 year olds.
- The four most frequent current problems presented by young people were emotional problems (376:97%), family problems (277:70%), problems related to school and higher education (186:47%) and social isolation (173:44%).
- 89 (23%) were helped for deliberate self harm, 57 (14%) young people were helped who had attempted suicide and 128 (32%) reported being at risk from deliberate self harm.
- Of 88 young people who had psychotherapy at the Brandon Centre and completed the Commission for Health Improvement Experience of Service Questionnaire (CHI ESQ), 86% rated the statement 'I felt the people who saw me listened to me' as 'certainly true' and 79% rated as 'certainly true' the statement 'Overall the help I received here is good'. 60% and 33% respectively rated the statement 'I feel the people know how to help me' as 'certainly true' and 'partly true'. 95% rated as 'certainly true' the statement 'I was treated well by the people who saw me'. 79% and 19% respectively rated the statement 'If a friend needed this sort of help, I would suggest to them to come here' as 'certainly true' and 'partly true'.
- 217 young people new to the service completed a youth self report form (YSR) or a young adult self report form (YASR) before starting treatment. 111 (51%) completed a follow-up YSR or YASR for our programme monitoring the outcome of treatment.
- 78, 12 to 17 year olds completed an SDQ (Strength and Difficulties Questionnaire) before commencing treatment and 29 completed a follow up SDQ, 76 completed an RCADS (Revised Children's Anxiety

and Depression Scale) and 32 completed a follow up RCADS.
- We provided a four year placement for two trainee child and adolescent psychotherapists until September and then one from October.
- We provided a third year placement for two doctoral clinical psychology trainees from University College London (UCL) and University of East London until September and then one from UCL from October.
- The psychotherapy service team, staffed by two child and adolescent psychotherapists, five 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, narrative therapy, dialectical behaviour therapy and mindfulness.
- 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.
- Two former service users participated in the youth ambassador scheme. With the help of our participation officer and a trainee clinical psychologist, they devised a questionnaire about young people's experience of the service which they administered to current service users, and then analysed the findings and prepared them for presentation. Both were very positive about the value of the scheme.
- We were successful with a tender to continue delivering psychotherapy services to Camden 12 to 24 year olds.

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 Lift and Platform.
- See 200 Camden 16 to 24 year olds and reduce waiting times from 6.65 weeks at the Brandon Centre as part of Camden's Minding the Gap project.
- See 67 Islington 16 to 21 year olds at Counselling at the Drum and up to 20 young people at Lift and Platform.
- Reach out to young people in Camden supported 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 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 Minding the Gap transition service.
- Contribute to a new way of working with young people as part of the devlopment 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.

How we deliver public benefit

Our psychotherapy service targets high-priority groups of young people aged 12 to 24 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 88 young people who attended the Centre's counselling and psychotherapy service in 2014/15.

	Certainly true		Partly true		Not true		Don't know	
	13/14	14/15	13/14	14/15	13/14	14/15	13/14	14/15
I felt that the people who saw me listened to me	78%	86%	20%	11%	0	0	2%	3%
It was easy to talk to the people who saw me	53%	65%	35%	32%	10%	2%	2%	1%
I was treated well by the people who saw me	98%	96%	2%	3%	0	0	0	1%
My views and worries were taken seriously	78%	83%	15%	16%	3%	1%	4%	0
I feel the people know how to help me	52%	60%	40%	33%	3%	3%	5%	4%
I have been given enough explanation about the help here	66%	72%	27%	23%	3%	3%	4%	2%
The facilities are comfortable	75%	81%	20%	18%	5%	1%	0	0
My appointments are usually at a convenient time	71%	77%	20%	19%	7%	3%	2%	1%
It is quite easy to get to the place where I have my appointments	82%	86%	15%	13%	3%	1%	0	0
If a friend needed this sort of help, I would suggest to them to come here	67%	79%	25%	20%	2%	0	6%	1%
Overall the help I received here is good	73%	79%	23%	20%	0	0	4%	1%

What was really good about your care?

My sessions here at the Brandon Centre have really helped me with all my problems and to become a stronger person. After a year of being here I really do see and feel a difference in me, a good one, wish I was able to come here longer! A year is not enough. Thank you for your help!

I feel he listened to what I had to say, tried to see things from my perspective and find a solution/understand what/why I am feeling what I am. Didn't take notes but remembered everything, personal or not.

Overall things got better. Before I started sessions my studies were not so good and now I am getting good grades. I learned to manage my depression better and I don't feel so depressed as before.

Every time I came to BC I felt very comfortable, when I saw my therapist I could talk to him and say anything about feelings and talk about things I wouldn't otherwise talk about.

A space for someone to listen, the idea that someone was always there to talk to and willing to listen, they were always willing to help.

I wasn't judged, I could get everything off my chest. I felt a little less like I had the world on my shoulders.

There was a lot of discussion time given to treatment options and I felt that the people who saw me genuinely cared about me getting better.

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

Took a long time to be seen and to keep calling and asking, despite being on the waiting list, I seemed to be forgotten.

I didn't feel like someone helped me, I did lots of talking, they listened, sometimes I need feedback.

Would've liked to know what to expect from counselling sessions as I was unsure.

Sometimes I felt obliged to say something useful and come to conclusions when I wasn't ready to. I could have explored more areas in more detail rather than just mostly family issues.

News and problems need to be taken more in depth by the person. The solution is something that needs to be found and I did not find it, although I found ways to deal with my problems.

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 13 Camden families, 10 Enfield families, 28 Haringey/Waltham Forest edge of care/custody families, 10 Ealing Think Family cases, 7 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.

What we achieved:

- 109 families received MST, 72 cases were successfully completed, 30 were ongoing and seven dropped out.
- Treated 19 cases referred by Camden; five were ongoing from 2013/14 and were completed in 2014/15. Of 14 families referred in 2014/15, three cases ended prematurely, eight were successfully completed and three were ongoing at the end of the financial year, 31 March 2015.
- Treated 14 cases referred by Enfield; two were ongoing from 2013/14 and were completed in 2014/15. Of 12 new cases referred and started in 2014/15, six were successfully completed and six were ongoing at the end of the financial year.
- Treated 8 MST PSB cases; three were ongoing from 2013/14 and were successfully completed in 2014/15. Seven cases were treated as part of the MST PSB randomised controlled trial. Of these five were successfully completed and two were ongoing. One commissioned MST PSB case was referred and completed.
- Treated 29 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. 18 were referred by Haringey Social Services and 11 were referred by Waltham Forest Social Services. 10 cases were ongoing from 2013/14 and 19 were new cases. 21 cases were successfully completed, two ended prematurely and six were ongoing at the end of the year.

- Treated six Waltham Forest families with a young person involved in a gang; three were ongoing from 2013/14 and were completed in 2014/15. One case referred in 2014/15 was successfully completed and two cases were ongoing.
- Treated 11 Ealing families referred as part of the Think Family strategy. Two cases were ongoing from 2013/14. Seven cases were successfully completed. Four were ongoing at the end of the financial year.
- Treated four Islington families referred by the Youth Offending Service. Two cases were ongoing from 2013/14. All four cases were successfully completed.
- Treated 18 Lambeth families referred as part of the Troubled Families programme. Five cases were ongoing from 2013/14. Seven cases were successfully completed, four cases ended prematurely and seven were ongoing at the end of the financial year.
- Of 13 Haringey/Waltham Forest edge of care/custody cases that completed treatment since April 2012 and were followed up at 12 months post treatment, 12 remained living at home, 11 were in education or training and 9 had not received a charge from the police.
- Ran two focus groups to learn from parents their experience of using the MST service.
- Successfully piloted a post intervention service involving an assistant psychologist trained to support families sustain outcomes achieved during MST treatment.

What we will achieve next year:

- 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.

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.

The views of four parents who were surveyed for their experience of MST three months after the end of treatment:

Family A

What did you find most helpful about MST, what did you find least helpful?- what could be improved?
The most useful thing was gaining practical skills that we could use with each other. It [MST] focussed on all of the family members. It was solution-focussed and problem-focussed in its approach.

Do you feel that MST has equipped you to deal with future problems?
Yes, we have a helpful plan which we can go back and look at. It [sustainability plan] is incredibly helpful. I looked through it the other day and it reminded me of everything we had talked through with [therapist]. We still remember the acronyms for the different techniques. [Young person] had a bit of a dip a couple of weeks ago and I was able to talk to her and reminded her of the work that she did with [therapist].

Family B

What did you find most helpful about MST, what did you find least helpful?- what could be improved.
It's been the best help we've had. [Therapist] worked with me. She gave me the skills and confidence I needed.

Do you feel that MST has equipped you to deal with future problems?
Yes. We're still using the strategies. We use incentives to encourage [young person] to take her medicine, this works really well.

Family C

What did you find most helpful about MST, what did you find least helpful?- what could be improved.
The most helpful thing was the informal chats that I had with [therapist]. She also met with [young person] separately. She was helpful, she could report back to the doctor and other professionals and they listened to what she had to say. Things change all the time and it was good being able to check in with someone regularly and having professionals listen to what she had to say as I don't feel they always listen to parents.

Do you feel that MST has equipped you to deal with future problems?
Yes, especially in dealing with the verbal aggression. The strategies were helpful and I have carried on using them. They have become habit to me now.

Family D

What did you find most helpful about MST, what did you find least helpful?- what could be improved.
Giving me ideas and coming up with strategies. [Therapist] gave me ideas, she told me not to stay in arguments so now I walk away when [young person] is getting angry and this really works. I phone my other son when I need to talk to someone and this helps.

There wasn't anything that was unhelpful. [Therapist] tried to do some work with [young person] on his own but he didn't want to do that and would just walk off or stay in his room. It would have been good though if she could have done that.

Do you feel that MST has equipped you to deal with future problems?
Yes. Things have changed a bit in the house and he [young person] is doing longer days at school now and is tired. Still using the plans that I did with [therapist] and things are ok. Things are up and down but they are ok.

PARENT MANAGEMENT TRAINING

Parent management training is a proven and effective intervention that is recommended for managing and reducing behaviour problems in young people. 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.

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.

What we achieved:

- Six Parenting with Love and Limits groups were run in the year.
- 64 parents from 52 families attended a group in the year, an average of nine parents per group.
- 22 (34%) parents attended all sessions and 17 parents attended all but one session.
- 83% of sessions offered (354) were attended.
- 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 281 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.

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.
- 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 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, 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 classes I attended at the Brandon Centre stopped me in my tracks and made me think about situations from my child's point of view. Their approach is gentle and common sense and I have learnt so much. I think their services should be much more widely publicised.

Had I known what I have learnt now, but years earlier, I'm sure life and parenting would have been more stable. This course applies to all parents with even the youngest children. VERY IMPRESSED.

The class gave me resolve and determination and the realisation that I'm not the only parent with difficulties. It has given me back the right to be a parent and impose rules.

You are not alone! To ignore button pushers and not to take things personally. Not to engage in dialogue when giving instructions and to be positive and praise.

Firstly, it was a huge relief just to be able to speak about the issues we are encountering as a family and not feel judged. The handouts are an invaluable point of reference as there is so much information to absorb. The links detailed to relevant websites for further research also a great help.

I am very grateful to have had the opportunity to attend this course and to be amongst others going through similar challenges and being able to speak freely. The course content is something I shall constantly refer to. Thank you.

AUDIT AND EVALUATION

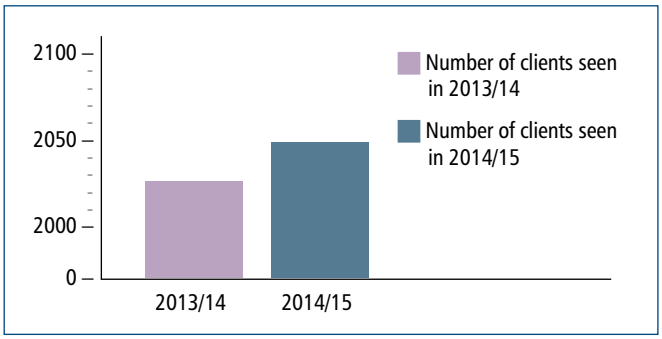
Audit has become a fundamental requirement in clinical practice. The purpose of clinical audit is to improve services to patients by a formal process of setting standards, gathering data to find how the service is performing in relation to them, and changing practice as a result.

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

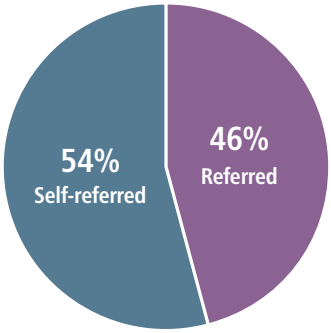
Service data

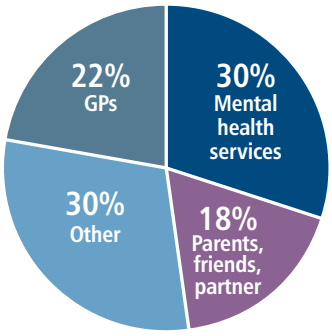
In 2014/15, 2,049 young people, parents and families used the Centre's services compared to 2,026 in 2013/14.



1,628 used the contraceptive and sexual health service, dropped in for condoms and chlamydia and gonorrhoea testing; 1,043 used the contraceptive and sexual health appointment service and 585 used the drop-in condom service. Of these, 165 young people accessed both the drop-in condom service and also attended an appointment with a doctor or a nurse. 413 young people used the psychotherapy services; 64 parents who came from 52 families attended the Centre's parent management training group; 109 families received multisystemic therapy (MST).

Including referrals made by parents or relatives, 54% of young people self-referred to the counselling and psychotherapy service. The main sources where service users learned of the Centre were GPs (22%), parents, relatives, friends or a partner (18%) and child and adult mental health services and student counselling services (30%).





	Sessions offered	Sessions attended
Contraceptive services	3,863	3,443 (89%)
Therapy	5,497	3,663 (67%)
MST	3,312	2,746 (83%)
Parenting	354	295 (83%)
Total	**13,026**	**10,147 (78%)**

Demographics

The ages of the young people were:

Age (years)	Contraception (%) (N=1,628)	Psychotherapy (%) (N=413)	Parenting and MST (%) (N=161)	Total (%) (N=2,202)
11–17	31.02	38.74	100	37.51
18–21	55.65	52.30	0	50.95
22+	13.27	8.72	0	11.45
Not recorded	0.06	0.24	0	0.09
Total	100	100	100	100

Gender of young people was:

	Contraception (%) (N=1,628)	Psychotherapy (%) (N=413)	Parenting and MST (%) (N=161)	Total (%) (N=2,202)
Female	75.98	69.49	45.34	72.53
Male	24.02	30.51	54.66	27.47
Total	100	100	100	100

Ethnic background:

	Contraception	Psychotherapy	Parenting and MST	Total
White	965 (59.28%)	232 (56.17%)	72 (44.72%)	1,269 (57.63%)
Mixed	245 (15.05%)	53 (12.83%)	27 (16.77%)	325 (14.75%)
Asian and Asian British	85 (5.22%)	32 (7.75%)	6 (3.73%)	123 (5.59%)
Black or Black British	187 (11.49%)	34 (8.23%)	39 (24.22%)	260 (11.81%)
Chinese	11 (0.68%)	3 (0.73%)	0 (0.00%)	14 (0.64%)
Other ethnic group	73 (4.48%)	14 (3.39%)	2 (1.24%)	89 (4.04%)
Not known or recorded	62 (3.80%)	45 (10.90%)	15 (9.32%)	122 (5.54%)
Total	1,628 (100%)	413 (100%)	161 (100%)	2,202 (100%)

38.5% of young people who used the counselling and psychotherapy service were from an intact family.
26% were at school, 38% were at college, university or engaged in vocational training, 10% were unemployed and 7% were employed.

Problems presented by young people

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

	Psychotherapy	Parenting	MST
	% (n:394)	% (n=26)	% (n=96)
Family problems	70	96	86
Depression/anxiety	95	46	47
Problems related to school and higher education	47	58	94
Sexual/relationship problems	39	4	26
Violent and offending behaviour and other conduct problems	22	100	93
Social isolation	44	3	14
Sleep problems	36	0	23
Separation anxiety and developmental problems	28	0	7
Somatic symptoms	32	0	3
Drug abuse and alcohol abuse	19	19	51
At risk of deliberate self-harm	32	0	24
Sexual and physical abuse	16	4	21
Bereavement	16	0	7
Eating problems	15	0	8
Deliberate self-harm	23	8	22
Attempted suicide	14	0	8
Employment problems	12	0	4
Significant illness involving hospital	8	8	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	662		
Condoms	926	390	1,316
Patch	67		
Injectable contraception	66		
Implant	94		
Number of emergency contraception supplied	350		
Number of pregnancy tests performed	481		
Number of positive pregnancy tests:	51		
Number referred for termination	36		
Number planning to continue with pregnancy	10		
Number unsure of their decision	3		
Number who miscarried	2		
Number of screens for chlamydia and gonorrhoea done in appointment clinic	820	57	877
Number of screens positive for an infection (chlamydia, gonorrhoea)	64	10 (8.4% positivity)	74
Chlamydia screening programme drop-in service:			
Number of screens for chlamydia and gonorrhoea done in drop-in services	201	281	482
Number of screens positive for an infection (chlamydia, gonorrhoea or both)	19	26 (9.3% positivity)	45
Total number of chlamydia and gonorrhoea screens	1,021	338	1,359
Total number of positive screens	83	36 (8.7% positivity)	119

Mental health outcome

There are three informants in our study of outcome for psychotherapy: the young person in treatment who has either completed the Youth Self Report (YSR) form or, if they were over 18, the Young Adult Self Report (YASR) form; 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 2015 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:

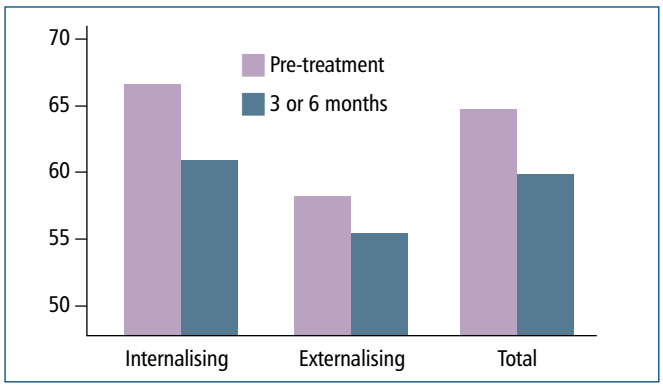
CHANGE IN MEAN SCORES

Mean change YSR/YASR internalising, externalising and total problem scores at pre-treatment, and at six months or three months where data at six months are not available (n: 1,178). There is a statistically significant improvement for all three problem areas which remains when an intention to treat analysis is performed. This analysis was performed because the data analysed represent less than half (44.1%) of the sample that provided intake data. It

was assumed that the missing post-treatment data of the non-analysed group would be equal to this group's pre-treatment data (i.e. assuming no change).

Means and standard deviations of pre-treatment and follow-up YSR/YASR internalising, externalising and total scores (N = 1,178)

	Internalising Score(sd)	Externalising Score(sd)	Total Score(sd)
Pre-treatment	66.9 (10.6)	59.0 (10.1)	64.8 (9.6)
3 or 6 m.	61.8 (11.8)	56.0 (10.7)	60.0 (11.0)



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 1,178 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 = 1,178)

	Internalising	Externalising	Total
Clinical to non-clinical	253 (21.5%)	210 (17.8%)	269 (22.8%)
Non-clinical to clinical	52 (4.4%)	93 (7.9%)	41 (3.5%)
Remained in clinical range	637 (54.1%)	338 (28.7%)	593 (50.3%)
Remained in non-clinical range	236 (20.0%)	537 (45.6%)	275 (23.3%)

RELIABLE CHANGE

In the data presented, the reliable change index (RC index) for males who completed the YSR (n=160) is 12.51, 9.94 and 10.61 points (where the standard error of change is multiplied by 1.60 for a 90% confidence level) for internalising, externalising and total problem scores respectively. Change in scores up or down, greater than these amounts should be regarded as reliable as there is a 90% chance that this change is not due to chance. For males who completed the YASR (n=140), the RC index is 8.24, 8.08, and 6.67 (using 1.60 SE of measurement) for internalising, externalising and total problem scores respectively. For females, the corresponding RC index (using 1.60 SE of measurement) for the YSR (n=351)internalising, externalising and total problem scores is 9.38, 9.25 and 8.22 respectively. For females who completed the YASR (n=361), the RC index is 7.23, 8.22 and 6.72 (using 1.60 SE of measurement) for internalising, externalising and total problem scores respectively. 166 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 1,012 young people:

Reliable change in YSR/YASR internalising, externalising and total scores at pre-treatment and follow-up (N=1012)

	Internalising	Externalising	Total
No change	646 (63.9%)	760 (75.1%)	631 (62.4%)
Improvement	315 (31.1%)	201 (19.9%)	336 (33.2%)
Deterioration	51 (5.0%)	51 (5.0%)	45 (4.4%)

Parenting programme outcomes

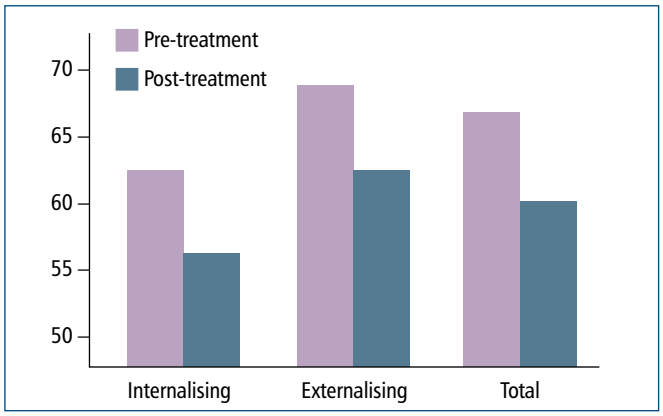
Using data collected from parents who have attended the parenting programme and who completed a CBCL at intake, and at either three months or six months following the conclusion of the intervention, the outcomes in their child's behaviour and problems are as follows:

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 286 young people rated by parents that completed forms at both time points, which remained when an intention to treat analysis was performed:

Means and standard deviations of pre- and post-treatment CBCL internalising, externalising and total scores (N=286)

	Internalising Score(sd)	Externalising Score(sd)	Total Score(sd)
Pre-treatment	62.5 (11.4)	67.5 (8.5)	66.6 (9.0)
Post-treatment	56.4 (11.6)	62.0 (10.1)	60.5 (10.4)



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 286 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=286)

	Internalising	Externalising	Total
Clinical to non-clinical	84 (29.4%)	63 (22.0%)	71 (24.8%)
Non-clinical to clinical	8 (2.8%)	5 (1.8%)	6 (2.1%)
Remained in clinical range	101 (35.3%)	171 (59.8%)	156(54.6%)
Remained in non-clinical range	93 (32.5%)	47 (16.4%)	53 (18.5%)

RELIABLE CHANGE

The reliable change index (RC index) for boys (n=164) is 7.97, 5.76, and 5.28 points (using 1.60 SE of measurement) for CBCL internalising, externalising and total problem scores respectively, for girls (121) the corresponding RC index was 7.38, 4.98, and 4.53 CBCL internalising, externalising and total problem scores respectively. 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=285)

	Internalising	Externalising	Total
No change	160 (56.1%)	121 (42.5%)	117 (41.1%)
Improvement	108 (37.9%)	147 (51.6%)	154(54.0%)
Deterioration	17 (6.0%)	17 (5.9%)	14 (4.9%)

REPORT AND FINANCIAL REVIEW

for the year ended 31st March 2015

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 2015 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

The Brandon Centre's financial position at 31st March 2015 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 2015 amounted to £1,729,340 (2014: £1,663,363), including capital grants, and expenditure totalled £1,767,207 (2014: £1,552,798). Net outgoing resources during the year amounted to £37,867 (2014: incoming £110,565). 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 2015 the Centre had total reserves of £1,041,337 (2014: £1,079,204), of which free reserves (excludes restricted funds and funds invested in fixed assets) amounted to £708,714 (2014: £693,088).

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 19 June 2015 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 2015

	Unestricted Funds	Restricted Funds	Total Funds 2015	Total Funds 2014
	£	£	£	£
Incoming resources				
Incoming resources from generated funds:				
Voluntary income	26,275	94,314	120,589	474,184
Investment income	2,463	343	2,806	3,103
Incoming resources from charitable activities	1,605,648	-	1,605,648	1,185,627
Other incoming resources	297	-	297	449
Total incoming resources	1,634,683	94,657	1,729,340	1,663,363
Resources expended				
Costs of generating funds Fundraising trading:				
Cost of goods sold and other costs	-	-	-	5,385
Charitable activities	1,612,373	145,227	1,757,600	1,532,931
Governance costs	9,607	-	9,607	14,482
Total resources expended	1,621,980	145,227	1,767,207	1,552,798
Net movement in funds	12,703	(50,570)	(37,867)	110,565
Reconciliation of funds				
Total funds brought forward	696,810	382,394	1,079,204	968,639
Total funds carried forward	709,513	331,824	1,041,337	1,079,204

SUMMARY OF YEAR END POSITION

as at 31 March 2015

	2015		2014	
	£	£	£	£
Fixed assets				
Tangible assets		253,186		256,109
Current assets				
Debtors	77,459		48,144	
Cash at bank and in hand	758,967		858,085	
	836,426		906,229	
Creditors: Amounts falling due within one year	(48,275)		(83,134)	
Net current assets		788,151		823,095
Net assets		1,041,337		1,079,204
The funds of the charity:				
Restricted funds		331,824		382,395
Unrestricted funds				
Unrestricted income funds		709,513		696,809
Total charity funds		1,041,337		1,079,204

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: +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
Denise Galpert (until June 2014)
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

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 until September 2014)
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
Abbie Unwin (from November 2014)
Phebe Burns (in training until September 2014)
Yvanna Coopoosamy (in training until September 2014)
James Hanley (in training from October 2014)

Cognitive behaviour therapist
Lorna Vincent (until February 2015)

Assistant psychologist
Amy Humphries (from April 2014)

Family therapist
Petra Titlbachova (until April 2014)

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

MST Therapists
Alison Bromley (from May 2015 until February 2015)
Emily Callard
Jacqueline Cannon
Ana Figueira (from April 2014)
Natasha Gold
Paulina Janus (from November 2014)
Lizzie Kock
Aimee Longos
Catalin Lulea
Natalie McIntosh
Moradeke Mapaderun (June 2014 until January 2015)
Amanda Singh (until September 2014)
Fiona Tait (until September 2014)
Mayuri Unalkat
Stacey Willis (from October 2014)

Administrative and reception staff:

Operations manager
Charlotte Reynolds

MST coordinators
Samantha Bickerstaff
Stacey Miller

Psychotherapy referrals coordinators
Clare Hoddinott (participation facilitator)
Gillian Turnbull

Camden C-card coordinator/sexual health facilitator
Shirldon Barthelmy

Contraceptive and sexual health service advisors and medical reception
Cristianne Connor (until October 2014)
Dominique Golden
Rhiannon Jones (from November 2014)
Rebecca Keigh
Belinda Rowe

Drum administrator
Caroline Moore

The Brandon Centre thanks

Our sincere thanks to the following statutory bodies, trusts, companies and donors for their support in 2014/15:

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 Lambeth
London Borough of Waltham Forest
Camden CCG
Enfield CCG
Islington CCG

Camden ISLINGTON

Trusts

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

THE BRANDON CENTRE

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