

*ELMORE COMMITTEE*

*ANNUAL REPORT 1995*

*23 Park End Street  
OXFORD  
OX1 1HU*

*Charity No: 257247*

**ELMORE COMMITTEE MEMBERS 1995****Officers:**

President	Mr R W Elmore
Chair	Mr R W Elmore
Vice-Chair	Dr D W Millard
Treasurer	Mr B Phillips
Secretary	Mr J P McLeavy (until 9/95)
Secretary	Mrs L Dewhurst (from 9/95)

**Members of the Committee:**

The following members were re-elected:

Dr G Flood  
Mrs C Roaf  
Miss M Timbrell

**Co-opted Members:**

Miss J Carr	Oxfordshire Social Services (until 9/95)
Mrs F Collier	Oxfordshire Probation Service (until 6/95)
Mr Rob George	Oxfordshire Probation Service
Coun Ms S Margetts	Oxford City Council
Dr M Orr	Oxfordshire Mental Healthcare Trust
Chief Supt R Perry	Thames Valley Police

**Elmore Community Support Team Sub-Committee Members 1995:**

Dr D W Millard	Chairman
Mrs K Morris	Oxfordshire Probation Service
Annabel Wilkes	Cherwell Housing Association
Dr P Agulnik	Consultant Psychiatrist
Miss P Goodwin	(until 10/95)
Mrs C Roaf	
Mrs D Wilson	
Mr B Phillips	

**Elmore Community Support Team Members:**

Jon McLeavy	Co-ordinator (until 9/95)	(1 wte)
Lesley Dewhurst	Acting Co-ordinator (from 9/95)	(0.6 wte)
Jane Edgington	Support Worker	(1 wte)
Angela Stannard	Support Worker	(1 wte)
Melanie Swinburne	Support Worker	(1 wte)
Mark Thompson	Continuing Care Worker (until 3/95)	(1 wte)
Matt Berkley	Action Research Worker (until 8/95)	(1 wte)
Naomi Evans	CPN for mentally disordered offenders	(1 wte)
Hilary Jordan	Secretary	(0.4 wte)
June Dibb	Secretary	(0.4 wte)

**THE ELMORE COMMITTEE GRATEFULLY ACKNOWLEDGES FINANCIAL AND OTHER ASSISTANCE FROM THE FOLLOWING ORGANISATIONS. 30.9.16, 15.9.16**

- ✓ Oxfordshire Social Services
- ✓ Oxfordshire Mental Healthcare NHS Trust
- ✓ Oxfordshire Probation Service
- ✓ Oxford City Council
- Oxfordshire Health Authority
- Vale of White Horse District Council
- Cherwell District Council
- South Oxfordshire District Council
- Mental Health Foundation
- ✓ Stanton Ballard Trust
- Oxfordshire University Homeless Action
- Oxford Friends Action on Poverty
- ✓ St Michaels and All Saints Charities
- Oxford and District Good Neighbours Fund

***MISSION STATEMENT***

The Mission of the team is with those people whose needs are towards the margins of agency based provision in the health care, social care, accommodation or criminal justice systems. Agencies, either singly or within a network of care, perceive such individuals as "difficult to place" because their problems are multiple, chronic or presented in bizarre or disorderly ways. They therefore require intervention to enable them to make optimal use of the services the agencies ordinarily provide. The Elmore Committee believes this is done most effectively and efficiently when a team having specialist experience of these problems works in an integrated fashion with both the persons and the agencies concerned until such time as those individual's needs can be absorbed into the agencies' core functions. Such individuals presenting within the City of Oxford will thus be eligible to the services of the Elmore Team.

## **INTRODUCTION**

The Elmore Committee was constituted in 1968 as a voluntary agency with charitable status.

The Elmore Committee's only active project at the present moment is the Elmore Community Support Team although Committee members still discuss and debate other issues.

***The statements of Aims and Objectives of the Team are:***

1. To ***identify*** accurately and speedily those individuals who have multiple or chronic problems and/or who present them in bizarre or disorderly ways. [ Such persons are defined in our Mission Statement as "difficult to place"]. They may have no current contact with the social, housing, penal or health services, or their problems may be of such complexity as to fall outside the ordinary resources of the agencies, even when working in collaboration.

Clients first come to the notice of the Elmore Team in a variety of ways: most by referral from staff in statutory or voluntary sector agencies in housing, social services, the criminal justice system or the health services; others by self-referral or through personal intermediaries.

Not all those referred will become clients; preliminary assessment may suggest that a particular person might be better helped elsewhere, for example by Oxfordshire SSD Care Management Team.

2. To ***assess*** those factors which, singly or in interaction, prevent such individuals using the range of material, social and psychological resources which people ordinarily require and to which they have access.

The Elmore Team places no *a priori* limits on the range of factors which might be relevant. Commonly, however, access to "supplies" is restricted by intrinsic factors (mental or physical illness or disability) and extrinsic (social isolation, poverty, homelessness, offending behaviour, unemployment etc.) or - most frequently - by complex combinations of such factors.

3. To ***formulate*** appropriate response to the assessed needs of each individual in such a way that the network of agencies can eventually resume their normal roles with them.

Careful processes of assessment, consultation and supervision, and recording are normal practice. For some DTP clients a care management service will enable them to stay in a stable position within the existing network; for others a lengthy period of continuing care and support by the Team is required.

For many, the task includes the identification of suitable accommodation options and support in collaboration with housing providers.

4. To **provide** a wide and flexible range of services, both directly to the clients and also to the agencies.

There are no *a priori* limits on the type of casework which may be undertaken. Support services are offered to a wide spectrum of DTP clients e.g. within the criminal justice and mental health systems, people with health problems, HIV/AIDS, and others.

5. To **facilitate**, encourage and strengthen inter-agency liaison at all levels.

Includes day-to-day work concerning individual clients with staff of any relevant agency, and policy development with managers.

Consultancy concerning services for DTP clients is offered to agencies within Oxfordshire.

6. To **monitor** and evaluate the work of the Team, and to make available the outcomes as appropriate.

E.g. the Annual Report, including numerical data, is approved by the Elmore Committee and sent to service purchasers.

Early intervention with mentally disordered offenders is currently the subject of an action-research project.

7. To **educate and train** those, whose statutory or professional roles bring them into contact with such people in need, on the relevant issues and how to use the experience and expertise of the Elmore Team.

E.g. provision of fieldwork placements for DipSW students; in-service training for the police and working with mentally disordered offenders.

The majority of the Committee's work is in maintaining the functioning of the Community Support Team and as with many local charities its concerns are with funding and identifying appropriate areas of work within the network of service provision for vulnerable people in Oxford City.

## **ELMORE COMMITTEE**

### **CHAIR'S REPORT**

The past year has not been the easiest in the history of the Elmore Committee. Two major events have been dominant: the Inquiry into the death of Jonathan Newby; and, the departure of the Co-ordinator Jon McLeavy to a new post. Inevitably both have had to be addressed and in their responses to both situations the work of the Community Support Team, under the chair of Dr. David Millard who has given such a positive lead, has been quite outstanding.

Some members of the Community Support Team gave evidence to the Inquiry as one of its clients, who had received heavy support before being cared for by another agency, had been closely involved in the sad incident. Such an inquiry always is traumatic, and lessons can be always learned, but both the Elmore Committee and the Management Committee of the Community Support Team felt no blame could be allocated to members of the team and then, as now, affirmed their confidence in them. One element did become quite clear; the resources that are currently available will not be sufficient to meet the increased level of documentation and co-operative practices that have been recommended. This issue has been communicated to the funding authorities along with a full commentary on the official report.

I would like to congratulate the Team for carrying out their case work with their customary competence in very trying circumstances and ask them to receive the warmest thanks of the Elmore Committee.

The departure of Jon McLeavy will have saddened many people. He has been part of the social and community care network for a number of years and had made a substantial contribution to it, not least through his work with the Elmore Community Support Team. He brought a remarkable enthusiasm and sensitive flair and always demonstrated a rare innovatory spirit. We wish him well in his new post and if he is half as successful as he has been here, then his new employers will have cause to be grateful. His departure leaves a gap but it is being filled by Lesley Dewhurst who has been a key member of the Team. We are grateful to her for undertaking this role as it gives the Community Support Team an opportunity to reflect on its role, status and methods of operating in the future. This review would have been undertaken anyway, given the ever changing statutory and financial arrangements. This does not mean that there has been a diminution in the demand for the kind of work undertaken by the Team; rather that the increasing fragmentation of agencies and the dispersal of responsibility means that the Team has to review both its internal structure and relationships with other agencies.

A particular thanks has to go to the Community Support Team Management Committee, and especially to Dr. Millard who brings high professional skills and vast experience to the Chair. Their advice and support has been both invaluable and essential, especially this year when the work load has been more than averagely onerous. The departure of Pat Goodwin leaves a vast gap but her desire to reduce her commitment is understandable. We thank her for her major contribution over many years.

The launching of the final report of the Research Project funded by The Mental Health Foundation, 'People with Mental Health Problems Arrested in Oxford: A Review of Needs and Services' took place at Green College (courtesy of the Warden and Fellows) in October. This was the result of three years of action research by Matt Berkley. The launch was well attended by representatives from a wide range of statutory and voluntary services. His work owes much to the willing cooperation of the police, probation services, health and social services. The comments and recommendations are being followed up by each of the relevant services.

It was agreed that this was a significant contribution to a set of persistent problems, not only in Oxford but throughout the country. The Elmore Committee sent out several hundred copies of the Report to participating and interested bodies. We thank Matt Berkley for this important contribution to the work of the Elmore Committee in Oxford.

The Elmore Committee has always encouraged research. It was a research project which ultimately led to the creation of the Community Support Team and at the moment other projects are being considered. But it is not only research - the Elmore Committee and the Community Support Team have always supported education and training. Several members of the Team have made local contributions to training and a number of members both of the Elmore Committee and the Committee Support Team Management Committee are involved in education and training in a variety of contexts.

An examination of the statistics and reports contained in this Annual Report will give a good indication of our activities and the kinds of clientele with whom the staff work. It is indeed as a result of the dedicated work of the community workers and the support staff that the work continues. It must never be forgotten that they are dealing with people who have some of the most difficult and intractable problems. It could be argued that many of their clients come because the ordinary resources of other agencies have been exhausted or are, for various reasons, unable to cope with demands placed upon them. They deserve our thanks and our support. As far as the Elmore Committee is concerned this is offered unreservedly.

We have always had a close working relation with the several local statutory bodies in Oxford and it would be less than generous if we did not acknowledge this and thank them for their active support and co-operation, both formally and informally.

Robert Elmore  
Chair, Elmore Committee



The *main work of the Team* - the support of *difficult to place clients in Oxford City* has continued with great vigour during 1995. Referrals have been steady and numbers have been surprisingly similar to those of the year before. The advent of the three Community Mental Health Teams in the City has been welcomed by the Team and we have enjoyed good co-operation and co-working over the clients we have in common. A breakdown of our referrals and the clients worked with over the year is given in the pages of charts further on in this report.

As well as offering community support, the team has been actively involved in various training initiatives over the year - running day courses on mental health and more informal sessions to individual agencies. We have also supervised and given placements to a CPN student and a DipSw student.

We were sad to see our *continuing care worker*, Mark Thompson, leave for a new post in Reading back in March. His Social Services post was frozen and his client load dispersed amongst the team and other colleagues in the network. We do hope to see a similar post created by Social Services early in 1996. Mark's work was recognised as extremely valuable by all who worked with him. As well as his client work with homeless people suffering from chronic physical health problems he played a large part in the strategic development of housing initiatives for people living with HIV.

The *research work* carried out by Matt Berkley into the needs of mentally disordered offenders was completed and published in July. The report is titled "*People with mental health problems arrested in Oxford*" and is available from the Elmore Team offices. The three year project was funded by the Mental Health Foundation and was very well received at a seminar to launch the publication in October. The recommendations of the report are being carried forward by initiatives from the Thames Valley Partnership, and are also strongly reflected in the work of the Mentally Disordered Offenders Strategic Planning Group.

The Elmore Team is now also the host agency for Naomi Evans, a *community psychiatric nurse* who has developed a county-wide *court diversion scheme*. Naomi has written a separate account of her work for this report.

The Inquiry into the tragic death of Jonathan Newby was published in July. There were several recommendations in the report, both specific and general, which have meant some small changes to the team's work - mainly in the area of case recording and interagency communication. However, the client group, method and style of working of the team remains unchanged. Since the publication of the Inquiry Report, the team has been involved in the network initiatives, spearheaded by the *Newby Report Action Group*, and has actively participated in the good work that is developing as a result.

In September we were all extremely sad to see the departure of *Jon McLeavy*, our former Co-ordinator, for a very exciting new post in Truro. Jon had been with Elmore from its earliest stirrings and it was his dynamism, creative insight and imagination that helped us develop our service. Unfortunately we could not compete with the lure of the Cornish coastline and the challenge of developing another new project. We wish him every good fortune, but miss him enormously.

This Annual Report can only give you a small picture of the work of the Elmore Team. If you would like to know anything else about either the Team or the Elmore Committee, please contact me, *Lesley Dewhurst, Acting Co-ordinator, Elmore Community Support Team, 23 Park End Street, Oxford OX1 1HU. Telephone: 01865 200130. Fax: 01865 246039.*

**Who do we work with?** The Elmore Team offers support to single adults who do not easily fit into existing provisions and are not seen as the clear responsibility of any one agency.

Such people tend to have "multiple" problems and often exhibit quite bizarre or challenging behaviour. They may also respond in a negative manner when offered support by a statutory agency whose role they might see as threatening. It may be that they suffer from a psychiatric illness but may be very unwilling to accept medical treatment. It may be that they suffer from a "personality disorder".

The Elmore Team will accept referrals of people who suffer from a **combination of any of the following problems:-** (we do not accept referrals of people who have a single, intractable problem)

- mental health problem (including personality disorders)
- learning difficulty
- physical health problem
- offending
- poor accommodation/homelessness
- substance misuse
- bizarre or challenging behaviour

**What Can We Do?** We base our service on a pragmatic, needs-led approach. This can mean helping someone through a crisis or over a long period of time. To give you an idea, here are a few of the things we do:-

- we endeavour to form a good, trusting relationship
- we help with practical things - for example, helping to find and keep accommodation, help with benefits, help with money management
- we liaise with other supporting agencies (eg mental health keyworker or social services care manager)
- we provide support and (if appropriate) advocacy with court appearances

We have found, working with our client group, that flexibility and persistence can open doors that had previously seemed closed. It is to our advantage that we do not have any statutory function to perform for our clients and nor do we have any service (other than ourselves) to withdraw. This enables us to work as closely as possible with the client, whilst allowing other agencies to contribute their part as appropriate.

**How Do You Refer To Elmore?** Referrals can be made by letter, by telephone or by direct contact with a team member. No referral form is required. As much relevant detail as possible should be available at this point to enable the team to make an assessment. The team will either offer an immediate interview or refer the case on to its weekly meeting, depending on the urgency of the case and on existing work loads.

If you are in any doubt as to whether we might be able to help, **please still phone us** - we are very happy to discuss your referral and help you think through other options even if your client does not fit our criteria.

Our service is available Monday-Friday, 9.00am - 5.00pm. Answerphone at other times.

### ***COURT DIVERSION SCHEME***

During 1995 a court diversion scheme for mentally disordered offenders has been developed. A partnership has evolved between the Elmore Team, Oxfordshire Probation Service and the Oxfordshire Mental Healthcare NHS Trust with funding from the Home Office.

Planning, liaison work and recruitment to the project took place between November 1994 and March 1995 and the scheme became fully operational in April 1995. The team consists of a full-time community psychiatric nurse and a consultant psychiatrist who offers three sessions to the scheme. The scheme provides speedy psychiatric assessment service to the Magistrates' Courts in Oxfordshire. The scheme is clearly integrated with existing clinical practice and services and does not aim to provide a separate treatment service for mentally disordered offenders.

Our experience with the scheme to date leads us to believe that the way forward may not be to create a specialist service for mentally disordered people coming into contact with the Criminal Justice System. We have used a model of intervention that aims to reintegrate this group of people into mainstream generic psychiatric provision. This is because the majority of mentally ill people who come into contact with the C.J.S. do not require a specialist forensic psychiatric service.

The project offers assessment and liaison services as well as diversion from the Criminal Justice System and this is a reflection of the project's wider success. The number of referrals from the seven Magistrates Courts has not been high, but access to the service is highly valued and individual psychiatric assessments at Magistrates Courts can be very complex and time consuming. Recent trends show a rise in referral rates and an increase in requests for consultations and advice.

The project is now in the process of setting up pre-court assessment panels. This sub-project has multi-agency agreement and will develop multi-agency policies and protocols in 1996.

For further details contact Naomi Evans on 01865 200130

*The following case studies are to give you a flavour of the kind of work that the Elmore Team does. The cases are fictional though are based on real clients.*

### Frank

Frank was referred to us by a social worker based at Littlemore Hospital. He had discharged himself from a rehabilitation unit after spending nearly all his life since the age of 14 in institutional care. He was now 40 years old and the social worker was, quite rightly, very worried about him. He had a diagnosed serious mental illness but was refusing to have any contact with any statutory service other than his GP. He was refusing all medication, stating that he did not suffer from a mental illness but claimed to be HIV positive because he had "shaken hands with a gay man". At the time of the referral he was living in a disused garage. However, we only discovered this because he was also referred to us by a local vicar who knew of our work and had seen him going in and out of the garage with a variety of plastic carrier bags filled with rubbish. We guessed from the description that he must be the same man as had been referred to us by the social worker.

A quick assessment of his problems was as follows: a serious mental illness but a refusal to engage with the normal mental health services; extremely poor accommodation and suspected financial difficulties; concerns about his HIV status.

Having first ascertained that he was not thought to be sectionable under the Mental Health Act (he seemed to be feeding himself somehow, had a roof of sorts over his head and was not in any way seen to be a danger to other people), our first task was to endeavour to gain Frank's trust. This was an extremely difficult and long drawn out process. Eventually Frank started to believe that we were not trying to get him back into hospital and agreed to let us help him with the practical problems of accommodation and benefits. We also helped him through an HIV test, which was negative. We felt that it was necessary to confirm his status even if he did not believe the result - he also suffered from other delusional thoughts and we felt that it was imperative to know fact from fiction if we were to help him appropriately.

We have now been offering support to Frank for five years. He lurches from crisis to crisis and periodically refuses any contact with us at all. However, he still resolutely refuses to see anyone from the psychiatric services though we know that they are concerned about him. We have to tread a very thin line between our respect for Frank's wishes to remain out of hospital and the great danger of his self-neglect necessitating him to be sectioned under the Mental Health Act. We are helping the Community Mental Health Team that would be responsible for him to keep an eye on him at arm's length.

If the Elmore Team were not available to help Frank, he would see nobody.

### Anne

Anne was referred to us by a MIND day centre worker in 1994. She was 28 years old at the time and living in a housing association flat with her husband. She had told the day centre worker that she was being beaten by him and that he had taken control of the couple's finances, allowing her only £3 a week to spend on herself. She had expressed the wish to leave him, but did not know what to do. Our assessment of her found her to have problems in the following areas: she had a mild learning disability (and had spent most of her life until adulthood in "special" accommodation for people with a learning disability), she suffered from serious asthma attacks and had a weak heart, she was also prone to anxiety. She had also been in trouble many times for shoplifting and criminal damage and was well known to the Probation service. These problems were causing her serious financial and accommodation difficulties. She had also made several serious attempts at suicide and had three times been barred from the MIND day centre for throwing plates at the wall.

We felt this to be an appropriate Elmore referral. Her learning disability was not sufficiently serious to warrant help from specialist social services teams and, though she used services designed for people with a mental health problem, she was not eligible for help from community mental health teams or other mental health services since she did not have a diagnosed mental illness. Though her repeated offending was causing concern to the Probation service she was not actually on probation and their efforts to offer informal contact had been refused by her. Her GP was aware of her marital problems but felt powerless to offer any practical help, especially since Anne would rarely come for appointments.

All of the above showed Anne to have multiple problems and, in Elmore terms, "difficult to place" since no other agency could offer support to Anne with an overall view of all of her needs.

The immediate task for the Elmore worker was to help Anne find a way of leaving her violent husband. Anne chose to surrender her tenancy rather than attempt to have her husband evicted. With the help of the Elmore worker she was accepted as homeless by the Council and placed in a bedsit. She was also supported through her divorce, and her complicated financial and benefits situation was sorted out. She has not offended since she took control of her own finances and has only made two attempts at self harm, and these were not thought to be serious attempts. She has started attending a sheltered workshop and is regularly seeing her GP.

Though Elmore input was very high during the first few weeks of contact (almost daily), contact now is only needed on a fortnightly basis and will cease altogether once she becomes more established at the sheltered workshop.

Continuity and a flexible approach were very important in our work with Anne. Simply because of the diversity of her problems, other issues were being masked which badly needed attention. She had not been picked up by other agencies and this was exacerbating and compounding all her difficulties and resulting in her initial chaotic behaviour. However, this behaviour quickly became more manageable once she had learnt to trust her Elmore worker and was therefore feeling less angry with the world. She was used to being written off as "thick" whereas we discovered that she was actually very competent in some areas. Her new-found confidence has meant that she is now able to take control of her own life in a way that she was never able to previously.

### **Derek**

Derek was 18 and had arrived in Oxford four weeks previously before he was referred to Elmore by the duty officer at the Probation Day Centre. During that four weeks he had managed to cause an immense amount of disruption to many agencies around the City. He had already been barred from the Bridge for throwing someone's belongings out of the window and then threatening one of the staff with a boiling kettle of water. He had twice been held at the police station overnight - once after being found wandering around in the small hours making very inappropriate comments to women and once for shoplifting, though the charges were later dropped. He had also taken four overdoses of paracetamol and been seen by a psychiatrist at the Department of Psychological Medicine at the Hospital. The psychiatrist could find no evidence of mental illness. She thought that he had a personality disorder and questioned the extent of his drug use. There was nothing they could do other than counsel and advise him about the risks of his behaviour.

Derek was very hostile to us when we first met him. He had been in care until recently and said that he'd "had enough of social workers." However, he warmed to us once we explained that we were not one of the statutory services. He agreed to meet up with one of the Elmore support workers on a regular basis, if only to talk over things that were going on for him.

Though Derek kept his appointments with the Elmore worker, he continued his other "activities" - periodically getting arrested for petty offences, turning up at the Bridge and publically taking overdoses, attending other day care facilities and acting in a very bizarre way, threatening to harm members of staff or himself.....generally making many agencies feel anxious and not knowing best how to respond to him. It seemed that he was enjoying creating this kind of chaos and that, whilst he was still able to prompt a reaction in people when he attended at their agency, he was not going to lessen his activities. So the Elmore worker decided to convene and facilitate a meeting of all the agencies that had contact with Derek to discuss and plan an appropriate way of responding to him.

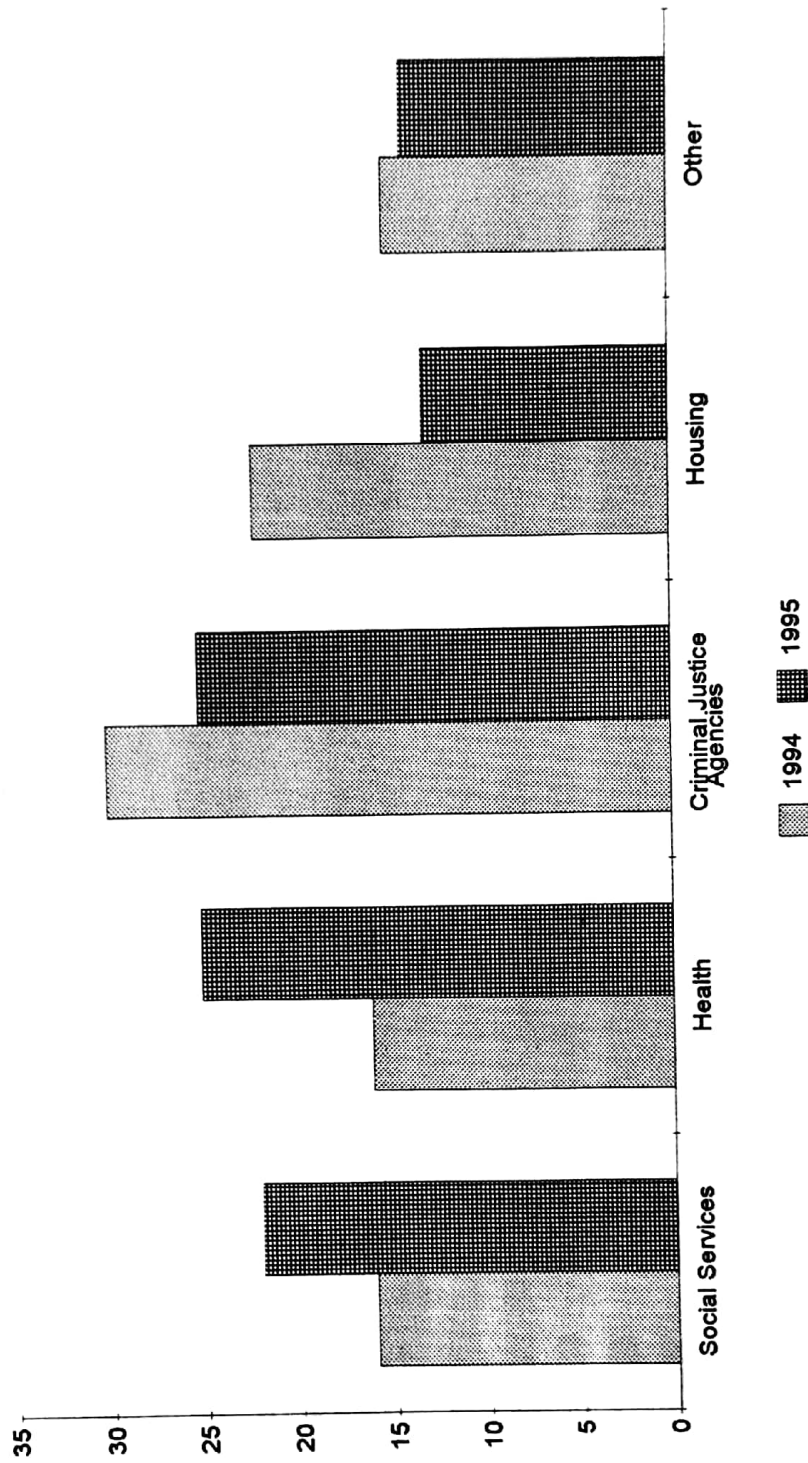
This meeting was very successful. Everyone agreed a low key and sensible approach to Derek's demands and threats, and everyone felt mutually supported by each other. The Elmore worker had managed to gather together quite a bit of information regarding Derek's history which gave a helpful insight into his character, and agreed to become the future "main contact" for information.

Though Derek is still capable of being quite chaotic, he has changed his behaviour quite significantly since that meeting. He no longer gets the response he was enjoying from his threatening remarks and self harm - but has been pleased by being given a second chance back at the Bridge, who are helping him look for more permanent accommodation. He is still abusing drugs but is being encouraged by the Elmore worker to look at harm reduction strategies with the Libra project.

It is often very difficult with someone as high profile as Derek without one agency taking the lead role in co-ordinating the care that is offered - and with Derek's cocktail of problems, there was no clear lead agency. This is a role that Elmore can, and does, effectively take. In Derek's case it was almost more a question of Elmore becoming the support worker for the other agencies involved than for the client himself.

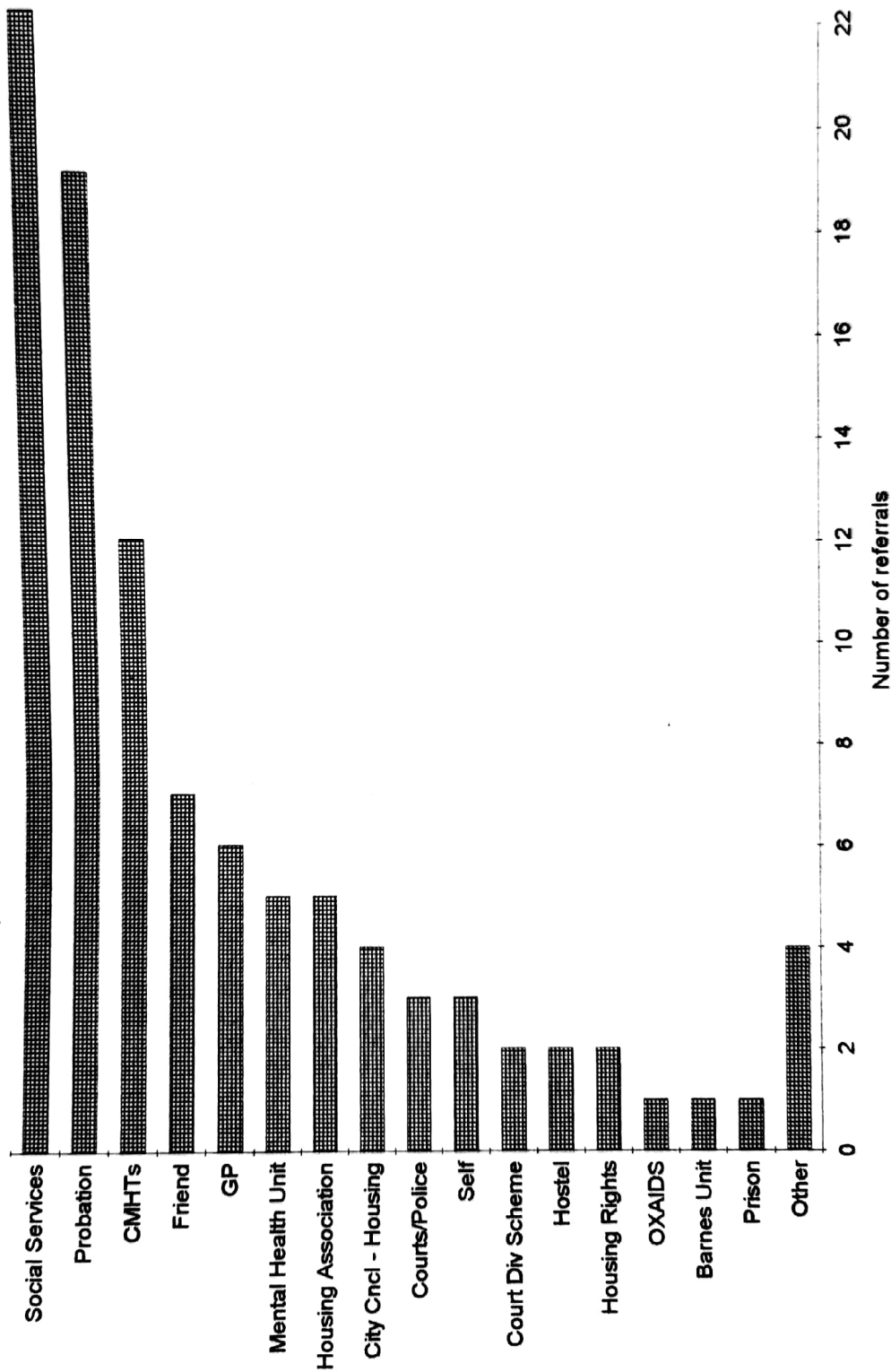
# SOURCES OF REFERRALS IN 1994 AND 1995

(Total number of referrals was 99 in each year)



# SOURCES OF REFERRALS IN 1995

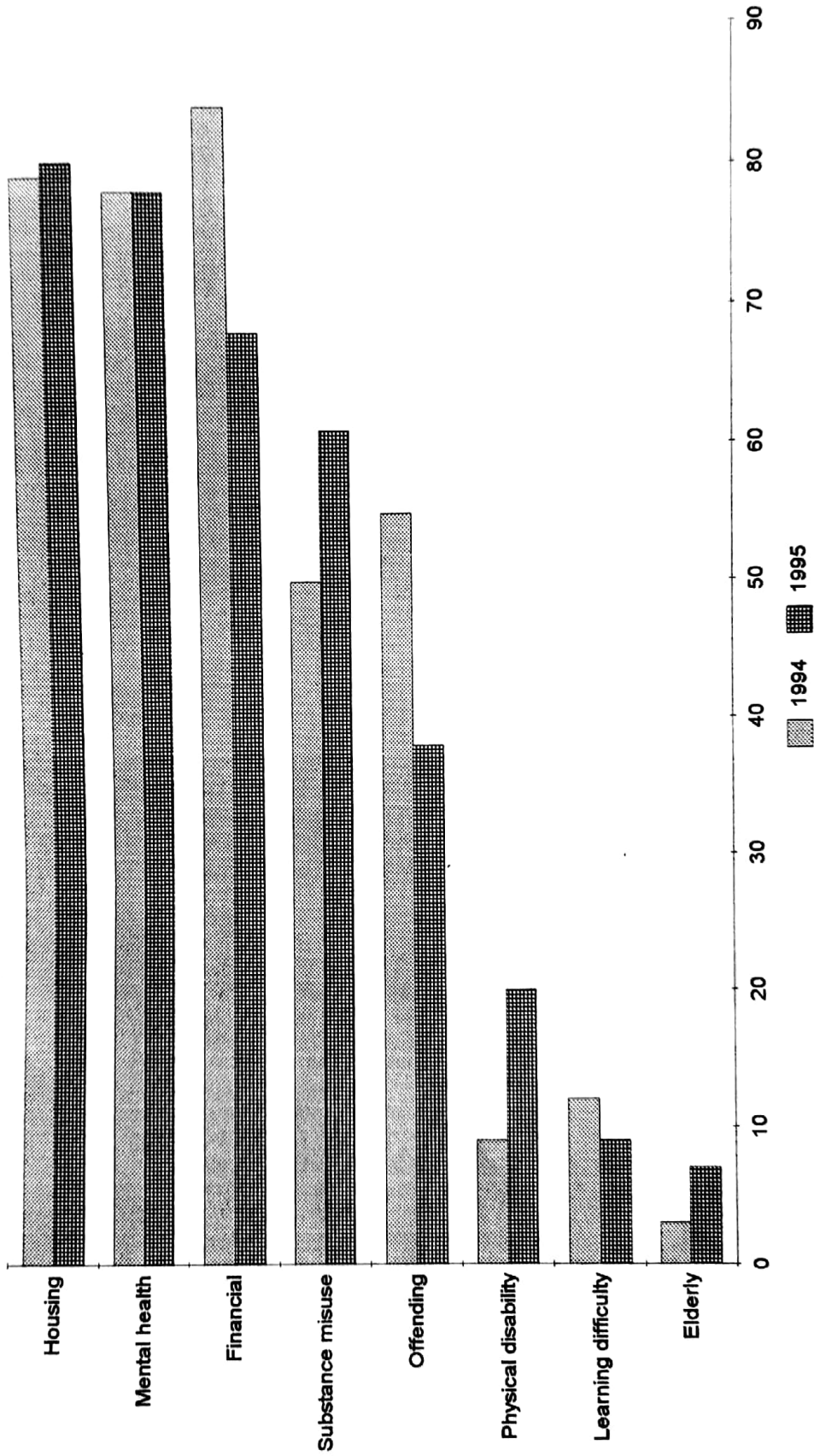
(Detailed breakdown: total number of referrals was 99)





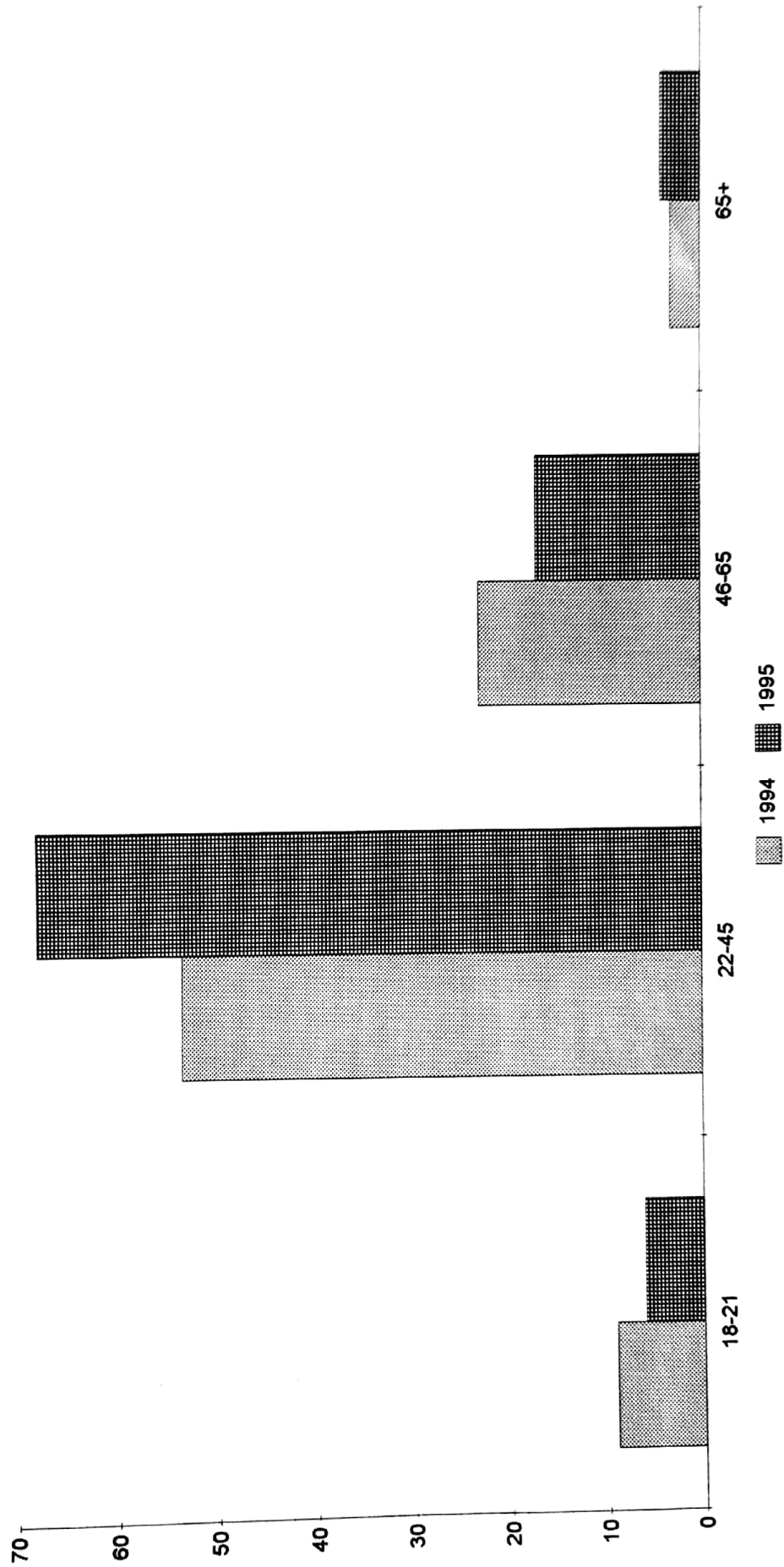
# KNOWN CLIENT NEEDS IN 1994 AND 1995

(Total number of clients in 1994 was 89, 1995 total was 96)



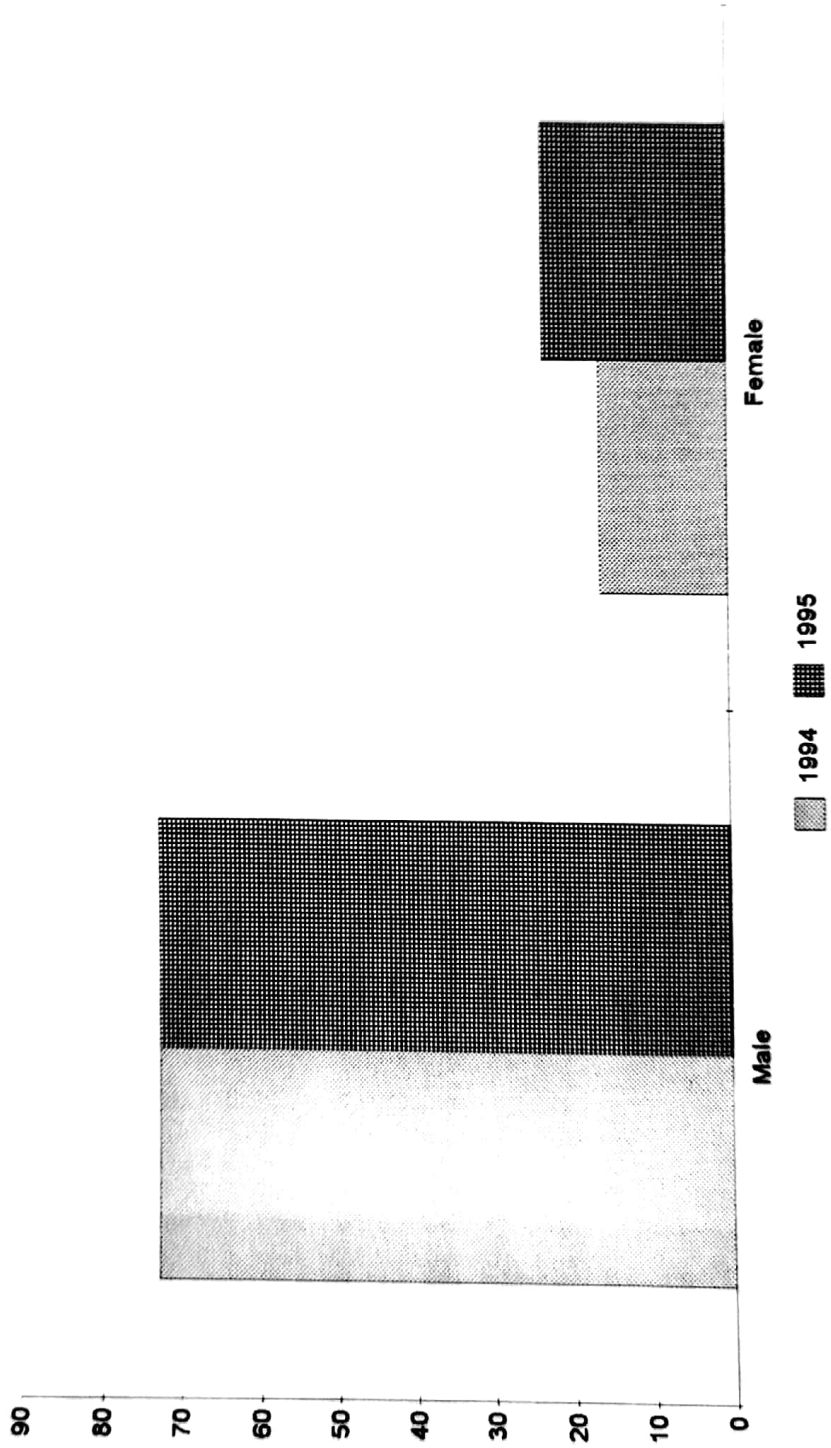
# AGE DISTRIBUTION OF CLIENTS IN 1994 AND 1995

(Total number of clients in 1994 was 89; 1995 total was 96)



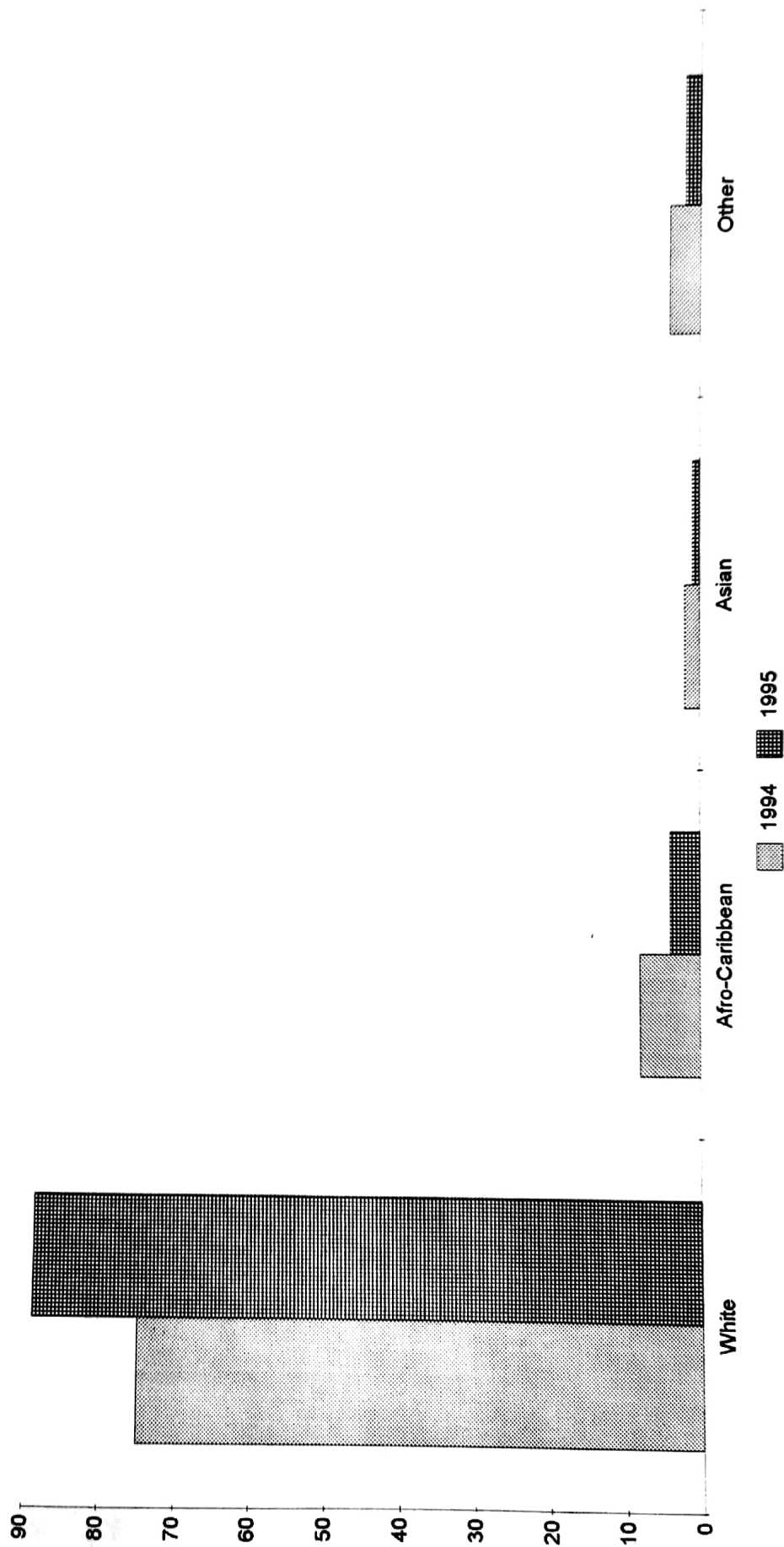
# GENDER OF CLIENTS IN 1994 AND 1995

(Total number of clients in 1994 was 89; 1995 total was 96)



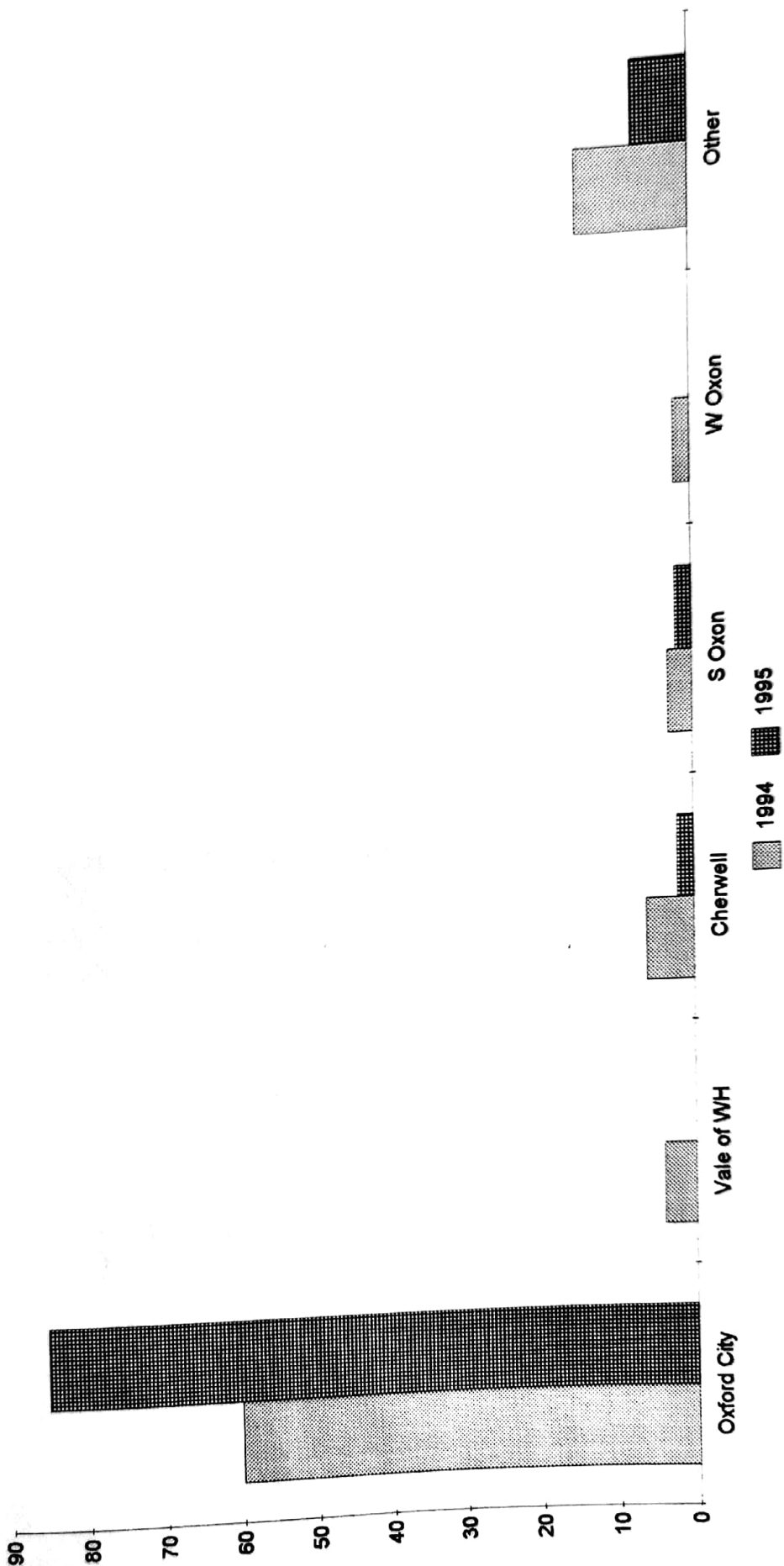
# ETHNIC ORIGIN OF CLIENTS IN 1994 AND 1995

(Total number of clients in 1994 was 89; 1995 total was 96)



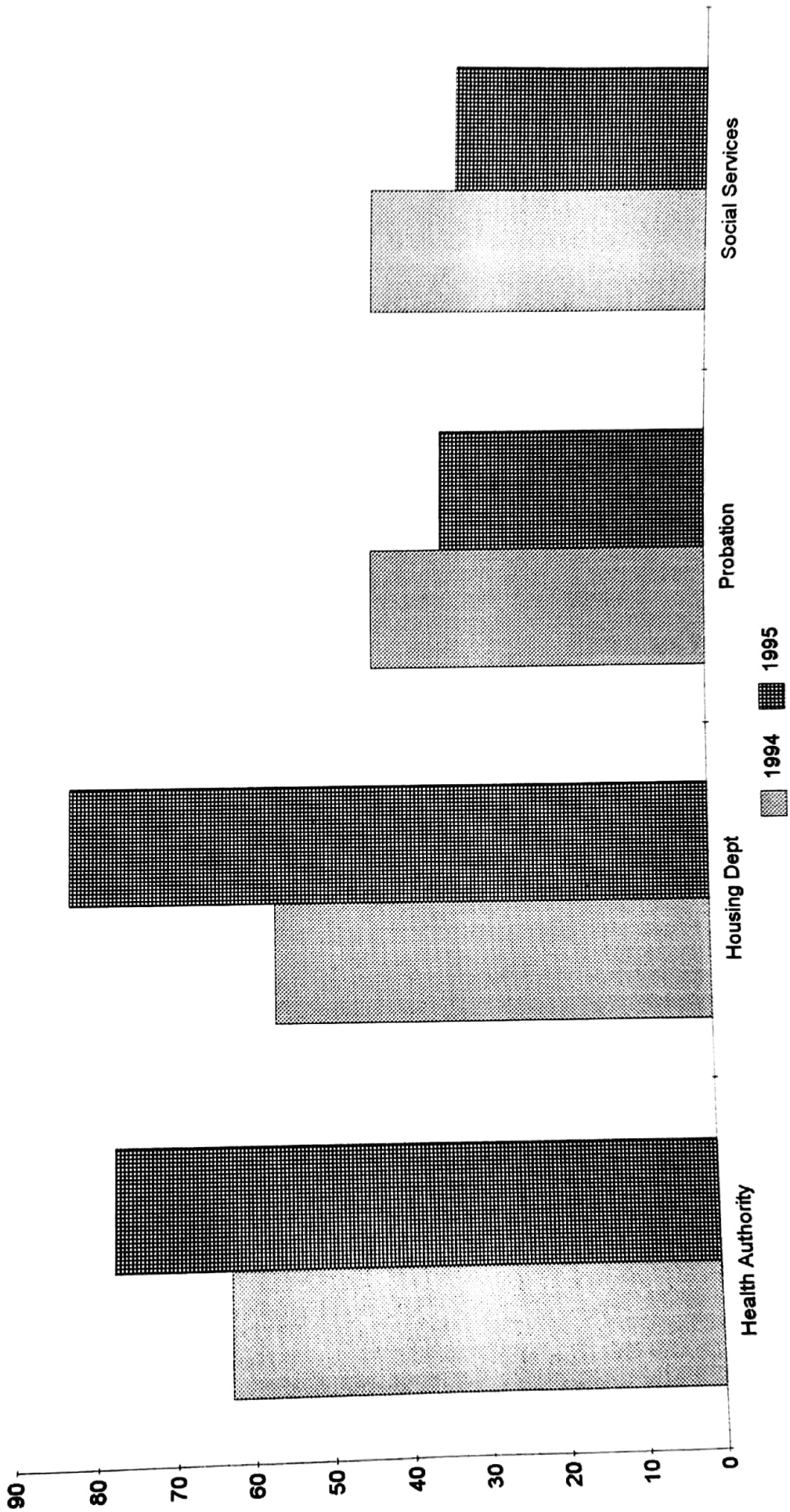
# DISTRICT OF ORIGIN OF CLIENTS IN 1994 AND 1995

(Total number of clients in 1994 was 89; 1995 total was 96)



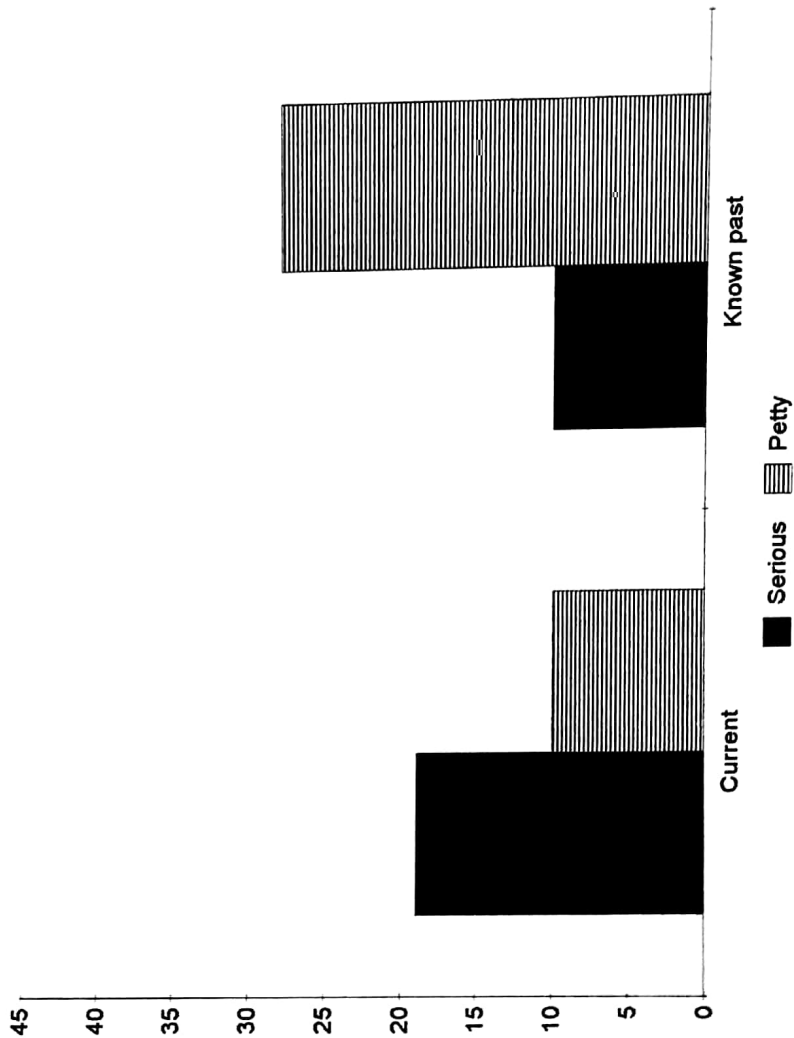
# KNOWN MAJOR CONTACT BETWEEN CLIENT AND AGENCY IN 1994 AND 1995

(Total number of clients in 1994 was 89; 1995 total was 96)



# KNOWN OFFENDING HISTORY IN 1995

Elmore Clients - (Total 99)



ELMORE COMMITTEE - ACCOUNTS FOR THE YEAR ENDED 31 MARCH 1995INCOME AND EXPENDITURE

£                      £

## INCOME

Community Support Team Grants	NOTE 2		66186.25
Donations	NOTE 3		1310.50
Bank Interest			1805.83
Other miscellaneous income			<u>43.98</u>
			69346.56

## EXPENDITURE

Community Support Team	NOTE 2	76267.09	
Support for 60 Lake Street Project		300.00	
Audit Fees		500.00	
Accountancy Fees		<u>90.00</u>	<u>77157.09</u>

## DEFICIT FOR THE YEAR

7810.53BALANCE SHEET AS AT THE 31 MARCH 1995

## CURRENT ASSETS

Cash at Bank	NOTE 4		41479.97
Cash in Hand			40.00
Sundry Debtors	NOTE 5		<u>1268.00</u>
			42787.97

## Less: CURRENT LIABILITIES

Sundry Creditors and Receipts in Advance	NOTE 6		<u>8897.91</u>
			<u>33890.06</u>

Represented by:

## ACCUMULATED FUND

Balance at Commencement of Year	34998.27	
Deficit for Year	<u>(7810.53)</u>	27187.74

## COMMUNITY SUPPORT TEAM WELFARE FUND

Balance at Commencement of Year	512.89	
Receipts	272.10	
less expenditure	<u>(171.72)</u>	613.27

## FURNITURE FUND

Receipts	16495.00	
less expenditure	<u>10405.95</u>	<u>6089.05</u>
		<u>£33890.06</u>

1.



ELMORE COMMITTEE - ACCOUNTS FOR YEAR ENDED 31 MARCH 1995

## NOTES FORMING PART OF THE ACCOUNTS

## NOTE 1 - Accountancy Policy

The accounts have been prepared on the basis of historical cost.

## NOTE 2 - Community Support Team Funding

Expenditure for the year ended 31 March 1995 is as follows:

## STAFF

Project Leader and Social Work Staff	41612.10
Action Research Worker	16578.75
Secretarial Support	<u>6831.11</u>
	65021.96

## OTHER RUNNING COSTS

Office Accommodation Charge	1000.00
Telephones	2947.64
Stationery, Printing & Office Expenses	532.32
Computer Equipment & Supplies	586.38
Travel and Subsistence	1156.43
Public Liability/Employers Insurance	1104.50
Postage, Books and Publications	631.89
Bookkeeping and Payroll Services	2160.00
Staff training & Conferences	814.88
Advertising	140.41
Miscellaneous Expenses	<u>170.68</u>
	<u>£76267.09</u>

Income for year ended 31 March 1995 is as follows:

Oxfordshire County Council Grant	30730.00
Oxford City Council Grant	11716.00
Action Research Worker Grant	17200.25
OCC Continuing Care Grant	3040.00
Central Council for Education and Training in Social Work	
- Fees	1725.00
Oxfordshire Health Authority	850.00
Vale of White Horse, Cherwell and South Oxfordshire District	
Council Grants	<u>925.00</u>
	<u>£66186.25</u>

NB The Oxfordshire Mental Health Unit and the Probation Service each employ a full-time worker seconded to the team.

## NOTE 3 - Donations

St Michael's and All Saints Charities	750.00
Homeless Action	300.00
Friends Meeting	100.00
Others	<u>160.50</u>
	<u>£1310.50</u>

## NOTE 4 Cash at Bank

Current Account	926.25
Business Premium Account	11348.64
Higher Interest Account	<u>29205.08</u>
	<u>£41479.97</u>

## NOTE 5 - Sundry Debtors

Central Council for Education and Training in Social Work	1258.00
Other	<u>10.00</u>
	<u>£1268.00</u>

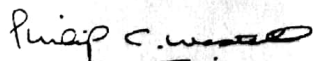
## NOTE 6 - Sundry Creditors &amp; Receipts in Advance

Trade Creditors	5621.91
Inland Revenue - PAYE/NI	<u>          </u>
Receipts in Advance and Prepayments	<u>3276.00</u>
	<u>£8897.91</u>

AUDITOR'S REPORT TO THE ELMORE COMMITTEE

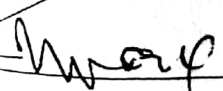
I have audited the financial statements on pages 1 to 3 in accordance with approved Auditing Standards.

In my opinion the financial statements, which have been prepared under the historic cost convention, give a true and fair view of the state of affairs of the Elmore Committee as at the 31 March 1995 and of the deficit for the year ended on that date.



Philip C Westall FCA  
Registered Auditor

SIGNED ON BEHALF OF THE ELMORE COMMITTEE

 Chairman

 Secretary

treasacc.twp