

ELMORE COMMITTEE

**ANNUAL REPORT
1996**

*23 Park End Street
OXFORD
OX1 1HU*

Charity No. 257247

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ELMORE COMMITTEE MEMBERS 1996

Officers:

President	Mr R W Elmore
Chair	Mr R W Elmore
Vice-Chair	Dr D W Millard
Treasurer	Mr B Phillips
Secretary	Mrs L Dewhurst

Members of the Committee:

The following members were re-elected:
 Dr G Flood
 Miss M Timbrell

Co-opted Members:

Mr Rob George	Oxfordshire Probation Service
Coun Bill Baker	Oxford City Council
Dr M Orr	Oxfordshire Mental Healthcare Trust (until Oct 96)
Inspector Simon Pont	Thames Valley Police
Jonathan Horbury	Oxfordshire Mental Healthcare Trust (from Oct. '96)
Nick Welch	Oxfordshire Social Services (from Oct. '96)
Colin Roberts	Barnett House

Elmore Community Support Team Steering Committee Members 1996:

Dr D W Millard	Chairman
Mrs K Morris	Oxfordshire Probation Service
Annabel Wilkes	Cherwell Housing Association
Dr P Agulnik	Consultant Psychiatrist
Mrs D Wilson	Formerly Oxfordshire Social Services
Mr B Phillips	Treasurer, Elmore Committee
Jane Carlton-Smith	J.P.
Dr T Dalkin	Consultant Psychiatrist

Elmore Community Support Team Members:

Lesley Dewhurst	Acting Co-ordinator	(0.6 wte)
Jane Edgington	Support Worker	(1 wte)
Angela Stannard	Support Worker	(1 wte)
Melanie Swinburne	Support Worker	(1 wte)
Naomi Evans	CPN for mentally disordered offenders	(1 wte)
Hilary Jordan	Secretary	(0.5 wte)
June Dibb	Secretary	(0.4 wte)

**THE ELMORE COMMITTEE GRATEFULLY ACKNOWLEDGES FINANCIAL AND
OTHER ASSISTANCE FROM THE FOLLOWING ORGANISATIONS DURING 1996**

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

Stanton Ballard Trust

Oxfordshire University Homeless Action

Oxford Friends Action on Poverty

St Michaels and All Saints Charities

Oxford and District Good Neighbours Fund

ELMORE COMMITTEE - 1996 ANNUAL REPORT

Welcome to the 1996 Annual Report of the Elmore Committee.

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 main body of this report concerns the operation of the ELMORE COMMUNITY SUPPORT TEAM. We have tried to give a flavour of the work we do with some case studies, a bit of factual information with some statistics and reports from various members of the team.

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.

Referrals can be made by anyone - a phone call will suffice and no referral form is required. We try to respond immediately if this is necessary - otherwise referrals are discussed at our weekly team meeting. Even if the referral is not suitable for Elmore we will always try to think about other possible agencies that might be able to help. This may involve a short piece of work or brief intervention.

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.

There are a variety of reasons why our clients do not easily fit into existing provisions. They tend to have "multiple" problems - a combination of any of the following:

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

Many of our clients do not respond well to interventions by statutory organisations whose role they might find threatening. Sometimes a fresh, non-statutory approach can work where others attempts have not.

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.

Often practical help is the starting point for our client work. This can mean helping someone through a crisis or over a long period of time. Flexibility and a broad based approach to our interventions generally help us form good, trusting relationships - continuity and stability can be very productive in the long term. It is also part of our role to utilise other services wherever appropriate and to endeavour to "plug" people into services wherever possible.

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

Work with clients can vary enormously - ranging from liaising with solicitors, psychiatrists and day centre workers to putting on our rubber gloves and cleaning someone's flat!

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.

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

This is carried out both as an on-going process and with occasional specially commissioned pieces of work.

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.

We are actively involved in several inter-agency training initiatives (particularly in the field of "mental health awareness") and take CPN and DipSW students on placement. We also welcome visits from agencies or individuals who are interested in our work.

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

***Elmore Community Support Team
23 Park End Street
Oxford OX1 1HU***

Tel: 01865 200130

Fax: 01865 246039

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.

CHAIR'S REPORT

For a variety of reasons many voluntary organizations have been bedevilled by feelings of uncertainty in recent months and the Elmore Committee and the Elmore Community Support Team are no exceptions. Despite this the members of the Community Support Team have carried out their programme with undiminished professionalism, although unfortunately in certain areas important decisions affecting the longer term work of the team have had to be deferred. Although understanding and acknowledging the problems facing funding agencies such a situation can present difficulties for small voluntary agencies in both sustaining a substantial programme of work and retaining and recruiting key members of staff.

Nevertheless, the financial support has been maintained throughout this year and for this we are grateful. It would also be appropriate at this point to pay tribute to the close support we have received from officers from the several funding agencies. In these financially stringent days they have no easy task and we would like to record our thanks for the unfailing courtesy which has greeted our sometimes frantic enquiries.

Throughout this year the Community Support Team has been working closely with other statutory agencies to implement the recommendations made by the Inquiry Team, chaired by Nicola Davies, Q.C., investigating the circumstances leading to the death of Jonathan Newby, a volunteer worker. The Inquiry Team met with representatives of the Elmore Committee, the Steering Committee of the Community Support Team and the Acting Coordinator to discuss the excellent and comprehensive response to the Report written by Dr. David Millard, Chair of the Steering Committee. They were well satisfied with the progress that had been made towards meeting their recommendations. In keeping with these, close cooperative relationships have been strengthened or developed with the the local statutory and voluntary bodies concerned with the provision of services for those with severe mental disability or challenging behaviour. These arrangements begin to meet the recommendations contained in the recent Green Paper 'Developing Partnerships in Mental Health' where it stresses the importance '....of being able to provide different combinations of care, support and accommodation to meet the varied needs of those with mental health problems.'

During the year two important documents were produced. One, a discussion paper, concerned with matters relating to the various options for the financing the Elmore Team was written by Dr. David Millard. This enabled the Committee to understand more fully both the problems and opportunities facing the Community Support Team - and indeed, the Elmore Committee itself. It also gave rise to a discussion about the nature of the work undertaken by the Community Support Team and its special character. It was felt that the team sought to offer a unique or special service to the several statutory agencies with which it has contact and who deal with clients who are clients of each of the respective services, individually or severally, episodically or continuously. It sought to offer general expertise or support of a nature not available from each service separately and could thus operate in an inter-agency role efficiently and cost effectively. The possible need for a rapid response facility was discussed. Its activities currently include or could include a brokerage role as between difference services, training, support, advocacy, research and the production of information. This brief summary is mentioned here primarily to indicate that a high degree of reflection is a feature of the work, especially as it is increasingly obliged to function in a highly volatile economic climate.

The other paper was a review paper produced by the Acting Co-ordinator, Lesley Dewhurst. It was concerned with: the numbers and types of referral to the Team; the agencies that make them; the actual work of the team; and the place the Team occupies in the Oxford network of

agencies. This paper was important because it enabled us to examine the activities of the teams in respect of its several roles.

The data contained in this Annual Report gives a more vivid account of the work of the Community Support Team than can be expressed here in a few sentences and the Chair and Trustees of the Elmore Committee are conscious of the dedication and professional competence both of the remunerated staff and those who serve in a voluntary capacity on the Steering Committee. It may not appear to be the most glamorous of activities but in terms of meeting urgent social needs, many with considerable impact, it is work of vital importance and ought to be recognised as such.

I commend this Report to you. It reflects a substantial programme of activity which has attracted the commendation of all the agencies with which it has been in contact.

Finally, on behalf of the Elmore Committee and the Community Support Team I would like to thank the many members both of the statutory and voluntary agencies with whom we work. Cooperation cannot be taken for granted by any means but it has been generously given by them and this has undoubtedly enriched the quality of the service the Community Support Team has been able to offer.

Robert Elmore
Chair

February 1997

ELMORE COMMUNITY SUPPORT TEAM
CO-ORDINATOR'S REPORT

For the last few years we have been amazed at the *consistency of our referral figures* - almost exactly 100 referrals a year. This year was no exception, with 102 referrals received from the usual broad range of agencies by the end of 1996. Services have continued to change and develop in the world around us but as one "gap" is filled, so another is created. The process of making a new service or altering an existing one necessitates agencies drawing new boundaries. Inevitably there continue to be some people excluded by these boundaries. *These are Elmore's clients.*

It has been an active year, too, for *interagency participation* by the Team. We have worked alongside the Gatehouse project in producing a new *Network Directory* - a guide to agencies in Oxford's homeless network. We have also helped the Luther Street Centre in the production of a hospital *Discharge Pack* which details services that patients with no fixed accommodation could benefit from. Jane Edgington has served as a member of the *Community Health Council Mental Health Working Party*. Melanie Swinburne was part of an interagency planning group for the fundraising *Sleep Out for the Homeless* which was held on a frosty November night. She is also part of the management group of the Temporary Day Shelter which operates each year from the Night Shelter. The Team has also built up close links with *Connection*, the new floating support team which offers support and advice for single people in stable accommodation. We have also had two *CPN students* on placement and run several short *training courses* and informal training sessions for a variety of agencies, from GP receptionists to Night Shelter staff. We are still the host agency for the *Court Diversion Scheme*, providing office space and support to Naomi Evans, CPN (see separate report).

At the end of 1996 we said a temporary goodbye to *Angela Stannard* who has been a support worker with the Team since its inception in 1989. She has taken an unpaid sabbatical for six months and is travelling around India. Her place has been taken by *Sarah Johnson* who has worked with us twice before, providing maternity cover. By extreme good fortune, Sarah is currently between jobs and able to help us out.

Our work this year has been overshadowed by *funding uncertainties*. Like most other agencies both in the voluntary and statutory sectors, we are having more than ever to prove a need for our service. We underwent a major review of our work which was attended by all four of our major funders in September. The longterm outcome is still not clear, but we are hopeful for the future. What was apparent after the review is how well regarded our work is and how great a fund of experience we have built up over the years. Unfortunately, as is all too common nowadays, this expertise does not guarantee funding!

Sadly, over the year we have seen a *number of deaths* amongst our long term clients. Whilst reflecting on the year it has served as a sharp reminder of just how very vulnerable our client group is - the long term effects of substance misuse, poor living standards compounding physical frailty, years of despair resulting in suicide, death by misadventure whilst mentally unstable.....the list goes on. We have had to accept that sometimes the kind of support we can give our clients can never be enough - there need to be significant and profound changes to society as a whole before our clients can share the same expectations of life that the majority of us enjoy. In the meantime we will endeavour to support them in the best way we can.

For any further information about the Elmore Team, 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.

CASE STUDIES

There follows a series of fictional case studies which are loosely based on real clients of the Elmore Team. Our work is very varied and no client is truly "typical" but we hope these studies will provide a taste of the work we do.

JACOB

Jacob was referred to the team by a worker from Oxford Mind. He was about to be evicted from a bed-sit in one of their shared housing projects. He had been aggressive and threatening towards the other residents. He had been diagnosed as having schizophrenia in his mid-twenties but had no insight into his illness so consequently refused any help from psychiatric services. As he was about to be homeless, without support and had mental health difficulties, he fitted Elmore criteria.

The immediate priority was to help him find somewhere to live; but it was also extremely important to build a good relationship as he did not trust professionals. Jacob was very suspicious on first meeting us and thought we were trying to get him into hospital but because we focused on the practical - finding a room, sorting benefits - and listening to his point of view, he came round to trusting us.

He was eventually offered a flat and the main work since then has been helping him to maintain the tenancy. When he is well he keeps up to date with bills, enjoys a good social life and keeps busy. He consistently refuses to have anything to do with psychiatric services.

When Jacob is unwell he becomes paranoid, aggressive and confused. Prior to Elmore involvement he was often picked up by the police having assaulted someone or on a public disorder charge and then sectioned to hospital via the criminal justice system. His friends were scared and avoided him. He was in danger of being barred for life from the day centre he used. His tenancy was in jeopardy as he forgot to fill in the relevant forms and pay bills.

Because he trusts us and allows us to visit regularly we can see when his mental health is deteriorating. The appropriate services can be alerted and although Jacob still goes to hospital under a section he goes before damage is done, before any incident either on the street or in a day centre. By liaising with his landlord and the benefits department his benefits are reinstated and his tenancy is secured.

FRED

Fred was referred by a Probation Officer at the Day Centre. He was on a Probation Order but was felt to require more social support. He is a middle aged man with considerable social difficulties. He has a housing association tenancy but this was under threat because of his poor domestic hygiene and non-payment of bills. He suffered brain damage as a child and also had a problem with alcohol misuse. Due to these he had poor social skills and was barely literate. He also continued to commit minor offences, mainly related to alcohol consumption, which meant regular court appearances. The combination of these problems coupled with his resulting chaotic behaviour meant that he fulfilled our referral criteria and we agreed to take him on as a client.

The first priority, on meeting him, was to read through a 2 year collection of mail and attempt to settle his various debts - some of whom were threatening court action. With his agreement the D.S.S. was contacted and he was put on direct payments for water and fuel which solved

the immediate problem. Disability Living Allowance was applied for and granted for life, which has improved his income.

Lack of domestic hygiene skills meant that his flat, particularly the kitchen, was in a poor state of cleanliness. It was agreed with Fred that help would be given to clean up in order to reduce the health risk and risk of complaints from neighbours about the smell. The clean up has become a regular strategy to keep his flat in a habitable condition and to reduce the risk of eviction. Fred is unable to do this for himself because of his lack of ability due to brain damage and alcohol.

Fred has a long history of offending, mostly minor, but also many driving offences. This involved accompanying him to Court and also speaking on his behalf. It also involved liaison and information sharing with his Probation Officer in connection with preparation of pre-sentence reports.

Fred has elderly parents who are very concerned about him and his future care. Part of the support package is to offer support and accessibility to them.

Fred requires on-going support of a practical nature in order to maintain him at his current level of independence. He brings all his mail and any forms to our attention to ensure that all his benefits continue to be paid, as he has difficulty understanding. He requires practical help to maintain his home and quality of life.

ERICA

Erica was originally referred to the Team by a staff nurse on an acute psychiatric unit in November 1993. She had been admitted to the unit following several episodes of extremely bizarre behaviour which had also been linked to excessive drinking. Her mental state was now settled but she was abusive and threatening towards the staff and patients and they now wanted to discharge her. She did not have a clear diagnosis of mental illness - was she drinking to "self medicate" the symptoms of underlying psychosis (she had presented with auditory hallucinations and paranoid ideas?) Was alcohol abuse the root cause? There was also evidence of organic illness which might well be causing her extreme behaviour.

She was accepted as an Elmore client because of the combination of her problems - homelessness, mental health, physical health, alcohol abuse and challenging behaviour. as a result of this she was also frequently picked up by the Police for things ranging from shop-lifting and criminal damage to more serious assault charges.

It was difficult to know where to start with Erica. Initially the priority was to gain her trust and to help her with the practical problems of finding some suitable accommodation. The psychiatric unit were prepared to keep her for a few days now they knew help was at hand. Once Erica had moved into her new accommodation we had to work very quickly to liaise with other agencies who were now coming into contact with her - she has a knack of causing chaos wherever she goes, and we had to get into the business of damage limitation! We forged good links with her GP, local day centres, a care manager in Social Services who arranged respite care for her, and various policemen who were encountering her daily! We have also had contact with Oxford City Housing Department, psychologists, detoxification units, the Night Shelter, Housing Rights and various other agencies that have been involved in her care from time to time.

We have continued to work with her over a period of three years. Sometimes she is quite

stable, during which time we maintain a low level of contact (to keep our relationship with her) but withdraw into the background as much as possible. However she is still frequently extremely chaotic - at which point we invest a lot of time and effort to address both her practical needs and also help the other agencies that also put work into her. We feel that our interventions with Erica have helped other agencies offer her a service where otherwise they would have had to shut the door. Erica now responds to crises with decreasing levels of violence and, over time, we hope she will eventually find ways of coping which both she and those around her will find more acceptable.

Sarah Johnson has recently re-joined the team to cover Angela Stannard's sabbatical leave. She has written the following report on some of her observations of Elmore work.

Returning to the Elmore Team after several years working in the statutory sector has highlighted for me some of the things that make the Elmore Team.

I was immediately aware of the differences when I saw my first client. He had an overwhelming number of problems which he presented to me all at once. He told me that he had beaten somebody up the day before and was fearful that the police would be looking for him. He had a serious drug dependence, he said that he wanted to stop but felt that no one would help him. He had tried to commit suicide two days before and had been admitted to hospital but had discharged himself. He had recently suffered a bereavement and told me that he had been sexually abused in his childhood. He had been admitted to a psychiatric hospital the previous year but had refused to have any contact with mental health services since. He was homeless. Initially this picture was frightening. I wondered how I could possibly solve all this man's problems. Suddenly I was on my own. I had no statutory guidelines to follow, I had no prescription about where to start, no forms to fill in, with set questions before I could begin talking with my client. I had no statutory role to fulfil. I did not have to follow someone else's agenda.

After my initial anxiety subsided I realised that I could work with this man in the way that he and I thought most productive. I did not have to put him into a category before I could begin and it is this which gives us the freedom to work with people who cannot be easily categorised.

To be an Elmore support worker I do not need to be a miracle worker. (I am not trained to be a miracle worker.) I have realised that many of the clients that we see would not be able to have contact with any one individual agency. They may be known by many but no individual agency is coordinating their care. Our abilities lie in the fact that we are able to work with people who do not fit into statutory care.

In many statutory agencies time with a client is limited. If they are not able to change in some way and move on then the service is no longer able to help them. In some situations there is also a consequence if a person does not change. For example, their children are removed from them, they are evicted from their accommodation, they are discharged from hospital. All these things may happen to our clients **but they are still our clients**. We do not necessarily have an expectation that they will change and accepting this has been difficult for me. Sometimes we are able to help somebody improve their situation but sometimes we can only maintain those situations and help avoid crises. *It is this ability to continue working with people even when they don't change which makes the Elmore Team different.*

COURT DIVERSION SCHEME

The Court Diversion Scheme for mentally disordered offenders which is based with the Elmore Team has been in operation for two years. During 1996 referral rates have fluctuated but this is a common theme when compared to other court based schemes nationally.

The core service has remained relatively unchanged, but since April 1996, Premier Security have replaced 'police' at the Magistrates Court; therefore the C.P.N. now goes direct to the Custody Suite at St. Aldates Police Station prior to going to court, thereby maintaining direct contact with the Custody Sergeants and continuing to have access to the custody records.

A development during 1996 has been closer links with Clarks House bail hostel. The C.P.N. now offers a direct speedy mental health assessment service to the residents. The service feels very appropriate and well used by the hostel workers. The need tends to primarily be for residents whose permanent address is not within Oxfordshire and therefore would not have been filtered by the Oxfordshire court assessment service.

The partnership between the Elmore Team, Oxfordshire and Buckinghamshire Probation Service and the Oxfordshire Mental Healthcare NHS Trust has continued, but the Home Office are withdrawing funding of the scheme. This was to be expected but future provision of the service is now uncertain from April 1997.

Further further details contact Naomi Evans on 01865 200130

ELMORE COMMUNITY SUPPORT TEAM - STATISTICAL BREAKDOWNS

It is never easy trying to decide what people want to know about the work we do. All we can really go on are the questions we are most frequently asked by visitors to the team - what kinds of problems do our clients experience? Who refers them? How many of them come from Oxford City? These kinds of questions are the basis for the next few pages of statistical analysis. Ever conscious that we could go on producing statistics for ever, we hope there is something to interest you amongst these.

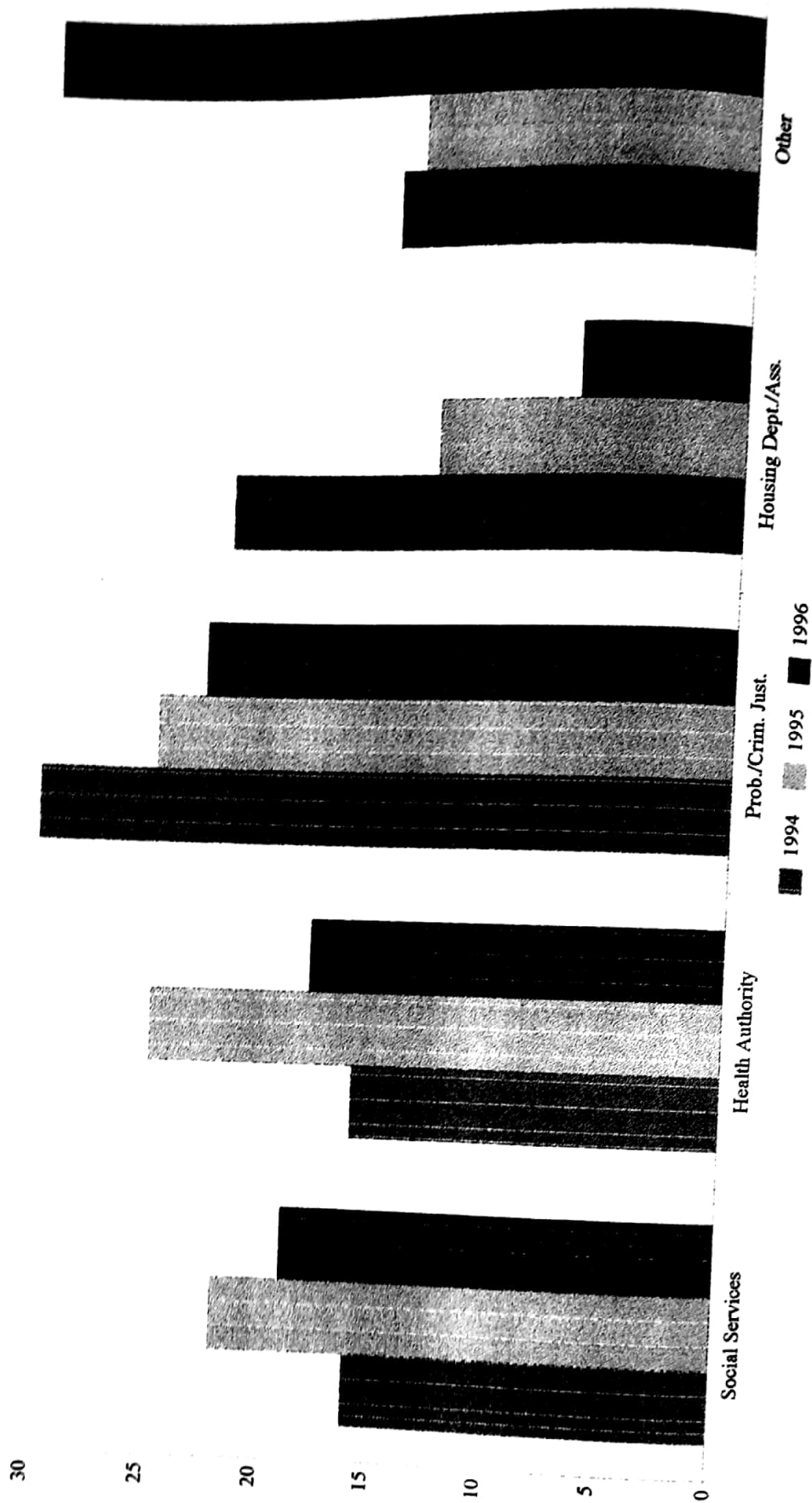
The first three graphs relate to *referrals* - an analysis of the source of referrals relating to our funders followed by a more detailed breakdown. This year, for the first time, we have also included a pie chart which shows what then happened to those referrals. You will note that, although only 37% of referrals in 1996 were taken on as clients, significant pieces of work were undertaken with many of the others.

The rest of the graphs relate to actual *clients* worked with over the year. Some of these clients were picked up during the year and the rest we were already involved with. We have tried to give you an idea of the kinds of problems experienced by our clients in graph 4 - adding a "self harm" category for the first time, a significant problem amongst our client group. We have also tried to show what we mean by "mental health problem" in graph 5, demonstrating the range of diagnoses from serious mental illnesses to personality disorder.

Other new graphs this year include a chart showing the different sorts of accommodation our clients live in, and a chart which gives a breakdown of the support workers' tasks during a typical week.

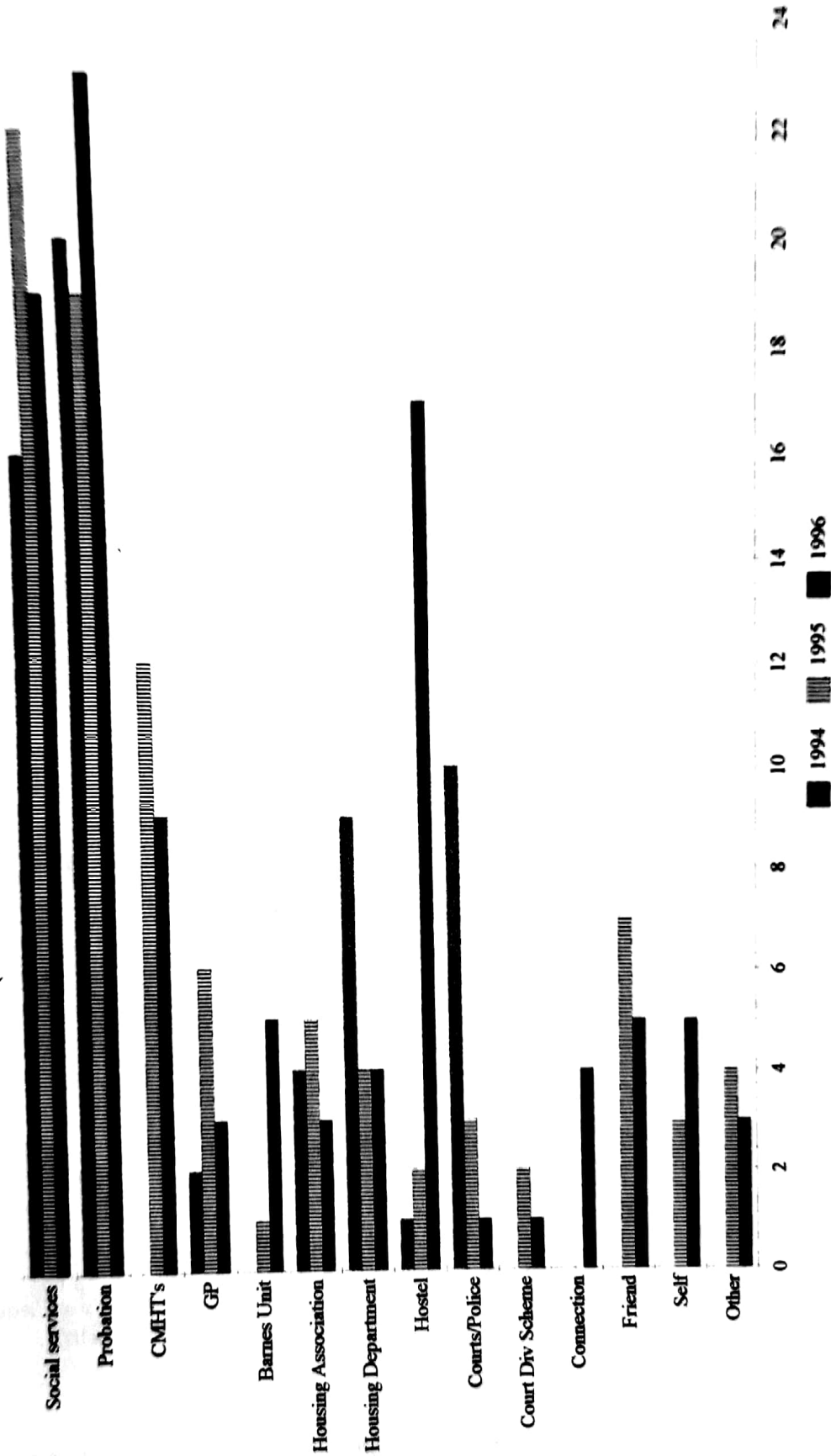
We hope you can make some sense of all these facts and figures - but please remember that we are very happy to discuss any aspect of our work if you need any further clarification!

SOURCES OF REFERRALS IN 1994, 1995 AND 1996 Graph 1
Total Referrals 1994 (99) 1995 (99) 1996 (102)



SOURCES OF REFERRALS - Detailed Breakdown Graph 2

(Total number of referrals in 1994 (99) 1995 (99) 1996 (102))



INTERVENTIONS WITH REFERRALS 1996 Graph 3

Total 102

KEY:

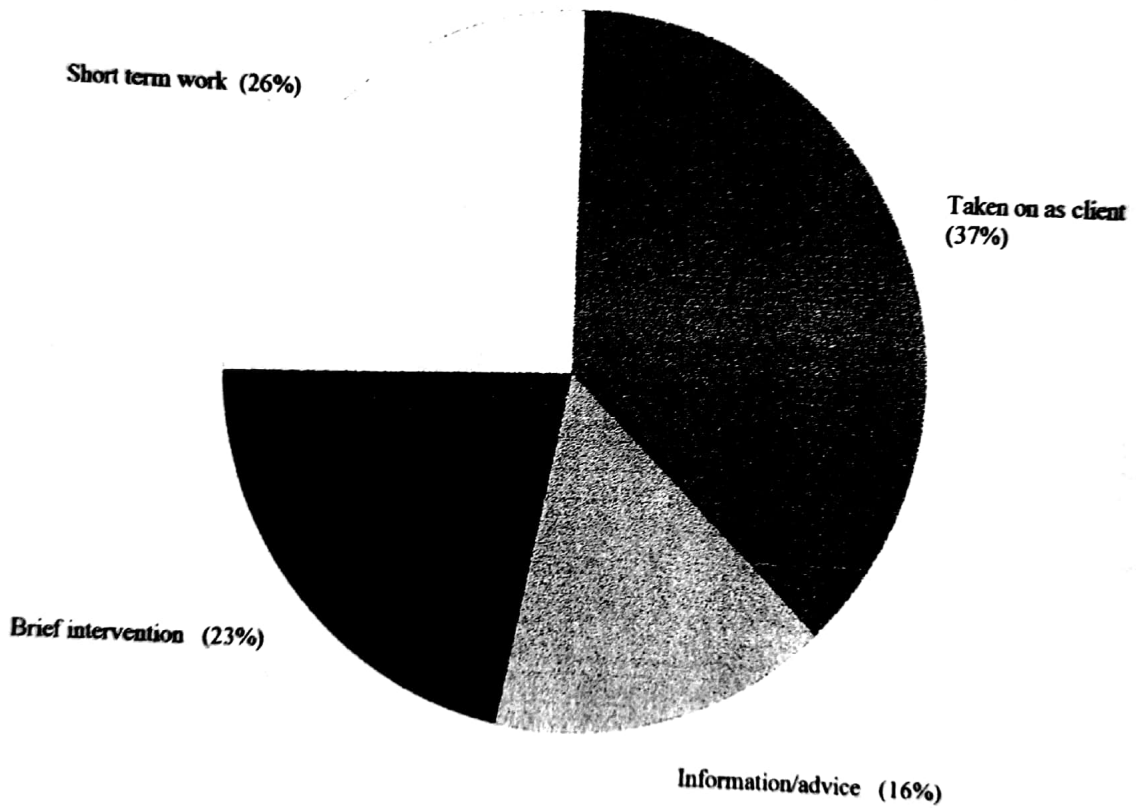
Taken on as client

Referral accepted and long term work embarked upon.

Short Term Work

Several contacts made with person referred and with other agencies. Contact ceased because

- a) person left town
- b) person satisfactorily 'plugged' into other agency (or agencies).
- c) person not seen as appropriate client for Elmore after closer investigation.



Brief Intervention

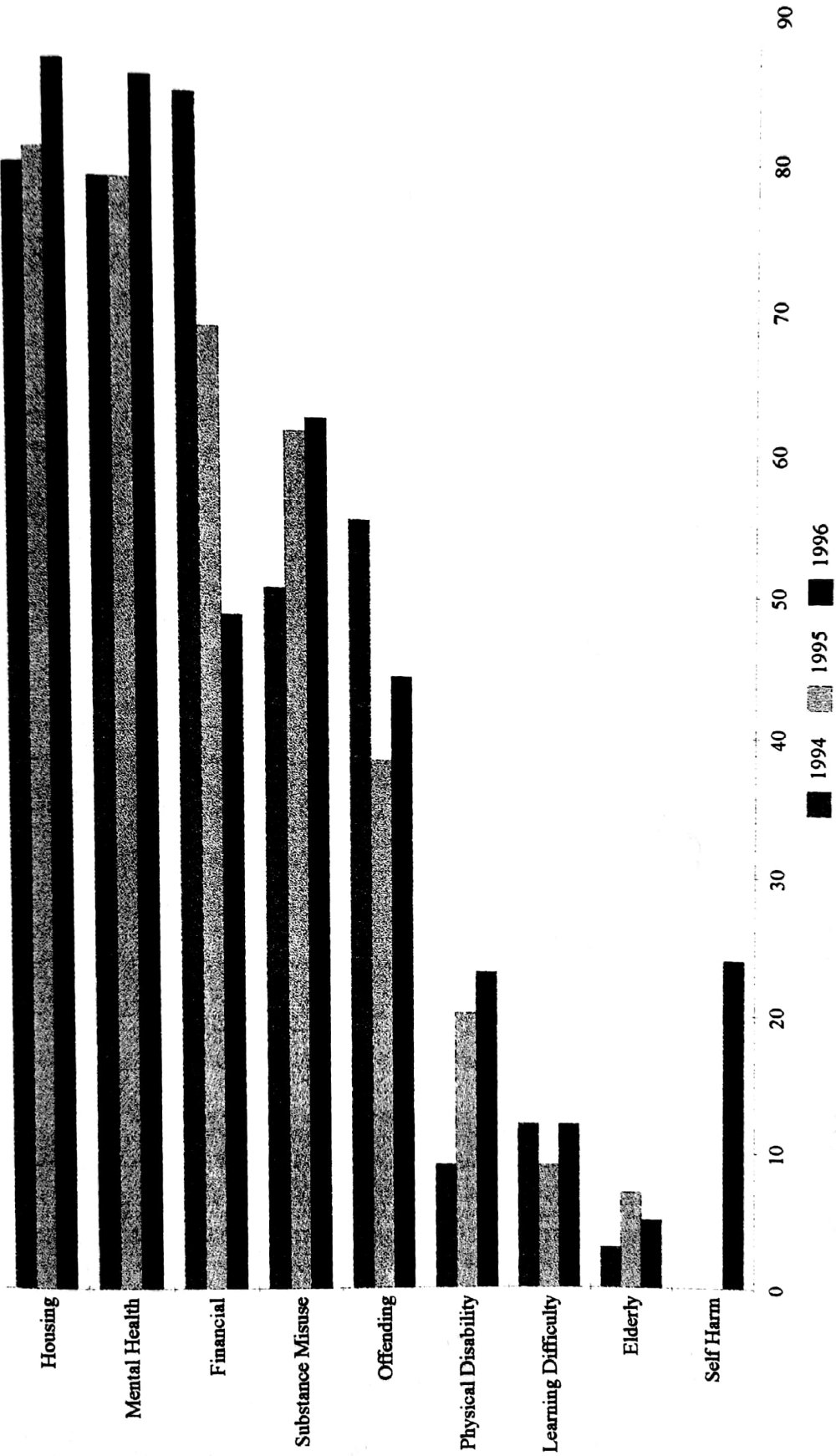
Person referred obviously not fulfilling Elmore criteria but still small amount of work required to point in the right direction or alleviate situation (e.g brief contact and phone calls).

Information/Advice

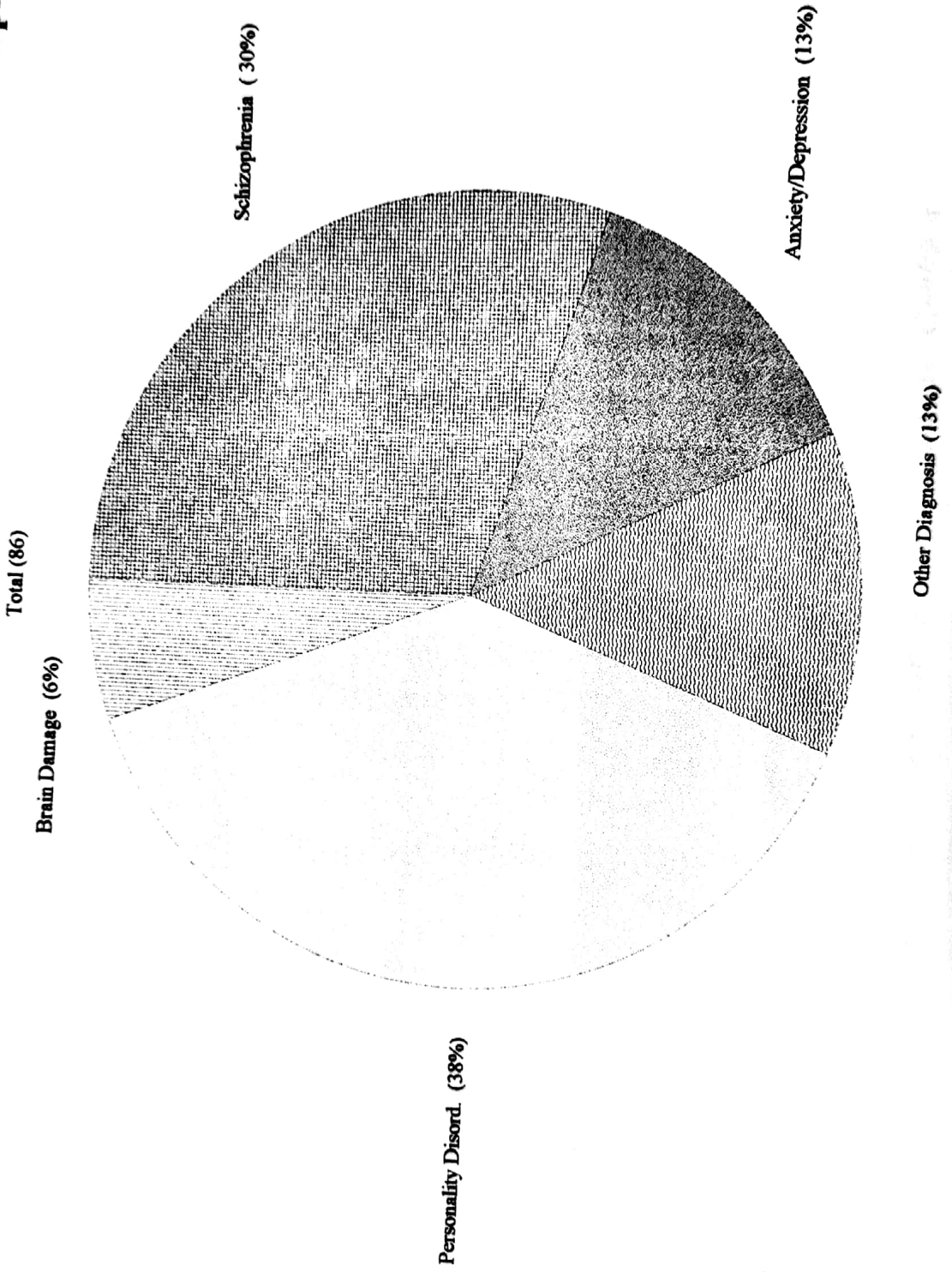
Person referred not fulfilling Elmore criteria but information/advice given as to other possible sources of help.

KNOWN CLIENT NEEDS IN 1994,1995,1996 Graph 4

(Total number of clients in 1994 (89) 1995 (96) and 1996 (94))

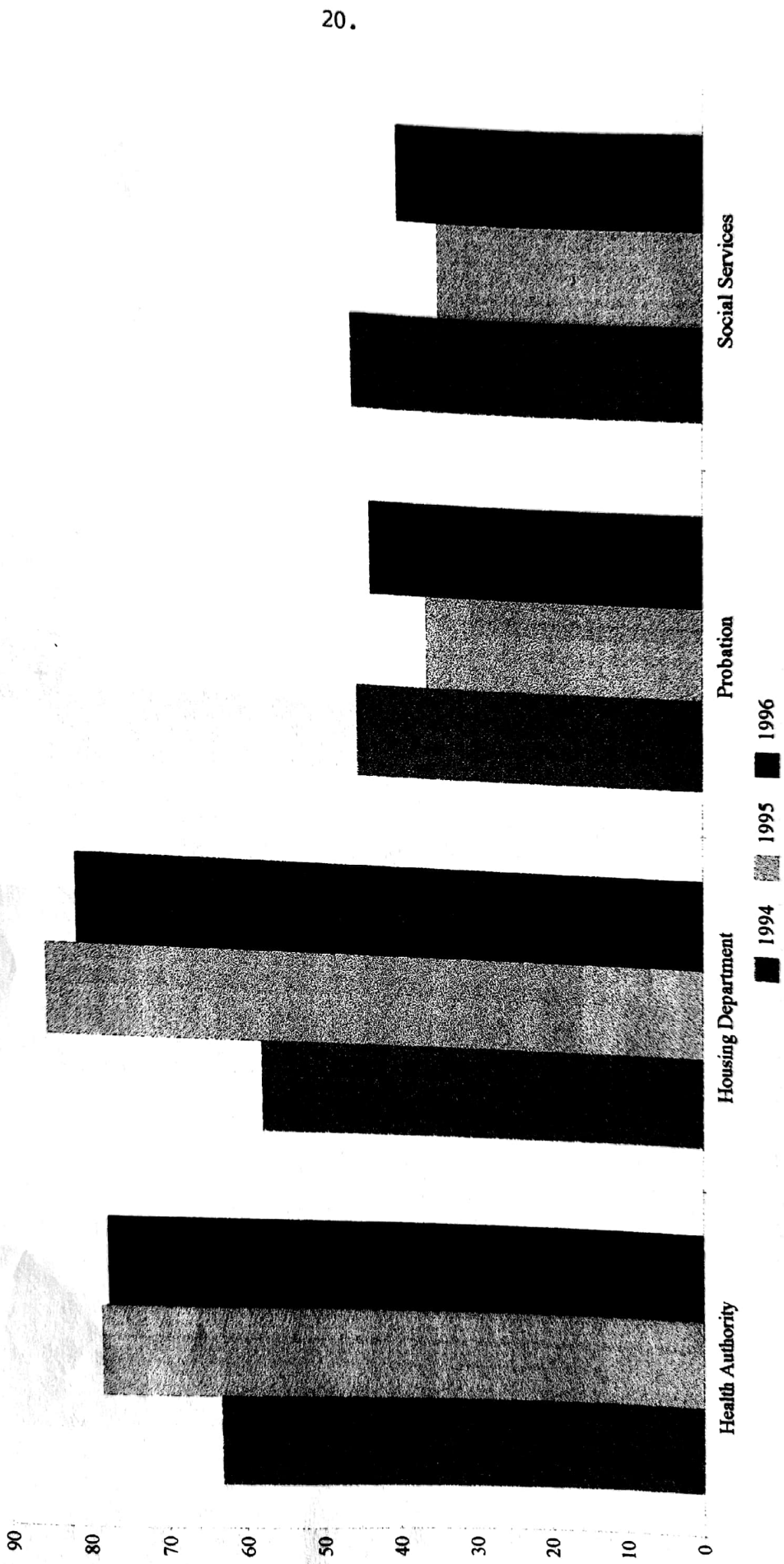


BREAKDOWN OF CLIENT MENTAL HEALTH PROBLEMS Graph 5



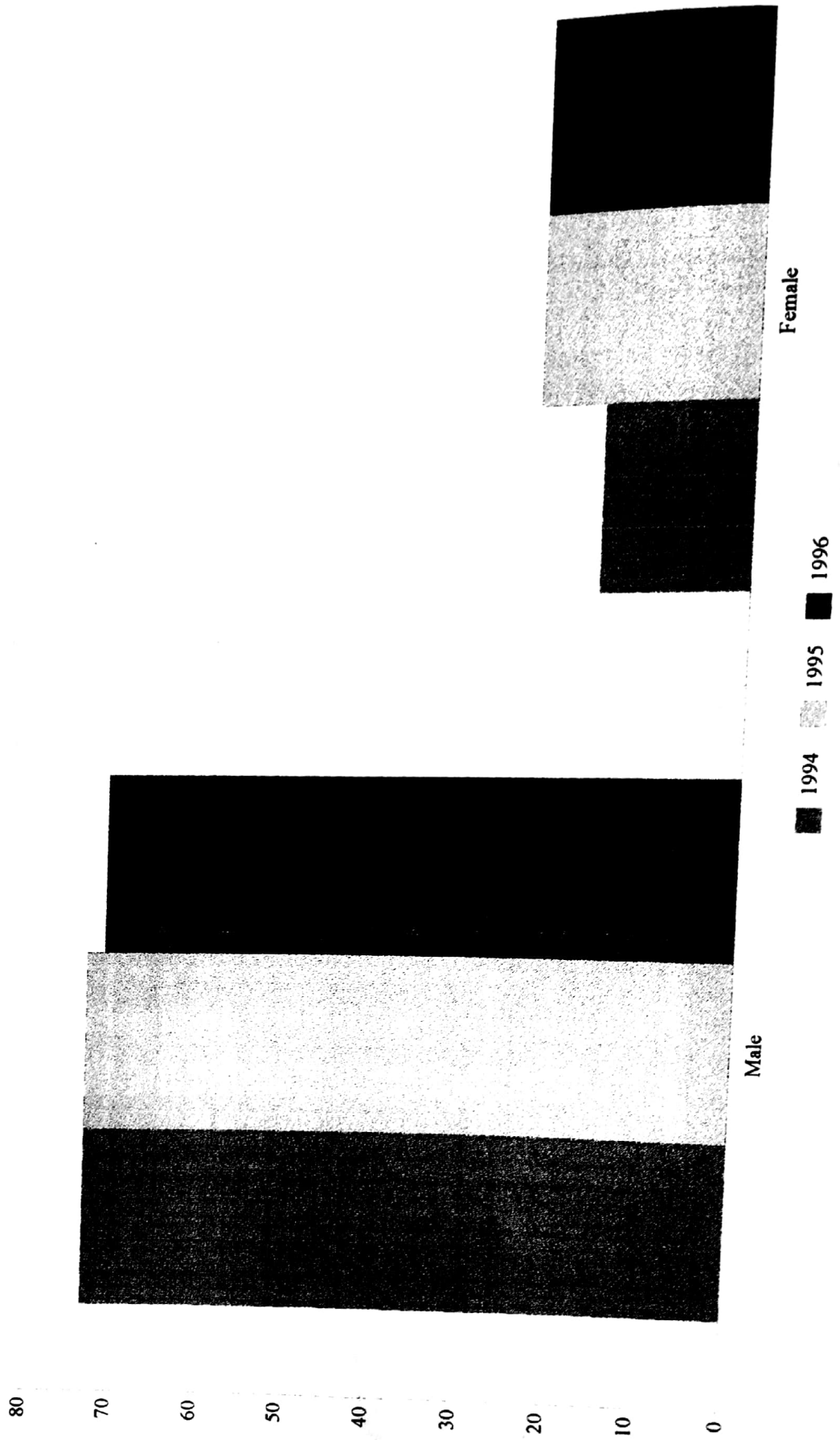
KNOWN MAJOR CONTACT BETWEEN CLIENT & AGENCY IN 1994,1995,1996 Graph 6

(Total number of clients in 1994 (89) 1995 (96) 1996 (94))



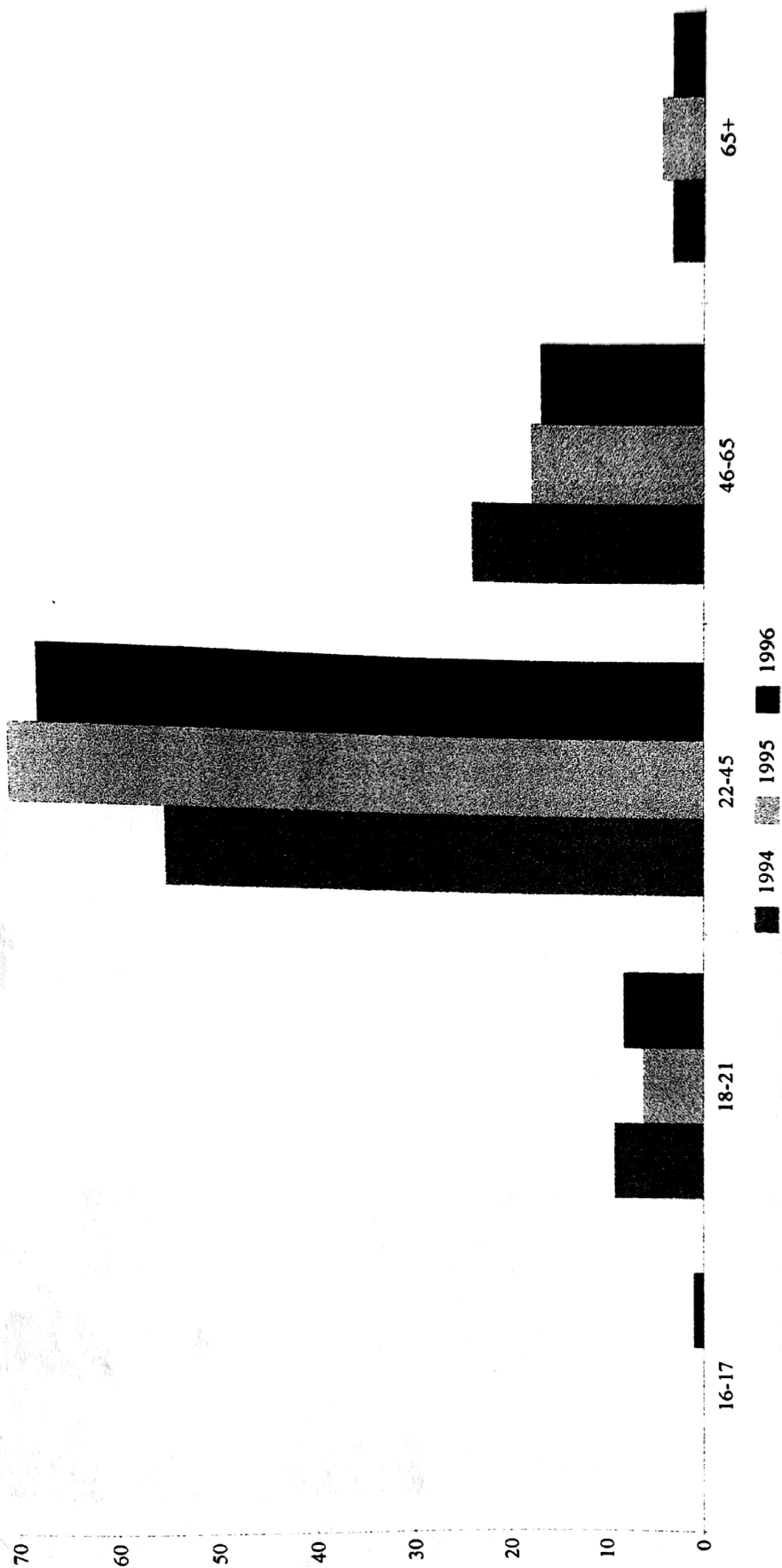
GENDER OF CLIENTS IN 1994 1995 AND 1996 Graph 7

(Total number of client in 1994 (89) 1995 (96) 1996 (94))



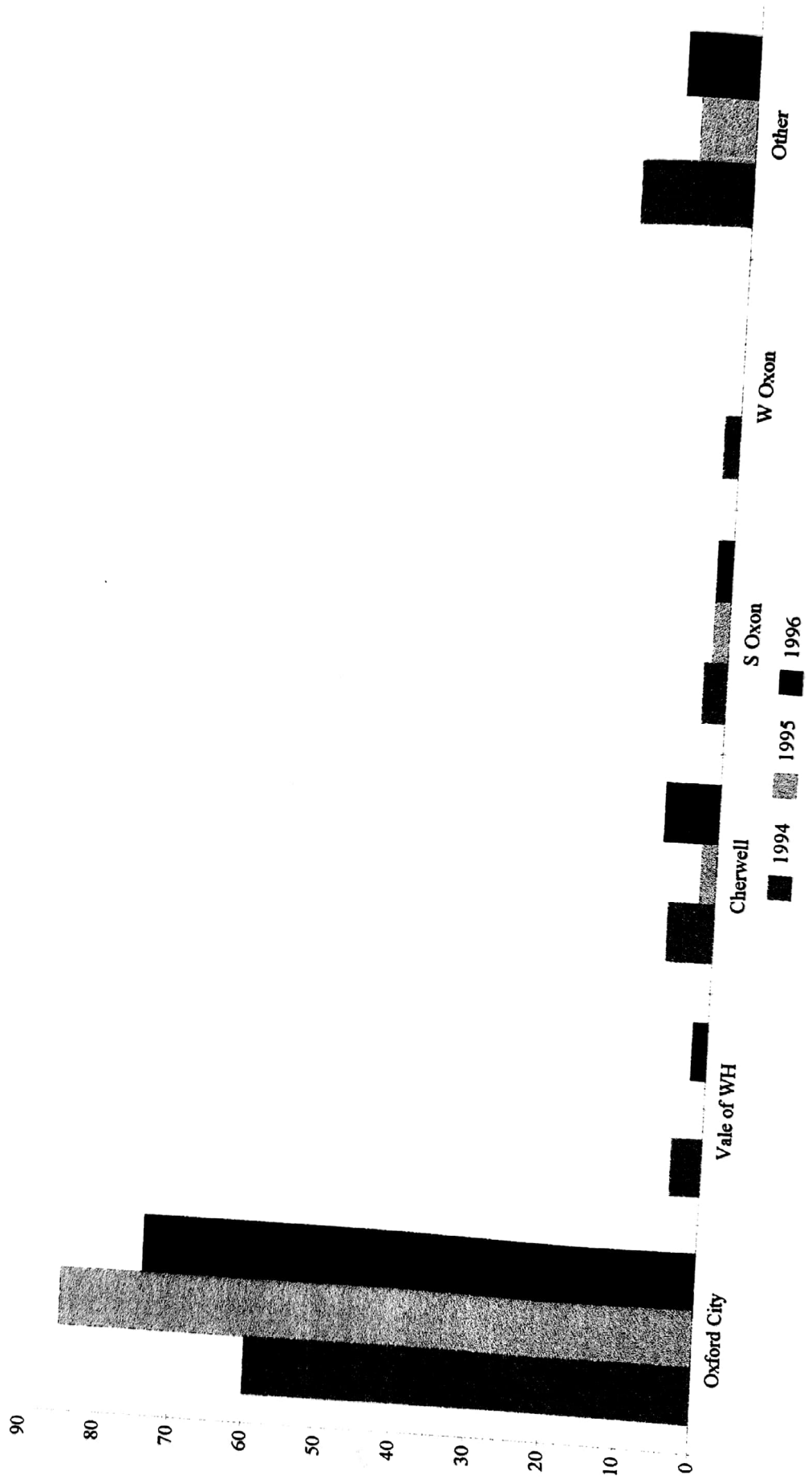
AGE DISTRIBUTION OF CLIENTS IN 1994, 1995 AND 1996 Graph 8

(Total number of clients in 1994 (89) 1995 (96) 1996 (94))



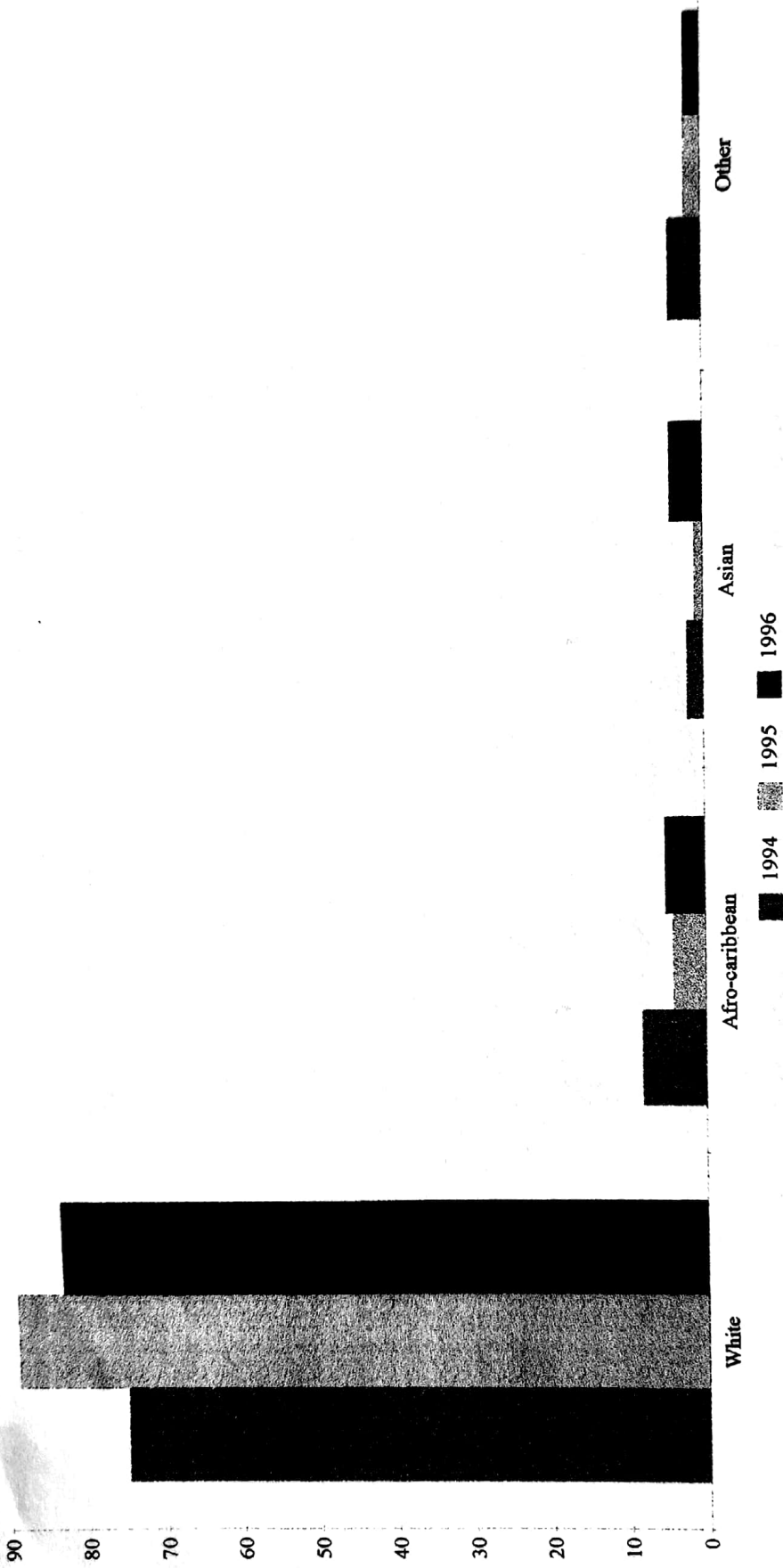
DISTRICT OF ORIGIN OF CLIENTS IN 1994 1995 AND 1996 Graph 9

(Total number of clients in 1994 (89) 1995 (96) 1996 (94))



ETHNIC ORIGIN OF CLIENTS IN 1994 1995 AND 1996 Graph 10

(Total number of clients in 1994 (89) 1995 (96) 1996 (94))



CLIENT ACCOMMODATION 1996 (94) Graph 11

Living with Family (3%)

Private Accom. (10%)

Council Flat (27%)

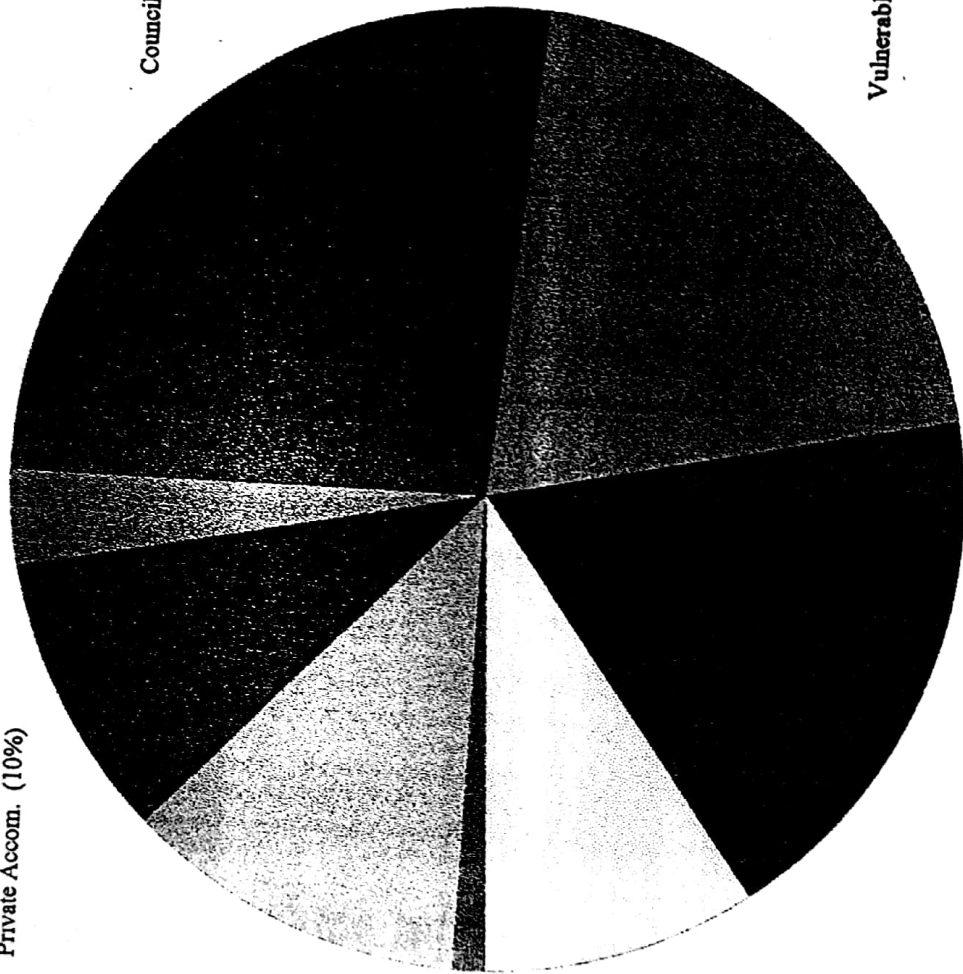
Vulnerable Homeless (20%)

N.F.A. (12%)

Owner Occupier (1%)

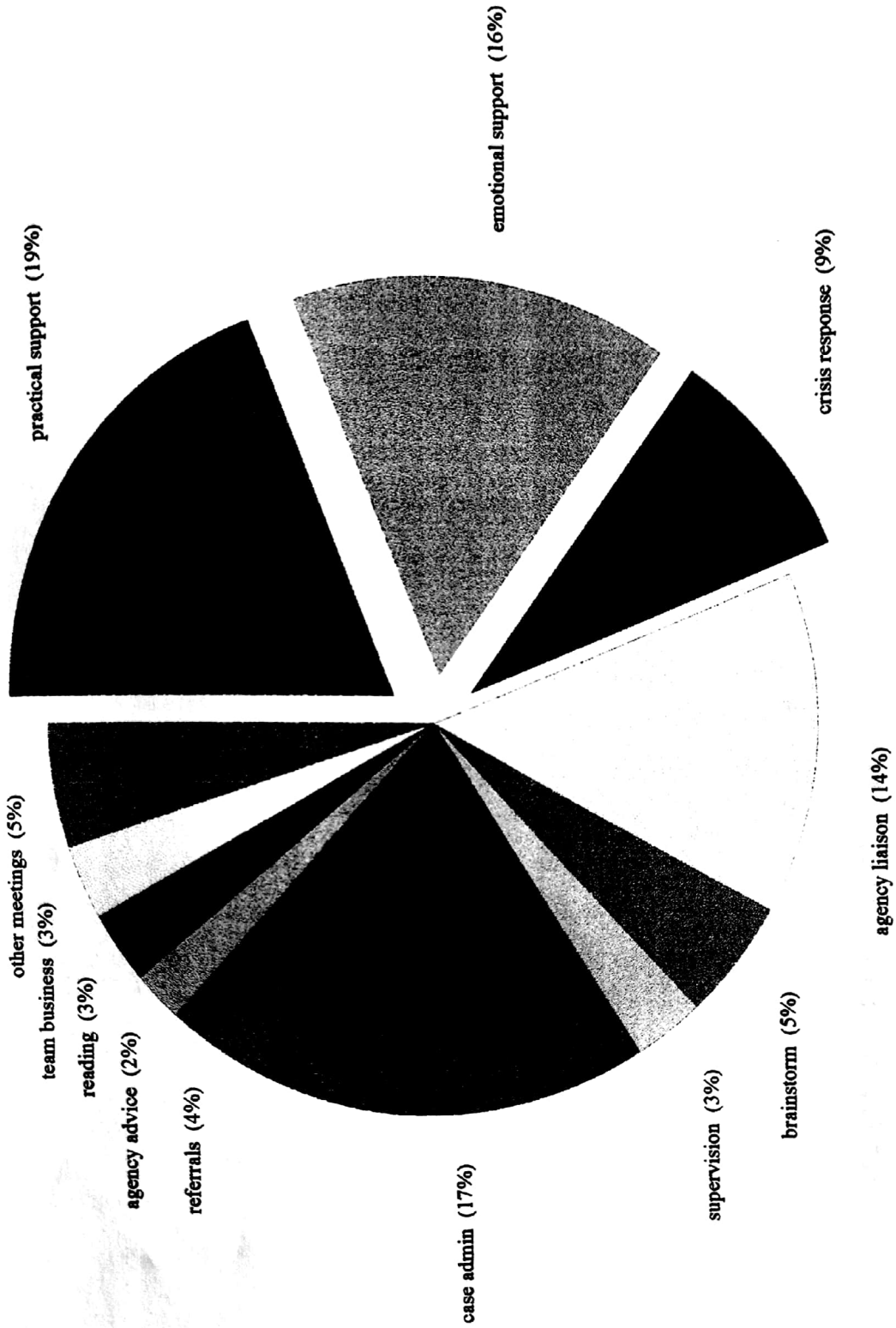
Hostel (9%)

Housing Assoc. (18%)



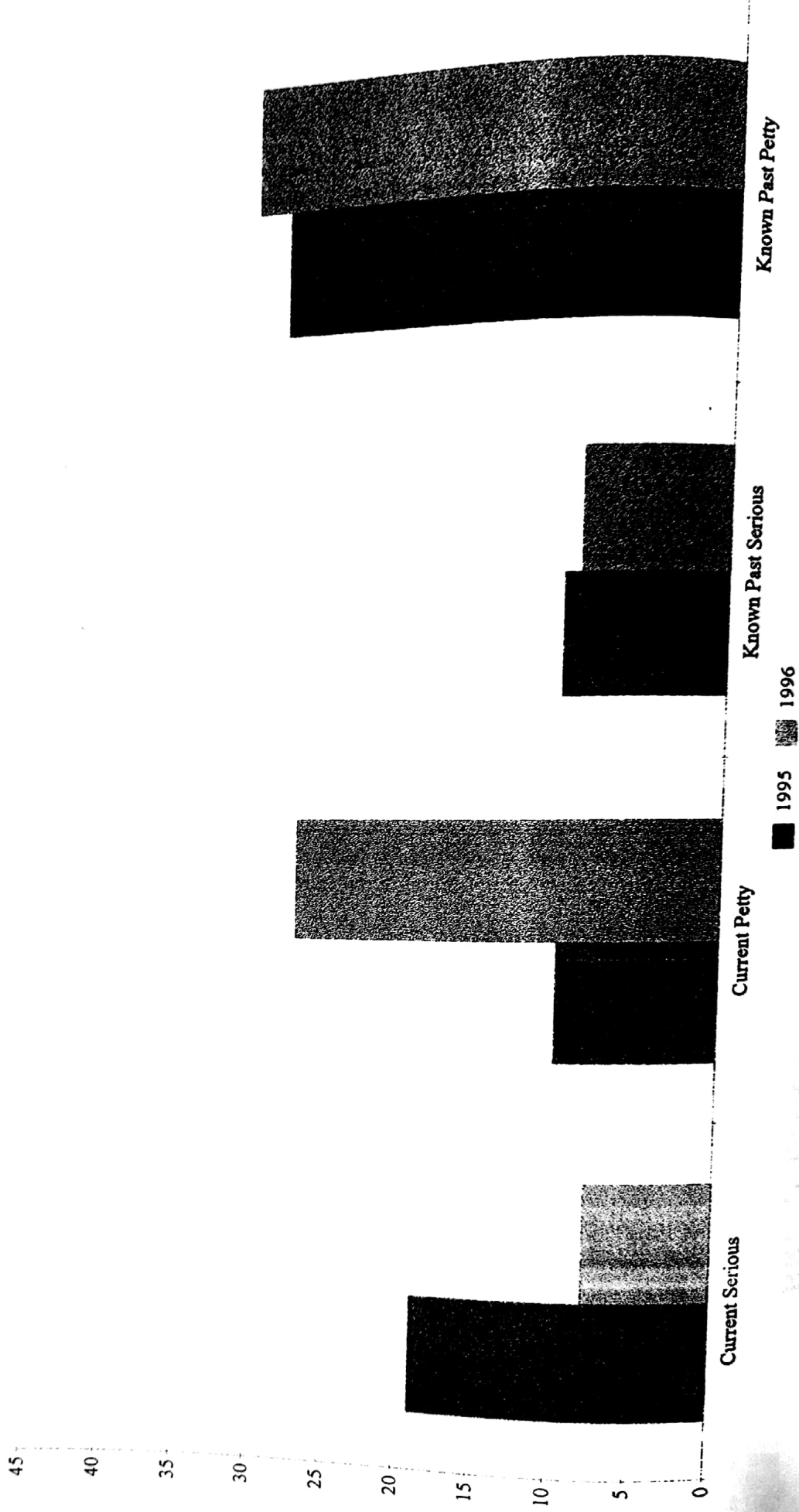
BREAKDOWN OF SUPPORT WORKERS TASKS Graph 12

Time Sample Analysis of Random Week August 1996



KNOWN OFFENDING HISTORY IN 1995 AND 1996 Graph 13

Elmore Clients - 1995 (99) 1996 (94)



ELMORE COMMITTEE - ACCOUNTS FOR THE YEAR ENDED 31 MARCH 1996INCOME AND EXPENDITURE

INCOME

	£	£
Community Support Team Grants	NOTE 2	111471.00
Donations	NOTE 3	1384.00
Bank Interest		2030.27
Other miscellaneous income		<u>18.67</u>
		114903.94

EXPENDITURE

Community Support Team	NOTE 2	111808.19	
Support for J.McLeavy farewell		240.95	
Audit Fees		500.00	
Accountancy Fees		100.00	
Legal advice (Newby Inquiry)		<u>4109.18</u>	<u>116758.32</u>

DEFICIT FOR THE YEAR 1854.38

BALANCE SHEET AS AT THE 31 MARCH 1996

CURRENT ASSETS

Cash at Bank	NOTE 4	33246.22
Cash in Hand		40.00
Sundry Debtors	NOTE 5	<u>8589.25</u>
		41875.47

Less: CURRENT LIABILITIES

Sundry Creditors and Receipts in Advance	NOTE 6	<u>10222.27</u>
		<u>31653.20</u>

Represented by:

ACCUMULATED FUND

Balance at Commencement of Year	27187.74	
Deficit for Year	<u>(1854.38)</u>	25333.36

COMMUNITY SUPPORT TEAM WELFARE FUND

Balance at Commencement of Year	613.27	
Receipts	417.00	
less expenditure	<u>(373.70)</u>	656.57

FURNITURE FUND

Balance at commencement of year	6089.05	
Receipts	5096.87	
less expenditure	<u>(5522.65)</u>	<u>5663.27</u>
		<u>£31653.20</u>

ELMORE COMMITTEE - ACCOUNTS FOR YEAR ENDED 31 MARCH 1996

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 1996 is as follows:

STAFF

Project Leader and Social Work Staff	53253.94
Action Research Worker	5959.41
Health Authority Secondment	23000.00
Secretarial Support	<u>7846.87</u>
	90060.22

OTHER RUNNING COSTS

Office Accommodation Charge	10500.00
Telephones	2339.15
Stationery, Printing & Office Expenses	1557.79
Computer Equipment & Supplies	1846.92
Travel and Subsistence	626.50
Public Liability/Employers Insurance	1259.71
Postage, Books and Publications	777.16
Bookkeeping and Payroll Services	2280.00
Staff training & Conferences	371.00
Seminar - Green College	91.18
Miscellaneous Expenses	<u>98.56</u>
	<u>£111808.19</u>

Income for year ended 31 March 1996 is as follows:

Oxfordshire District Health Authority Grant	30518.00
Oxfordshire County Council Grant	35195.00
Oxford City Council Grant	8830.00
Action Research Worker Grant	6805.00
Oxfordshire Probation Service	27577.00
Central Council for Education and Training in Social Work - Fees	306.00
Computer contributions	500.00
Vale of White Horse, Cherwell and South Oxfordshire District Council Grants	<u>1740.00</u>
	<u>£111471.00</u>

NOTE 3 - Donations

St Michael's and All Saints Charities	750.00
Homeless Action	100.00
Oxford Friends Action on Poverty	100.00
Oxford Night Shelter	424.00
Other	<u>10.00</u>
	<u>£1384.00</u>

NOTE 4 Cash at Bank

Current Account	2662.23
Business Premium Account	11259.14
Higher Interest Account	<u>19324.85</u>
	<u>£33246.22</u>

NOTE 5 - Sundry Debtors

Oxfordshire Probation service	6894.25
Other	<u>1695.00</u>
	<u>£ 8589.25</u>

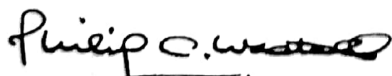
NOTE 6 - Sundry Creditors & Receipts in Advance

Trade Creditors	10222.27
Inland Revenue - PAYE/NI	—
Receipts in Advance and Prepayments	—
	<u>£ 10222.27</u>

AUDITOR'S REPORT TO THE ELMORE COMMITTEE

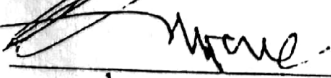
I have audited the financial statements on pages 1 to 3 in accordance with approved Auditing Standards.

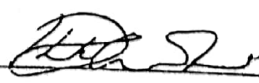
In my opinion the financial statements, which have been prepared under the historic cost convention, give a true and fair view of the state of affairs of the Elmore Committee as at the 31 March 1996 and of the deficit for the year ended on that date.



Philip C Westell FCA
Registered Auditor

SIGNED ON BEHALF OF THE ELMORE COMMITTEE

 Chairman

 Secretary

treasacc.twp

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