

BRANDON



ANNUAL REPORT
2010-2011

Background

Brandon Centre for Counselling and Psychotherapy for Young People is a charitable organisation that has existed for over 40 years. Originally called the London Youth Advisory Centre (LYAC), it was started as a contraceptive service for young women aged 12 to 25 years. The founder, Dr Faith Spicer, recognised that young women needed to have access to a service that allowed them time to talk through 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 young 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 without being 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, especially 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. The Brandon Centre's service extends to a wide range of adolescent problems and is based on a psychoanalytic understanding of adolescent development. There are particular medical provisions for contraceptive, pregnancy and psychosexual difficulties.

Activities

The Brandon Centre's services cover the following activities:

- Contraception and sexual health;
- Psychotherapy;
- Multisystemic therapy;
- Parent training.

The Centre also provides information on contraception, sexual health and mental health. All the Centre's services are free of charge and there is no geographical restriction for users of the contraception and sexual health service, the psychotherapy service and the parent-training service. The Centre's evaluation activities include routine monitoring of outputs and outcomes and a randomised-controlled trial. The Centre reports and disseminates the findings from its 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 health-care. The Centre is also subject to external assessment. New Philanthropy Capital (NPC), 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 once again to provide an introduction to the annual report of the Brandon Centre, on behalf of the Council of Management. Last year the Council met for six ordinary meetings and one annual general meeting, and I would like to thank all members who generously gave their time and knowledge to help the Centre. I thank Richard Taffler, the Centre's Honorary Treasurer, for overseeing the Centre's finances.

Despite working in an increasingly challenging funding environment the Brandon Centre has continued to provide high quality, innovative services to young people in need. This year has several notable achievements to celebrate.

The provision of multisystemic therapy (MST), in particular our randomised-controlled trial in partnership with Camden and Haringey youth offending services and University College London, has put the Brandon Centre at the forefront of services offering MST in the UK. The Centre's MST service has been extended to two adaptations of MST standard including MST for young people with serious problem sexual behaviour (MST PSB) and MST contingency management (MST CM) for young people with significant substance misuse problems. The Centre's involvement with MST has featured in the written press and on Radio 4, helping to inform the public of this important area of work.

The work of the Centre was praised by the Department of Health in the publication of its mental health strategy, *No health without mental health*, which stated, 'The Brandon Centre has strong links with the local community, statutory services and academic institutions, and has a good track record in terms of engaging with young people whom other services find hard to reach'.

The contraceptive and sexual health service continues to lead the way in providing services that are popular and well used by young men – the group thought to be the hardest to attract into services – and numbers of young people attending the drop-in service continue to grow. The real baby programme is an innovative way of teaching young people about the realities of parenting and has been enthusiastically taken up by young people who have benefited from information on sexual health, contraception and relationships.

The Centre's psychotherapists continue to see a large number of young people both at the Centre's premises in Kentish Town and at the Drum in South Islington. The service is highly unusual in allowing, and encouraging, self-referral reducing barriers to access. All cases are tracked and monitored for retention rates and outcomes.

The parent management training service has a high level of demand from parents who continue to respond favourably to the programme.

Unlike many voluntary sector organisations, the Brandon Centre rigorously evaluates all of its activities, allowing them to demonstrate effectiveness and to plan future clinical activity. Furthermore the Brandon Centre has a publication record of which many academic organisations would be proud.

Our website has had a major re-organisation and is now a useful way into services and information both for potential users and professionals. We have also made a significant stride in meeting health and safety requirements, in updating policies and procedures and in improving the management structure of the organisation. The Centre successfully reapplied for registration with the Care Quality Commission (CQC). Following an unannounced visit by two inspectors to review compliance with CQC standards, the Centre was judged overall to be meeting all the essential standards of quality and safety reviewed.

The continuing success of the Brandon Centre is only possible because of the dedication and loyalty of the staff. The Council of Management expresses thanks for their work, but in particular the continuing dedication of the director, Geoffrey Baruch.

We are very appreciative for the continued financial support of London Boroughs of Camden and Islington, Camden and Islington Primary Care Trusts, London Councils, EC1 New Deal for Communities, the Department of Health, the Youth Justice Board and for the generosity of charitable trusts and corporations without whom the Centre would not be able to continue to respond to the mental health needs and contraceptive and sexual health requirements of so many young people seeking help.

Danielle Mercey
Chair, Council of Management

Introduction from the director

In 2010 we reaffirmed our commitment to a vision of the Brandon Centre that has successfully informed the direction of its work over a number of years. This vision includes:

- Promoting and developing our core services of contraceptive and sexual health and psychotherapy
- Providing cutting-edge, evidence-based treatments for mental health problems;
- A strong commitment to the evaluation of outcome
- Using the results from routine outcome evaluation to improve and change service delivery;
- Using randomised-controlled trial methodology
- Influencing policy and practice both locally and nationally.

Our evaluation of individual psychotherapy provided evidence that young people with emotional or internalising problems benefit from psychotherapy whereas young people with antisocial behaviour benefit less and tend to drop out of treatment. This led to piloting multisystemic therapy (MST) and parent management training. Evaluating MST in a randomised-controlled trial has given the Brandon Centre a national prominence.

The vision that guides our work involves:

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

Our annual report testifies that developments in 2010/11 have matched our vision. We have:

- Developed and delivered Camden's C-Card scheme – a service that aims to improve the use of condoms among Camden's young people
- Piloted the real care baby programme
- Publicised findings from our MST randomised-controlled trial at national and international conferences and contributed to the development of MST in the UK
- Piloted MST for contingency management (MST CM) an adaptation of standard MST for young people with significant substance misuse problems, as well as continuing the pilot of multisystemic therapy for problem sexual behaviour (MST PSB)
- Published a peer-reviewed paper in *Child and Adolescent Mental Health* on the outcomes of the Centre's parent-training programme
- Received publicity in the media for our MST randomised-controlled trial
- Featured as an example of good practice in the government's new mental health strategy, *No health without mental health*
- Commended by Sir Ian Kennedy as an outstanding example of a service based on self-referral in his review of children's services in the NHS.

We will build on these developments in the coming year.

In 2010/11, the Brandon Centre has been successful in raising funds from public and charitable sources to support and expand our activities, despite the economic uncertainty of the past year. However we anticipate a much more challenging funding environment from 2011 onwards.

Geoffrey Baruch
Director

Contraceptive and sexual health services

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

The service is staffed by a team of front office reception staff, two female doctors and a nurse, who together provide about 28-hours-per-week, appointment-based clinic time, as well as a drop-in service which can be accessed anytime during the centre's opening hours.

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

The drop-in service offers free condoms, sexual health advice and information, as well as an opportunity for young people to access chlamydia and gonorrhoea screening without having to attend a clinic appointment with a doctor or nurse. This service is particularly successful in the increasing number of young men who use it. They are attracted by the ease of access and the wide variety and range of condoms available to them.

The C-Card scheme

As an established participant of Camden young people's condom distribution scheme – the C-Card scheme – the Brandon Centre took on the coordination role of the scheme in September 2010. Young people under age 25 can register for the scheme and are issued with a card or fob, which provides free condoms from any participating outlets (easy access points) throughout Camden and, more recently, throughout London (the Pan London C-Card scheme).

Reaching out

The outreach work carried out by our designated worker, aims to improve the accessibility and uptake of the Centre's contraceptive and sexual health services by groups of young people who are traditionally difficult-to-reach, such as young men, black and minority ethnic young people, young people in care and young people who are not in mainstream school. Outreach work involves running interactive information sessions in schools, pupil referral units, youth centres and youth housing projects. Our outreach worker is also a member of Camden Sexual Health Education Team (SHET).

Real care baby programme

In 2010/11, the Brandon Centre introduced the real care baby programme: a six-session group programme for young people that aims to educate them in sexual health, pregnancy, parenthood, healthy relationships/domestic abuse and self esteem. The learning outcomes for this programme aim to allow a young person to make informed decisions

about their sexual health, contraception, relationships and becoming a parent. The ultimate goal is to empower young people in their life choices and prevent teenage pregnancy.

What we planned to do:

- Continue to provide an accessible, high-quality sexual and reproductive health service for young people.
- Increase the range and quality of STI tests available to young people who access clinic services by introducing a non invasive, combined chlamydia and gonorrhoea test.
- Encourage the use of long-acting, reversible contraception by improving the accessibility and availability of subdermal implants at the Centre
- Continue to play a fundamental role in the success of the local Camden C-Card condom distribution scheme and chlamydia screening programmes.
- Increase the use of drop-in services, particularly by young men, by increasing the range of condoms available and promoting chlamydia/gonorrhoea screening.
- Continue to coordinate with other outreach providers in Camden to improve the targeting and coverage of outreach services, especially to more socially excluded groups of young people.
- Deliver more specialised, targeted group workshops to young women, with respect to their sexual and reproductive health, relationships and potential parenting.

What we achieved:

- In total, 1,684 young people accessed the contraceptive and sexual health services at the Brandon Centre at least once during the year (an increase of 2.7% from the past year). User feedback indicates that the vast majority of these young people appreciate the ease of access, the range of services provided, and the respectful and confidential manner with which they are treated.
- 686 young people used the drop-in services on one or more occasion (similar numbers to 2009/10). About two thirds of these were young men, many of whom became regular clients.
- In the contraceptive and sexual health service, 3,419 attendances were recorded during the course of the year. This included young people attending a clinic appointment with a nurse or doctor, or using drop in services for condom or chlamydia screening. Overall, we have successfully maintained a similar level of activity in these services when compared to last year.
- Through active promotion, improving the ease of access, and incorporating guidance on quick-starting contraception into our practice, we have increased our provision of long-acting, reversible contraception to our clients. We fitted 54 contraceptive implants in young women between age 14 and 21 years in 2010 (representing a 38% increase from the past year).
- We increased our STI screening activity by 8%: in total, 914 chlamydia tests were performed on Brandon Centre clients during the year (of these samples, 785 were also screened for gonorrhoea); 161 screening tests were performed in young men, 71 cases of chlamydia and nine cases of

- gonorrhoea were subsequently diagnosed and treated at the Centre.
- During the course of the year, the Brandon Centre took on the role of coordinating the C-Card scheme for Camden. Through collaborative working with Camden and the Pan London C-Card condom distribution scheme, our appointed C-Card coordinator achieved the target of establishing 17 easy-access points throughout the borough (eg in youth clubs and other young people's projects), where young people can use their C-Card to pick up free condoms. Our coordinator continues to supply training and support to these sites to ensure the ongoing effective implementation of the C-Card scheme, which has received good feedback from users of the service who appreciate easy access to a wide range of condoms.
 - Our outreach worker has completed 42 sessions in 20 local schools, special schools, colleges and youth organisations.
 - Our outreach worker also completed specific training in the freedom programme (a group programme aimed at young women who may be at risk, or already a victim of, sexual bullying or dominant and controlling relationships) and in the real care baby programme (aimed at giving young women the opportunity to experience the realities of looking after a baby). Our outreach worker has subsequently run three groups for vulnerable young women in these specific areas.

What we will achieve next year:

- Continue to coordinate and further develop the Camden C-Card scheme, and to work collaboratively with the Pan London condom distribution schemes.
- Extend chlamydia/gonorrhoea screening to incorporate the sites now actively participating in the 'C' card scheme, either in the form of outreach screening or by improving care pathways which direct young people into the centre.
- As the Camden Chlamydia Screening Programme office is no longer operating, the Brandon Centre will take on the management of the screening tests and results carried out in their drop-in service, and in related C-Card easy access points. We hope this will provide an opportunity to increase the uptake of Chlamydia screening by young men and other hard-to-reach groups, who traditionally do not access health services.
- Further develop drop-in services, in order to attract more young people (especially young men) into the Centre. We hope to develop a dedicated space where drop-in clients can be seen either alone or in groups, and spend more interactive time receiving information and advice, as well as condoms, from our staff.
- Run three real care baby programme groups and incorporate the freedom programme into these groups and into outreach sessions in schools, colleges and youth clubs.

How we deliver public benefit

The Brandon Centre works cooperatively with Camden primary care trust and other organisations to meet the sexual and reproductive health-care needs of young people in the local area. We contribute significantly to the aims and targets of local and national strategies, including Camden's teenage pregnancy strategy and chlamydia screening programme.

The Brandon Centre's specific strength is in its ability to improve access to services for more vulnerable and hard-to-reach groups. Our drop-in services provide a particularly useful contribution to the aims of the local strategies.

As well as providing an easily accessible supply of free condoms, it ensures young people who might not normally access clinical services, are informed about safer sex, effective condom use, and can be encouraged to take a chlamydia test and consult with a doctor or nurse if necessary.

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

Feedback from young people who used the contraceptive and sexual health services:

'The building is great, because it is discreet from the outside, it is also easily accessible (because it is close to the main road) and the inside is homely and comfortable and welcoming'

'I dropped in... I was really scared. But it was so much better than I expected. I was really happy and I wasn't embarrassed at all. It was really great'

'The first time I came here, I dropped into the centre with a friend, and immediately thought this would be the ideal place to come if I needed any help. I felt like this because the staff here were really nice and helpful'

'My first experience was by phone... the lady was very friendly and helpful. She could tell I was quite distressed and suggested I came to the centre and made an appointment for the same day. The doctor was extremely lovely and very caring'

Contraceptive and sexual health clients rate the service
1 April 2010 to 31 March 2011

1. How would you rate the care you received?

	Number	%
Excellent	62	59.62
Very good	37	35.58
Good	4	3.85
Somewhat good	1	0.96
Poor	0	0
Total	104	100

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

	Number	%
Definitely involved	93	91.18
Somewhat involved	9	8.82
Not involved	0	0
Total	110	100

3. Were you treated with respect and dignity?

	Number	%
Yes definitely/all the time	92	89.32
Somewhat/some of the time	11	10.68
Not at all/none of the time	0	0
Total	113	100

Psychotherapy service

Providing a psychotherapy service for 12 to 21 year olds with mental health problems has been at the heart of the Brandon Centre's work for 43 years, alongside our contraceptive and sexual health service. The remit of the service is, in particular, to reach out to 16 to 21 year olds with mental health problems who don't fit into a child and adolescent mental health service or an adult mental health service. The characteristics of the Centre's service have changed little: responsiveness to the mental health needs of young people; accessibility by encouraging self referral in order to make it as easy as possible for young people to get help; confidentiality so that young people feel able to reveal their worries and concerns; professional psychotherapists experienced in working with young people therapeutically and therefore able to adapt their therapeutic model for the needs of young people. The Centre, with a number of NHS and voluntary sector providers, is a member of Camden Child and Adolescent Mental Health Services (CAMHS) joint-intake team. Joint intake is a central point for all child and adolescent mental health referrals in Camden, for example from GPs and schools. However, the Centre also takes referrals directly from referrers as well as taking self-referrals. As demand for psychotherapy outstrips what we can offer, the young person is put on a waiting list and usually has to wait four to eight weeks.

What we planned to do:

- To continue providing individual long-term and short-term psychotherapy and cognitive behaviour therapy at the Brandon Centre for 250 young people
- To continue providing individual long-term and short-term psychotherapy at the Drum youth centre in Whitecross Street for 60 young people who live, study or work in south Islington
- To continue providing a psychotherapy service for 50 young people who have suffered a bereavement
- To pilot an anger management group for 16 to 21 year olds based on cognitive behavioural therapy (CBT) principles
- To pilot the Freedom Programme, a group programme for reducing the risk of vulnerable 16 to 21 year old young women from participating in abusive relationships
- To obtain feedback from young people on their experience of the service by completing the Commission for Health Improvement Experience of Service Questionnaire (CHI ESQ)
- To continue implementing the Centre's outcome monitoring programme
- To participate in Camden CAMHS outcome monitoring programme
- To analyse findings from user feedback and from outcome monitoring and consider service developments
- To offer a placement to a child psychotherapy trainee and a doctoral clinical psychology trainee
- To participate in the IMPACT trial: a national trial evaluating the effectiveness of short term psychoanalytic psychotherapy, cognitive behaviour therapy and specialist clinical care in preventing relapse in young people aged 12 to 17 with moderate or severe depression.

What we achieved:

- A total of 462 young people were either referred or self referred in the year (43 more than in 2009/10)
- A total of 260 young people received psychotherapy at the Brandon Centre (19 more than in 2009/10) and 55 young people at the Drum (five fewer than in 2009/10)
- 58 were helped for deliberate self harm (13 more than in 2009/10), 37 young people were helped who had attempted suicide (12 more than in 2009/10) and 61 young people were helped who had a substance misuse problem (13 more than in 2009/10)
- A total of 65 young people who suffered a bereavement were helped
- We ran an anger management group and ran the Freedom Programme
- Of 46 young people who completed the CHI ESQ, 98% rated the statement 'I felt the people who saw me listened to me' as 'certainly true' or 'partly true' and 93% rated as 'certainly true' or 'partly true' the statement 'Overall the help I received here is good'
- 178 young people new to the service completed a youth self report form (YSR) or a young adult self report form (YASR) before starting treatment and 56 completed a follow-up YSR or YASR for our programme monitoring the outcome of treatment
- 37 out of 40 Camden young people aged 12 to 17 completed a strength and difficulties questionnaire before commencing treatment for Camden CAMHS outcome monitoring project, the highest ratio of any CAMHS service in Camden
- We recruited two trainee child psychotherapists
- Three members of staff were trained in the treatment modalities being tested in the IMPACT trial and we started to screen young people for moderate or severe depression.

What we will achieve next year:

- Provide individual long-term and short-term psychotherapy and CBT at the Brandon Centre and at the Drum
- Provide a psychotherapy service for young people who have suffered a bereavement
- Offer interpersonal psychotherapy for depressed and anxious young people
- Obtain feedback from young people on their experience of the service
- Implement the Centre's outcome monitoring programme and Camden CAMHS outcome monitoring programme
- Analyse findings from user feedback and from outcome monitoring and consider service developments
- Offer a placement to a doctoral clinical psychology trainee
- Continue to screen and recruit young people for the IMPACT trial
- Aim to become a site for Improving Access to Psychological Therapies programme for young people
- Appoint a lead clinician for the psychotherapy service
- Submit a paper for publication in a peer-reviewed journal reporting outcome findings from data collected since 1993.

How we deliver public benefit

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

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

Commission for Health Improvement Experience of Service Questionnaire: Findings from a sample of young people (46) who attended the Centre’s counselling and psychotherapy service in 2010/11

	Certainly true	Partly true	Not true	Don't know
I felt that the people who saw me listened to me	59%	39%	0	2%
It was easy to talk to the people who saw me	41%	50%	9%	0
I was treated well by the people who saw me	80%	20%	0	0
My views and worries were taken seriously	59%	37%	4%	2%
I feel the people know how to help me	30%	50%	15%	5%
I have been given enough explanation about the help here	48%	43%	7%	2%
The facilities are comfortable	78%	20%	2%	0
My appointments are usually at a convenient time	67%	33%	0	0
It is quite easy to get to the place where I have my appointments	67%	29%	4%	0
If a friend needed this sort of help, I would suggest to them to come here	69%	16%	11%	4%
Overall the help I received here is good	60%	33%	7%	0

What was really good about your care?

‘I felt it was mostly easy to talk to the counsellor and that the room I was seen in helped me feel more confident and that anything I said was confidential’

‘Counsellor was really nice, remembered what I told her from previous weeks. People on the phone really nice when I call you’

‘I felt that people cared what I felt, I was more to them than just a client’

‘I’ve been to several other places and this is the only place I’ve been back to. I looked forward to coming’

‘Everyone was normal. Didn’t feel like I was at the doctors. Didn’t feel embarrassed or that I had to hold anything back’

‘Good to talk about real problems that most teenage boys have. Like the way my problems have been taken away’

‘Nice to talk to someone who isn’t there to judge you and isn’t around you a lot so is unbiased.

NHS and free. Amount of times they contacted me, followed me up and offered appointments’

‘Everyone listened and took me seriously. I felt safe and that what was discussed stayed between me and my counsellor’

‘I was able to talk, I was listened to, about something that was difficult that I had not talked about’

‘Felt I could discuss anything. It was easy to arrange an appointment and they were understanding if I had to cancel’

‘Felt it really helped and have someone to talk to and I felt listened to and understood. It was good that they understood what my problems were straight away’

‘Got what I needed to get off my chest. It felt good to do that so it was a good service’

‘Never had such good conversations with anyone before’

‘Thank you. It was really helpful! Knowing it was there was great. Staff friendly and helpful and I felt very at ease. Very down-to-earth and not at all clinical’

Multisystemic therapy (MST)

In 2003, the Brandon Centre was only the third organisation in the UK to offer multisystemic therapy (MST) standard and in 2009 the first to pilot MST for young people with problem sexual behaviour (MST PSB). There are now 15 teams in England and Scotland providing MST standard.

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 the anti-social young 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 anti-social, increase their association with peers that are not involved in anti-social activities, and to help parents use relatives, friends and neighbours for support for achieving these changes. The specific treatment techniques used like cognitive behaviour therapy, behaviour therapy and pragmatic family therapies have strong evidence supporting their effectiveness in tackling anti-social 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 also have telephone contact. An MST team usually comprises three or four therapists, a supervisor and a coordinator. A hallmark of MST is the team being available for contact with families 24-hours-per-day and 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 anti-social behaviour has led to MST being piloted and evaluated with other clinical problems including young people with problem sexual behaviour, child abuse and neglect, substance misuse, diabetes management and acute psychiatric hospital admission.

The Brandon Centre ran the first clinical trial of MST in the UK, in

partnership with Camden and Haringey Youth Offending Services. The effectiveness of MST is being compared against usual youth offending services in preventing and reducing re-offending. Findings at 18-month follow-up post treatment show a significant reduction in non-violent re-offending.

What we planned to do:

- Treat 18 MST standard cases commissioned by Camden Child and Adolescent Mental Health Services (CAMHS), Safeguarding and Social Care, special educational needs, substance misuse provision and youth offending service
- Treat 10 cases commissioned by Enfield CAMHS, Children in Need and youth offending service
- Treat 20–30 MST PSB cases referred by boroughs partnering the Centre in the pilot
- Obtain funding for a small pilot of MST for contingency management (MST CM) to treat families of young people with substance misuse problems
- Continue collecting outcome data for the MST randomised-controlled trial
- Prepare and submit a paper for peer review reporting initial findings from the randomised-controlled trial and qualitative study of families' experiences of MST
- Commissioning of MST standard from another borough for 2011/12 in addition to commissions from Camden and Enfield.

What we achieved:

- With our University College London (UCL) partners, we prepared a paper for publication reporting the outcomes at 18-month follow-up post treatment and a paper reporting findings from the qualitative study of families' experience of MST
- Presented the findings from the trial and the qualitative study at a number of conferences
- Interviewed on Radio 4 Women's Hour and File on 4 discussing MST
- Continued to collect outcome data for the trial including conviction and arrest data, and post-treatment measures of broader anti-social behaviour, emotional and behaviour problems, anti-social cognitions and deviant peer relations, parent-adolescent attachment and family interactions, theory of mind, and parent adjustment
- Treated 16 MST standard cases referred by CAMHS, Safeguarding and Social Care, youth offending service, substance misuse team and special educational needs commissioned by Camden
- Prevented 14 out of 16 Camden cases from being placed out of home
- Treated 10 MST standard cases referred by CAMHS, Children in Need and the youth offending service commissioned by Enfield
- Became a MST standard/CM blended team (contingency management is an adaptation of MST standard for preventing serious substance misuse by young people)
- Started treating three substance misuse cases with MST CM
- Treated 15 MST PSB cases
- Obtained funding from the Department of Health (DH) for the MST

PSB pilot to become a randomised-controlled in 2011/12 with UCL responsible for the evaluation

- Obtained funding from the DH for a three-year pilot of MST CM.

What we will achieve next year:

- Treat 13 MST standard cases commissioned by Camden CAMHS, Safeguarding and Social Care, special educational needs, substance misuse provision and youth offending service
- Treat 10 cases commissioned by Enfield CAMHS, Children in Need and youth offending service
- Treat 15 MST PSB cases as part of the randomised-controlled trial
- Treat 10 MST CM cases
- Continue collecting outcome data for the MST randomised-controlled trial
- Publish papers in peer-reviewed journals reporting findings from the quantitative and qualitative studies based on data from the Centre's randomised-controlled trial
- Prepare a book on the Centre's experience of MST
- Commissioning of MST standard from another borough for 2012/13 in addition to commissions from Camden and Enfield.

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.

When interviewed as part of a qualitative study young people and parents reported:

MST being at the family's convenience

'It was easy for me because I didn't have to go to the person... They're coming into my home; it's my territory. I feel happy, I'm safe' (parent)

Appreciating MST's holistic approach – working with the systems around the young person

'The most helpful thing was my CV and stuff and helping me to get in college... she would try to help you find a job, she would just do a lot for you' (young person)

MST being solution-focused, practical and providing observable benefits

'I used to get angry about it and say "I hate [therapist] and the dumb contract", but when I think about it, it's much better, I earned a lot of money... it helped a lot, for my mum as well... it's a smart contract when I think about it, [laughs] before I just hated it' (young person)

MST providing a strong therapeutic relationship

'Me and [therapist] really got on well. Very easy to talk to. I really felt comfortable with her... Maybe that's why I opened up so much to her' (parent)

The MST therapist being source of support

'Therapist got us all as a family to talk and speak our mind... we had a family meeting with like my children, and um, I think my sister was here as well and we were talking about [son]... he was there... it got my children to open up a bit' (parent)

MST increasing parental confidence and skills

'I think it was quite important to her like, because it made her relax more. She was too stressed, she used to cry all the time. Now she is more happy in herself and everything so... she smiles more, she doesn't cry so I think it helped her quite a lot... I see her happy. She talks to us more, she listens to us more. She concentrates more on what we do, what we say, how we react ... I think she's changed a lot' (young person)

MST improving the parent-child relationship

'I listen to my mum more. I'm closer... we talk a lot more. My mum's more happy when I speak to her 'cause she used to be grumpy... we go out a lot more to places together. My mum doesn't really argue with me no more. Unless something drastic happens. The communication level's built up... MST actually helps you build up families basically' (young person)

MST helping the young person choosing to create a different future

'They helped me realise the things that I didn't really know before, opened my eyes a little bit... just like how I acted and behaved; I didn't know how I affected people but that just made me realise that I did... just talking with [dad and therapist] and them telling me stuff... like from different people's perspectives and everyone's thoughts... it's made me think twice... if you do something bad, think of the consequences... think before you say or do anything... it made me think [about] the future, where I might be in this, so many years, what I'm going to be doing, what's going to happen, just everything... It's got me thinking a bit more and thinking of my actions and responsibilities' (young person)

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.

The Brandon Centre offers a group-based parent management training programme for parents and carers who are having difficulty controlling the behaviour of their teenage child (age 12–17). The programme gives practical guidance to parents who are trying to change and improve difficult teenage 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.

A group of parents meets weekly for six two-hour sessions. Following the sessions devoted to the programme, two additional sessions are available to help parents put into practice the lessons they learn from the group programme.

Sessions cover:

- Teenage development and why teenagers misbehave
- Button-pushing and learning how to remain calm and in control when being provoked by a teenager
- How to use praise to reinforce responsible teenage behaviour
- How to use contracts to set clear boundaries for a teenager's behaviour
- Learning about creative consequences to help stop extreme behaviour such as threats and acts of violence, truancy, and alcohol or drug abuse
- How to use professional help and help from family, friends and neighbours to support parental strategies
- Strategies for restoring love between parent and teenager while remaining strong and sticking to the rules.

What we planned to do

- 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 10 groups in the year
- Offer counselling to young people of parents that attend the group programme
- Have 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
- Obtain funding to enable us to offer parents that attend the group programme the opportunity to attend sessions with a family therapist to reinforce parenting principles taught in the group programme.

What we achieved

- 11 groups were run in the year of which two were ongoing
- 101 parents attended a group in the year, an average of nine parents per group
- 77% completed the programme
- 24 young people of parents that attended the group programme attended counselling sessions
- A paper reporting the outcomes of the parent management training programme was published in *Child and Adolescent Mental Health*
- Updated findings from the outcome study continued to show significant improvements in behaviour and mental health problems achieved by young people whose parents attended the programmes, the behaviour problems of 56% of young improved reliably
- Parents reported a high degree of satisfaction with the programmes
- Obtained funding to enable us to offer parents that attended the group programme, because of teenage substance misuse problems, the opportunity to attend sessions with a family therapist.

What we will achieve next 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 10 groups in the year
- Offer counselling to young people of parents that attend the group programme
- An average of six parents attend per group
- Parents complete forms that measure their child's behaviour problems and measure style of parenting
- Obtain feedback from parents on their experience of the group programme
- Offer one group for Islington parents of attention deficit hyperactivity disorder (ADHD)/attention deficit disorder (ADD) children aged five to 13 years
- Offer family therapy for parents of young people with substance misuse problems that have attended the group programme.

How we deliver public benefit

Conduct disorder and oppositional defiant disorder (ODD) 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.

Six parents reflect on their experience of the Centre's parent management training programme:

'It was a big help to realise my daughter wasn't behaving the way she did because she hated me but because she was a teenager. It was interesting to see about button pushing and that I wasn't helping matters and being shown how to do things different (which do work)'

'I have shared my experience with many friends who are also having teenager problems. I have told them about "exit and wait", using words like "nevertheless" and I have told them about doing a "contract". One friend has taken my advice and has said how well it works'

'The classes have been very helpful – very practical. I need to concentrate on one problem at a time, starting with the most serious one first. Being a single mum, problems can be very intense. I found "exit and wait" really works well. Previously, I would keep talking but I felt that I had "lost control". I am coping better, and I now take control and feel calmer. I will refer to Dr Sells' book – my teen "bible" now. Things won't disappear, I know this, but I feel better equipped'

'The most helpful thing that I have learnt and have implemented is the "behaviour contract" regarding my child's attendance. Three weeks after the school started, poor attendance repeated as reported by the school. I made her sign a contract. A week after, the school did the same. Now she has not missed any lessons or been late at all'

'The agencies, social services and CAMHS should be aware that these courses are available and should be the first port of call for parents, as this course was helpful and realistic to me and my family'

'I liked the way that the group facilitator led the classes. At times, myself and other parents would get off-track or be over-emotional. He was great at getting us "back to business". This was important as we had to make the most of our time. I felt isolated before (about my problems with my son) I felt guilty and afraid to talk about it. Now I realise that there are people having more serious issues to deal with.'

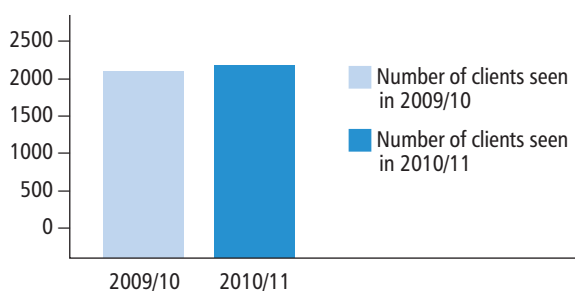
Audit and evaluation

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

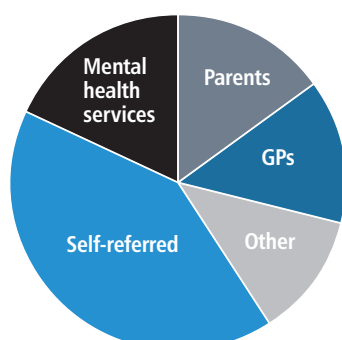
Service data

In 2010/11, 2,186 young people and parents used the Centre's services compared to 2,104 in 2009/10



1,684 used the contraceptive and sexual health service; 314 young people used the psychotherapy service; 19 parents attended a consultation; 123 parents attended parent management training groups; and 47 families received multisystemic therapy (MST).

41% of young people self-referred to the counselling and psychotherapy service. The main sources of referral were GPs (12%), parents (14%) and mental health services (15%).



	Sessions offered	Sessions attended 09/10
Contraceptive services	3816	3410 (90%)
BC therapy	3163	1972 (62%)
MST	1577	1331 (84%)
Parenting	804	659 (81%)
Total	9,360	7,381 (79%)

Demographics

The ages of the young people were:

Age (years)	Contraception (%)	Psychotherapy (%)	Parenting and MST (%)	Total (%)
11–17	40	52	99	46
18–21	49	46	1	45
22+	10	1	0	8
Not recorded	1	1	0	1
Total	100	100	100	100

Gender of young people was:

	Contraception (%)	Psychotherapy (%)	Parenting and MST (%)	Total (%)
Female	70	71	42	68
Male	30	29	58	32
Total	100	100	100	100

Ethnic background

	Contraception (%)	Psychotherapy (%)	Parenting and MST (%)	Total (%)
White	913 (54.2)	193 (62.1)	81 (52.9)	1187 (55.3)
Mixed	264 (15.7)	38 (12.2)	22 (14.4)	324 (15.1)
Asian and				
Asian British	97 (5.8)	19 (6.1)	8 (5.2)	124 (5.8)
Black or				
Black British	196 (11.6)	21 (6.8)	29 (18.9)	246 (11.5)
Chinese	6 (0.4)	3 (1.00)	1 (0.7)	10 (0.5)
Other ethnic group	75 (4.5)	11 (3.5)	7 (4.6)	93 (4.3)
Not known or recorded	133 (7.8)	26 (8.3)	5 (3.3)	164 (7.5)
Total	1,684 (100)	311 (100)	153 (100)	2148 (100)

30% who used the counselling and psychotherapy service were from an intact family.

34% were at school, 33% were at college, university or engaged in vocational training, 16% were unemployed and 7% were employed.

Problems presented by young people

The average number of problems for young people using the psychotherapy service was 5 for the Brandon Centre and 3.5 for the parenting programme. They presented the following problems:

	Psychotherapy (n:311)	Parenting (n:126)
	% N	% N
Family problems	76	95
Depression/anxiety	92	22
Problems related to school and higher education	50	68
Sexual/relationship problems	44	5
Violent and offending behaviour and other conduct problems	27	98
Social isolation	36	2
Sleep problems	26	3
Separation anxiety and developmental problems	26	2
Somatic symptoms	14	2
Drug abuse and alcohol abuse	20	28
At risk of deliberate self-harm	31	2
Sexual and physical abuse	16	7
Bereavement	18 (56)	8 (9)
Eating problems	15	8
Deliberate self-harm	19 (58)	5 (5)
Attempted suicide	12 (37)	2 (2)
Employment problems	10	1
Significant illness involving hospital	7	1
Pregnancy/abortion	3	1

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

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

	Female	Male
Oral/transdermal hormonal contraception	604	
Condoms	948	484
Patch	68	
Injectable contraception	60	
Implant	54	
Number of emergency contraception supplied	397	
Number of pregnancy tests performed	551	
Number of positive pregnancy tests:		
Number referred for termination	45	
Number planning to continue with Pregnancy	8	
Number unsure of their decision	20	
Number of screens for chlamydia and gonorrhoea	713	72
Number of positive chlamydia screens	43	10
Number of positive gonorrhoea screens	7	2
Chlamydia screening programme drop-in service:		
Number of screens	40	89
Number of positive screens	6	12

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

Measuring change

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

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

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

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

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

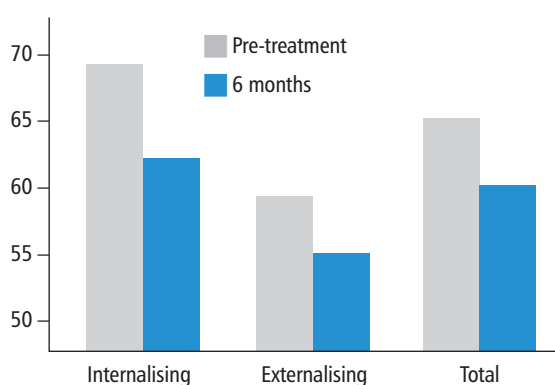
Psychotherapy outcomes

Using data from a six-month follow-up collected from young people who completed a youth self report form (YSR) or a young adult self report form (YASR) outcomes were as follows:

CHANGE IN MEAN SCORES

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

	Internalising Score(sd)	Externalising Score(sd)	Total Score(sd)
Pre-treatment	68.6 (9.7)	59.2 (9.4)	65.7(9.0)
6 months	62.8 (11.2)	56.0 (10.3)	60.5 (10.8)



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

Change from clinical to non-clinical range and non-clinical to clinical range for 473 young people who completed a form at pre-treatment and at six months. There is a statistically significant improvement for all three problem areas:

	Frequencies		
	Internalising	Externalising	Total
Clinical to non-clinical	109 (23%)	93 (19.7%)	112 (23.7%)
Non-clinical to clinical	11	40	9
Remained in clinical range	282	131	257
Remained in non-clinical range	71	209	95

RELIABLE CHANGE

Reliable change in YSR/YASR internalising, externalising and total problems between intake and six months for 473 young people who completed a form at pre-treatment and at six months:

	No change	Improvement	Deterioration
Internalising	177 (39.2%)	235 (52.0)	40 (8.8%)
Externalising	208 (46.0%)	187 (41.4%)	57 (12.6%)
Total problems	413 (91.4%)	36 (8.0%)	3 (4.0%)

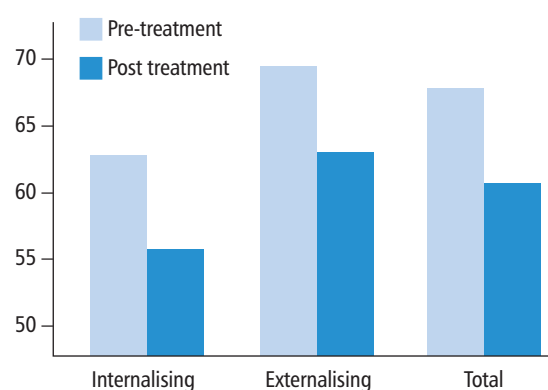
Parenting programme outcomes

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-treatment to post-treatment for 176 young people rated by parents that completed forms at both time points:

	Internalising Score(sd)	Externalising Score(sd)	Total Score(sd)
Pre-treatment	62.8 (11.5)	68.8 (8.6)	67.3 (9.1)
Post-treatment	56.3 (11.3)	63.2 (10.6)	61.3 (10.5)



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 176 young people rated by parents that completed forms. There is a statistically significant improvement for all three problem areas:

	Frequencies		
	Internalising	Externalising	Total
Clinical to non-clinical	50 (28.4%)	38 (21.6%)	44 (25.0%)
Non-clinical to clinical	7	4	3
Remained in clinical range	63	113	103
Remained in non-clinical range	56	21	26

RELIABLE CHANGE

Reliable change in CBCL internalising, externalising and total problems pre- and post-treatment for 176 young people rated by parents that completed forms:

	No change	Improvement	Deterioration
Internalising	67 (38.1%)	88 (50.0%)	21 (11.9%)
Externalising	66 (37.5%)	98 (55.7%)	12 (6.8%)
Total problems	70 (39.8%)	96 (54.5%)	10 (5.7%)

Report and Financial Review

for the year ended 31 March 2011

The Brandon Centre was formerly The London Youth Advisory Centre, which was founded in 1968. It was registered as a charity and incorporated as a company in 1984. The names of the members of the Council of Management at 31 March 2011 are set out on page 19. The objectives and activities of the company are governed by its Memorandum and Articles of Association.

Objectives of the Charity

The principal objective of the Brandon Centre is to maintain and develop an accessible and flexible professional service in response to the psychological, medical, sexual and social problems of young people aged 12 to 25 years. It aims to relieve distress, mobilise personal resources and facilitate growth in adolescents towards responsibility and self-fulfilment. Furthermore, it aims to prevent or alleviate suffering caused by unwanted pregnancy and by mental ill health, psychological disturbance and maladaptation in adult and future family relationships.

Principal activities

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

Financial review

As shown by the Statement of Financial Activities, total incoming resources for the year to 31 March 2011 amounted to £916,804 (2010: £1,094,151), including capital grants, and expenditure totalled £1,052,423 (2010: £920,193). Net outgoing resources during the year amounted to £135,619 against net incoming resources of £173,958 in 2010. However, this apparent deficit is explained by expenditure incurred this year in respect of funds received in 2009/10 for a major pilot of Multisystemic therapy for young people with problem sexual behaviour (MST PSB). As in previous years, the Centre has benefited from the financial support of health and local authorities, charitable trusts and corporate donors, for which we are extremely grateful.

Direct project expenditure amounted to around £1,002,000 (2010: £833,000). Expenditures on the Centre's contraception service, psychotherapy services and projects and activities totalled around £450,000 (2010: £475,000) and on MST £552,000 (2010: £358,000).

Total Fund balances at 31 March 2011 were £727,000 (2010: £863,000) of which £252,000 (2010: £252,000) was the Capital Reserve, which represents the cost of funding the property in North West London where the Brandon Centre carries out its activities. A further £94,000 (2010: £103,000) is the Brandon Centre's Development Fund, which is designated as a long-term contingency fund as described in more detail in the notes to the accounts. The remaining balance of £380,000 (2010: £508,000) consists of £52,000 (2010: £224,000) restricted funds, which relate to the various activities of the Brandon Centre, together with an unrestricted funds balance of £328,000 (2010: £283,000), which approximates to the level of reserves considered necessary as per the reserves policy.

The Brandon Centre's financial position at 31 March 2011 remains sound. The funding environment is becoming increasingly difficult and could have an impact on current levels of activity.

Legal Status

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

Auditors

A resolution to re-appoint Susan Field, chartered accountant, 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 21 July 2011 and signed on its behalf.

On behalf of the Council of Management,

Richard Taffler

Honorary treasurer

Statement of financial activities and income and expenditure

Account for the year ended 31 March 2011

	Capital Reserve	Development Fund	Restricted Funds	Unrestricted Funds	Funds 2011	Funds 2010
	£	£	£	£	£	£
Incoming resources						
Incoming resources from generated funds:						
Voluntary income	-	-	256,336	55,550	311,886	185,959
Investment income	-	599	-	5,695	6,294	9,771
Incoming resources from charitable activities	-	-	94,500	504,124	598,624	898,421
Total incoming resources	-	599	350,836	565,369	916,804	1,094,151
Resources expended						
Costs of generating funds:						
Costs of generating voluntary income	-	-	-	5,082	5,082	4,970
Charitable activities	-	11,166	1,005,352	20,099	1,036,617	904,370
Governance costs	-	-	3,784	6,940	10,724	10,853
Total resources expended	-	11,166	1,009,136	32,121	1,052,423	920,193
Net incoming/outgoing resources before transfers	-	(10,567)	(658,300)	533,248	(135,619)	173,958
Transfers between funds	-	1,661	486,488	(488,149)	-	-
Net income and movement in funds	-	(8,906)	(171,812)	45,099	(135,619)	173,958
Reconciliation of funds						
Total funds brought forward	252,388	103,286	224,160	282,826	862,660	688,702
Total funds carried forward	252,388	94,380	52,348	327,925	727,041	862,660

Summary of Year End Position

as at 31 March 2011

	2011		2010	
	£	£	£	£
Fixed assets				
Freehold property		252,388		252,388
Fixtures and fittings		16,774		24,913
Total fixed assets		269,162		277,301
Current assets				
Debtors	5,875		4,964	
Cash at bank - deposit accounts	1,350,433		1,399,105	
Cash at bank and in hand	18,057		45,560	
Total current assets	1,374,365		1,449,629	
Creditors: amounts falling due within one year				
		(320,172)		(539,270)
Net current assets/(liabilities)		1,054,193		910,359
Total assets less current liabilities		1,323,355		1,187,660
Creditors: amounts falling due after more than one year				
		(596,314)		(325,000)
Net assets		727,041		862,660
The funds of the charity:				
Capital reserve		252,388		252,388
Development fund		94,380		103,286
Other restricted funds		52,348		224,160
Unrestricted funds:				
General fund	327,925		282,826	
Total unrestricted funds	327,925		282,826	
Total charity funds		727,041		862,660

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

Registered address:

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

Honorary patron

Brandon Cadbury (deceased 24 March 2011)

Council of Management

Dr Danielle Mercey
(chair)
Professor Richard Taffler
(honorary treasurer)
Dr John Cape (resigned 16 September 2010)
Dolores Currie
Dr Anna Higgitt
Yemi Oloyede
Brenda Sutherland (appointed 13 May 2010)
Olivia Tatton Brown
Basil Tyson

Company secretary

Geoffrey Baruch

Open:

Monday:	9.30 am–8.00 pm
Tuesday:	9.30 am–6.00 pm
Wednesday:	9.30 am–7.00 pm
Thursday:	9.30 am–6.30 pm
Friday:	9.30 am–5.00 pm

Bankers

Barclays Bank plc
Islington and Camden Business Centre
PO BOX 3474
London NW1 7NQ

Legal advisers

Bindmans LLP Solicitors
257 Gray's Inn Road
London WC1X 8QF

Auditor

Susan Field
Chartered Accountant
Neptune House
70 Royal Hill
London SE10 8RF

The staff

Director

Geoffrey Baruch

Doctors

Helen Montgomery (lead clinician)
Rini Paul
Joanna Sheppard

Nurse

Judith Miller

Psychotherapists

Sally Barker
Nicola Cloutman
Rumman Hoque
Rael Meyerowitz (resigned 31 December 2010)
James Rose

Child and adolescent psychotherapists

Zora Goodland
Adam Duncan (in training)
Adele O'Hanlan (in training)

Cognitive behaviour therapist

Lorna Vincent

MST manager/supervisor

Charles Wells

MST standard/cm therapists

Jai Adhyaru (resigned 30 April 2010)
Jacqueline Cannon
Moirá Lamond
Amanda Singh

MST PSB therapists

Isabel Crovato
Timothy Flynn
Donna Spencer

MST coordinator

Joanna Brett

Projects manager

Charlotte Reynolds

Office manager

David Ward

Administrative and reception staff

Psychotherapy referrals coordinator

Clare Busby
May Fitzpatrick
Clare Hoddinott

Contraception and sexual health service coordinator

Jessica Thom

Contraception and sexual health service advisors and medical reception

Dominique Golden
Stacey Miller
Katrina Wright

Drum administrator

Caroline Moore

Our sincere thanks to the following statutory bodies, trusts, companies and donors for their support in 2010/11

Public authorities

Camden Primary Care Trust
Department of Health
EC1 New Deal
Islington Primary Care Trust
London Borough of Camden
London Borough of Islington
London Councils
Youth Justice Board



Trusts

The AB Charitable Trust
The Aim Foundation
Ajahma Charitable Trust
The Albert Hunt Trust
BBC Children in Need Appeal
The Bonus Trust
Chapman Charitable Trust
Cripplegate Foundation
The Fitzdale Trust
The Goldsmiths' Company
G M Morrison Charitable Trust
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