
Elmore Committee
ANNUAL REPORT 1997

23 Park End Street
OXFORD
OX1 1HU

Charity No. 257247

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ELMORE COMMITTEE MEMBERS 1997

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 (until March 97)

Co-opted Members:

Mr Rob George	Oxfordshire Probation Service (until March 97)
Councillor Dr David Elwell	Oxford City Council
Inspector Simon Pont	Thames Valley Police
Jonathan Horbury	Oxfordshire Health Authority
Nick Welch	Oxfordshire Social Services
Colin Roberts	Barnett House

Elmore Community Support Team Steering Committee Members 1997:

Dr D W Millard	Chairman
Mrs K Morris	Oxfordshire Probation Service (until September 97)
Annabel Wilkes	Cherwell Housing Association (until May 97)
Dr P Agulnik	Consultant Psychiatrist
Mrs D Wilson	Formerly Oxfordshire Social Services (until May 97)
Mr B Phillips	Treasurer, Elmore Committee
Jane Carlton-Smith	J.P.
Dr T Dalkin	Consultant Psychiatrist (until July 97)
Dr Chris Kenyon	G.P. (from September 97)

Elmore Community Support Team Members:

Lesley Dewhurst	Co-ordinator	(0.6 wte)
Jane Edgington	Support Worker	(1 wte) until 4/97
Angela Stannard	Support Worker	(1 wte)
Melanie Swinburne	Support Worker	(1 wte)
Naomi Evans	Support Worker	(1 wte) from 6/97
Sarah Johnson	Support Worker	(1 wte)
Simon McGurk	Support Worker	(1 wte) from 9/97
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:**

Oxfordshire Social Services

Oxfordshire Mental Healthcare NHS Trust

Oxfordshire Probation Service

Oxford City Council

Oxfordshire Health Authority

Mental Illness Specific Grant, Homeless Mentally Ill Initiative

Department of Environment Rough Sleepers Initiative

Cherwell District Council

South Oxfordshire District Council

West Oxford District Council

Vale of White Horse District Council

Stanton Ballard Trust

Oxfordshire University Homeless Action

Oxford Friends Action on Poverty

St Michael's 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 for the services of the Elmore Team.

ELMORE COMMITTEE - 1997 ANNUAL REPORT

Welcome to the 1997 Annual Report of the Elmore Committee.

The sole project of the Elmore Committee, currently, is the **Elmore Community Support Team**, and this will be the main focus of this report. We will endeavour to give you an update of current work with the team, **including our new work providing an outreach service to rough sleepers**. This work has been incorporated into the main work of the team which means that all support workers still have identical job descriptions, but spend a proportion of their time out on the streets with rough sleepers, as well as carrying a basic client load. This has meant that we now have expanded the team from three support workers to five. *More of that later in this report.*

So, just what does the Elmore Team *do*?

We offer community support to difficult to place people, with chronic multiple problems. Our clients do not easily fit into existing provisions and are not seen as the clear responsibility of any one agency. This will usually mean that they have a *combination* of the following problems:

- ◇ mental health problem (including personality disorders)
- ◇ learning difficulty (generally borderline)
- ◇ offending
- ◇ substance misuse
- ◇ accommodation problems
- ◇ repeated self harm
- ◇ chaotic/bizarre behaviour

We also provide an outreach service to people sleeping rough. Our aim is to help them to tackle entrenched problems which have previously blocked their route to stable accommodation. This involves active outreach on the streets, though specific referrals are also welcome. Some people we find on the streets fit our criteria of "difficult to place", just as some of the people who are referred to us by other agencies may also be sleeping rough. Either way, we endeavour to offer practical, needs-led and emotional support - lateral thinking to try to get around obstacles.

This work might involve:

- re-engaging individuals with more appropriate services
- practical help with benefits, accommodation or other similar problems
- advocacy (for example, with court appearances)
- the continuity of a good, trusting relationship
- liaising with other professionals involved - for example a social worker or psychiatric nurse

We also endeavour to be as involved as possible in all aspects of the network of agencies that make up the provision for our clients in Oxford city. *Our clients depend on these agencies - and we feel that we have a clear role in encouraging and maintaining inter-agency liaison, without which our work would not be able to flourish.*

We hope you enjoy reading this report, but if you feel that you need any further information, or simply want to talk through a referral or particular client

please phone 01865 200130

CHAIR'S REPORT

It is hard to believe that the Elmore Committee has been in existence for some thirty years and that the original aims concerning the rehabilitation of ex-offenders have no less relevance today than they did at its inception. In fact it might be argued that the scale of the problems encountered then was modest compared with those being experienced currently. The prison population is substantially larger despite non-custodial sentencing; the incidence of homelessness, especially of young people, is much higher and the number of those seeking help with mental health problems remains substantial.

The original work of the Elmore Committee was concerned with providing a boarding house for ex-offenders, helping to find employment for residents and offering them general support. This work was eventually hived off and still continues under a separate and autonomous committee in association with the Stonham Housing Association. The current work of the Committee is managing the Elmore Community Support Team which provides a highly regarded professional service working both with individuals experiencing difficulty and the network of statutory and voluntary agencies.

The Team is led by Lesley Dewhurst who was appointed Co-ordinator, following a widespread review both of the functions of the Co-ordinator and the structure and practice of the Team. While this review was undertaken she was the Acting Co-ordinator, and the Committee was delighted when she agreed to become the new Co-ordinator. She, and her colleagues bring an enormous amount of professionalism and dedication to the work and, given the stressful nature of their duties and the fact that as a small organisation we can offer little prospects of promotion, we regard ourselves as being highly privileged to have such colleagues.

Supporting the Team is the Steering Committee chaired by Dr David Millard. This Committee offers advice, support and help with the evaluation of the work undertaken. From a glance at the composition of members of this Steering Committee it will be seen that they have the highest professional qualifications and experience which they give on a voluntary basis. It is no sinecure and the fact that they do serve is an indication of the regard they have for the work of the Community Support Team. They are thanked for their major contribution to this work.

As usual, on behalf of the Elmore Committee, I thank the many statutory and voluntary agencies with whom we cooperate. The fact that the thanks are repeated each year in no way belies their genuineness. The work could not go on without their support, and I do not mean just financial support, important though it is, but through the keen interest and enthusiasm both formally and informally displayed towards the activities of the Community Support Team.

This report offers an account of the various activities undertaken by several members of the Team. I believe it shows that the Elmore Community Support Team is an extremely cost-effective unit with a well deserved reputation for competence. I commend the Report to you.

Robert Elmore - Chair

Elmore Community Support Team
CO-ORDINATOR'S REPORT

The Elmore Team had a very exciting year in 1997. There are other adjectives we could use as well - challenging, demanding, stressful.....the root cause of all of this being **CHANGE!**

Rough Sleepers

The main feature of the year was our *expansion* from three support workers to five, and the addition of new work, providing an *outreach service to rough sleepers*. We chose to spread this new work throughout the team, incorporating it into our core work with difficult to place people. Support workers now not only carry an individual case load, but also work out on the streets meeting rough sleepers and trying to unravel the complex problems that have led to their situation. This means that we no longer just rely on referrals from other agencies for clients but also actively go out and find them! Team members have been trying out different working styles and developing new ways of working. *There is a more detailed account of this later in this report.*

Staff Changes

The team's expansion enabled us to hold on to *Sarah Johnson* when *Angela Stannard* returned from her travels in India. We were also delighted to recruit *Simon McGurk* in August to bring us up to our full complement of five support workers. Earlier in the year we were sorry to say goodbye to *Jane Edgington* who has a new job closer to her home, but gained *Naomi Evans* who you may remember had been working for the Court Diversion Scheme as a community psychiatric nurse, based in our offices. (This scheme had met with financial difficulties at that time and has since, sadly, closed down.)

Referrals

We have seen a 40% increase in referrals to the team during the year. This seems to reflect the general trend of agencies "tightening their belts" - placing more stringent criteria on who they will work with. *The Elmore Team's vital role as Network back-stop has been proved more essential than ever before.* For a more detailed examination of referral trends, please turn to the statistics section of this report.

Interagency work

The Elmore Team continues to play an important role in the Oxford network, participating in as many interagency meetings and working parties as possible, providing training and taking students - both CPN and DipSw placements. Between team members we have been involved with: Sleepout (fundraising event for homeless people); Community Health Council (mental health working party); Temporary Day Shelter; Mental Health Awareness training; planning for Drugs and Alcohol training; interviews for DipSw students; initiatives to find dog-friendly landlords and approachable vets.

We are also included in a report by the Sainsbury Centre for Mental Health as an example of an agency who works with chaotic people with mental health problems who are generally excluded from services. We will be attending the launch of this report in the House of Lords!

We ended 1997 feeling far healthier than at the start - not only have we managed to survive the debilitating squeeze on local authority funding but have grown to take on new work - ensuring that the Elmore Team's reputation as innovative and flexible remains not only intact but enhanced. We trust we can keep it that way!

Lesley Dewhurst - Co-ordinator

SOME QUOTES FROM CLIENTS

"It took a crisis for me to get in touch with you. You are not advertised well and I didn't know about you"

"When I want to get hold of you, you aren't always there - like evenings and weekends"

"You offered me somewhere to dump my load. I was able to get my feelings out enough to deal with them. I trusted you to do this and you showed me opportunity to change"

"The Elmore Team gives me space and time"

"I've never had a cross word with you people, though you might have had one against me"

"Usually I do my own sorting and then tell you about it"

"I'll never forget what Elmore has done for me"

"Your phoning me back is not very prompt"

"The Elmore Team do not drop me if I don't go along with their suggestions"

"It's OK, I'm not going to hit you, you help me"

"You're all right if I've got a problem I suppose"

OUTREACH - OUR NEW WORK

Prior to commencing our work with Rough Sleepers in July 1997 we contacted other Rough Sleepers Initiative funded projects to find out how they worked, learn from their experience and perhaps discover “ a blue print for outreach work”. We soon realised that there was no definite answer and methods of working varied widely; from workers pacing the streets throughout the night equipped with mobile phones to ring hostels to check vacancies, to operating a drop-in centre and not setting foot on the streets at all.

We needed to get out there, build on our own experience and so develop a way of working that might best meet the needs of rough sleepers in Oxford.

Seven months later ...

Our main contact with rough sleepers has been face to face on the streets of Oxford city: the centre, St Giles, by the canal, the railway station, the Cowley Road, although we have also met people within other agencies such as the Probation Day Centre, the Gatehouse and the Luther Street surgery. We have also received referrals from agencies such as primary care teams who have come across people sleeping rough. We liaise closely with other organisations working in the same field, Salvation Army, Night Shelter, Bridge, Luther Street, Simon House to assure a coherent service.

The outreach work itself takes place during normal working hours but we also do early morning and evening sessions. We usually go out in pairs, partly for safety issues but also because it helps conversation flow and it is useful to reflect on the session as we go along. If we feel unsure we do not approach but get a physical description and discuss with the team the best way forward. We also make sure that the rest of the team know where we are by

recording what we are doing, where and when and keeping to the plan.

We do not intrude on rough sleepers' privacy by visiting them at their rough sleeping sites which tend to be tucked away but would respond to an invitation to visit them there.

We have learned the importance of introducing ourselves, the agency we are from and what we are doing - having been mistaken for CID on more than one occasion. We show an interest in the person's general well-being - warmth, food, health, benefits and of course if and why they are sleeping rough. If someone is new to town we give them a map which highlights the services available. It is essential to build on this first contact, to go slowly with no pressure in order to become trusted and accepted.

There are many reasons why people moved on to the streets in the first place and reasons which keep them there which need to be explored. (We have found a major stumbling block to accommodation is dog ownership. Often people sleeping rough have dogs for warmth, company and protection. Hostels and landlords will not accept dogs.)

If someone does not want accommodation at this point in time we can offer alternative help/support e.g. blankets, clothing, sleeping bags which helps in building a relationship. Maintaining this relationship enables us to be there if someone's wishes or circumstances change.

Working at this pace with people is now beginning to pay off. Some people who are sleeping rough are now seeking us out and coming in to the office when they need help with various problems.

Support Worker

THE WEEKLY WORKER

Monday

The week begins with a day of contrasts in the shape of two very different meetings with clients.

The first visit of the day lulls me into a rare sense of warm, self-congratulation when I spend a rewarding hour with an older client who is currently living it up in a local hospital. After a long career of street drinking and hostel living "Charlie" was admitted to the ward drunk and abusive and gravely ill. Contrary to everyone's initial worries, Charlie has now settled down to become a model patient. This took several months of careful multi-disciplinary work - obviously worth it in the end!

Carrying this precious feeling of well-being with me all morning I shower it in saintly and un-selfish ways on everyone I happen to meet until..... responding to a call from downstairs in the Probation Day Centre, I find myself and another Elmore worker in a police van accompanying a drunken, excrement covered client to a hostel who have agreed for him to use their bathroom. My day having gone a bit sour I strong arm my way into the errand running, telephoning, driving type jobs leaving my colleague holding the face cloth.

After more coming and going than Monica Lewinsky , we agree to drop our now gleaming client off right where I intend to park. After an astoundingly perfect parallel parking demo we both lose our rags when he asks to be dropped off a further 100 yards down the street. On the way home I wonder if my motivation comes from rewarding experiences such as the first appointment or the chaos and turmoil of the whole caboodle!?

Tuesday

A morning of outreaching to rough sleepers turns out to be a pleasant if not very productive contrast to the stresses of yesterday afternoon. No new contacts were made on the streets but a couple of useful chats with existing ones maintain increasingly supportive relationships.

The ability to be flexible on outreach and the realisation that often sessions can be very quiet as well as busy is something we have learnt as a team. A quieter session is not a "flop" in any sense but can often provide opportunities for more in-depth conversations with those people that are about.

Concern is voiced over a recent edition of "The Force" which included covert filming of Cowley Park which many feel was intrusive and stigmatising. Like any libertarian, East Oxford lefty worth their (low sodium) sea salt, I can see their point, but then is also occurs to me that you can't get much more intrusive than "shooting up" in the middle of Cowley Road!

Wednesday

I have only one client booked in this morning as I have notes to catch up on, letters to write etc. before the team meeting this afternoon.

When she arrives "Jane" appears confident and together, no hesitation in her voice or actions and very clear about what her needs are. However, after 5 minutes have passed a more vulnerable and nervous person begins to emerge who is very worried about her escalating self-harm. After working for 3 months with Jane around housing and supporting her in leaving an abusive situation, her decision to disclose about her self-harm is a new theme which slightly alters the nature of our relationship.

I am happy though that the trust built up over time and through practical support now means she is able to ask for help on a deeper, more personal level.

Thursday

Whilst I'm sure most clients don't enjoy crises, I do! I enjoy picking out the issues from the seeming chaos, prioritising, deciding with the client who will do what etc. I also enjoy the immediacy of that person's need and feeling satisfied that we have pursued all available options afterwards.

One such crisis welcomes me into the office in the shape of a client who has been evicted from his council accommodation because of his dog. "Robert" is understandably very emotional and almost manic with racing speech. As a result it proves difficult to build a picture of what has happened but gradually it becomes more clear.

"Robert" decides reluctantly he must give up his dog - a very hard decision, but as this will take him at least a couple of days he needs to find somewhere to stay in the meantime. So after a lot of calls he finds somewhere to stay and the rest of the morning is spent ferrying his belongings around Oxford.

Back for lunch and the Luther Street meeting and then to court responding to a call from Probation about a man acting "bizarrely" who has been breached. After meeting him with another Elmore worker and lots of telephone calls reveal a picture of an intelligent, manipulative man with a psychopathic personality disorder. I feel frustrated at the lack of appropriate hostel provision for more risky clients whether involved in the criminal justice system or not. It seems that although risk assessment sometimes serves workers very well, it also widens the gaps in the net for those who are the other side of safe to fall through.

Friday

Around noon and the Rough Sleepers Information Share meeting - attended by outreach and re-settlement workers in Oxford, complete with bars of chocolate, flasks of coffee, blankets and person sized butterfly nets - identifies several rough sleepers causing concern for various reasons. All in time for the Elmore Outreach posse to do their damndest on the genteel streets of Oxford.

In what becomes a rather hectic session, two new contacts are made, older relationships kept up, housing forms are filled in and other agencies contacted. All to the slurp of coffee and crunch of chocolate.

The postman may only ring twice but an Elmore worker goes on and on and so after many futile attempts, I finally manage to meet up with "Julie" who was initially referred two months ago. To persevere for so long trying to make contact with a client with little or no response from them may seem intrusive. However I feel that in this case (and some others) it is justified as clients may not be aware of how different from most statutory services we are.

Meeting with "Julie" (at a renowned greasy spoon cum drop-in on Cowley Road) I feel the persistence has paid off as there are plenty of areas we can offer her support around. Could this be the beginning of a beautiful relationship?

Eventually I shuffle into the arms of the nearest non-student friendly publican (as if) for a small sherry and smoke, disconsolate at the ending of one more mind-expanding week with the Elmore Team.

Simon McGurk - Support Worker

Introduction to Monitoring Data

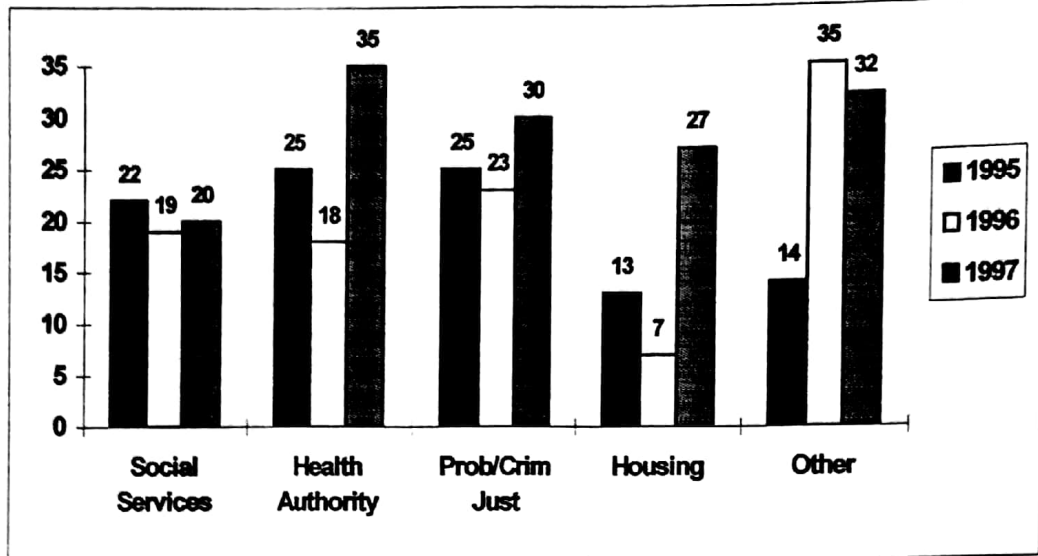
What the Elmore team got up to in 1997!

Some people love to wade through statistical information - others find their minds go blank when faced with a page of facts and figures. Whichever category you fit into there is no escaping the fact that number crunching is here to stay - no-one is impressed by guesstimates, and graphs really can help show the "who, why, what, when and where" of our work. This next section is dedicated to this kind of breakdown. Along with each graph we have added some textual explanation.

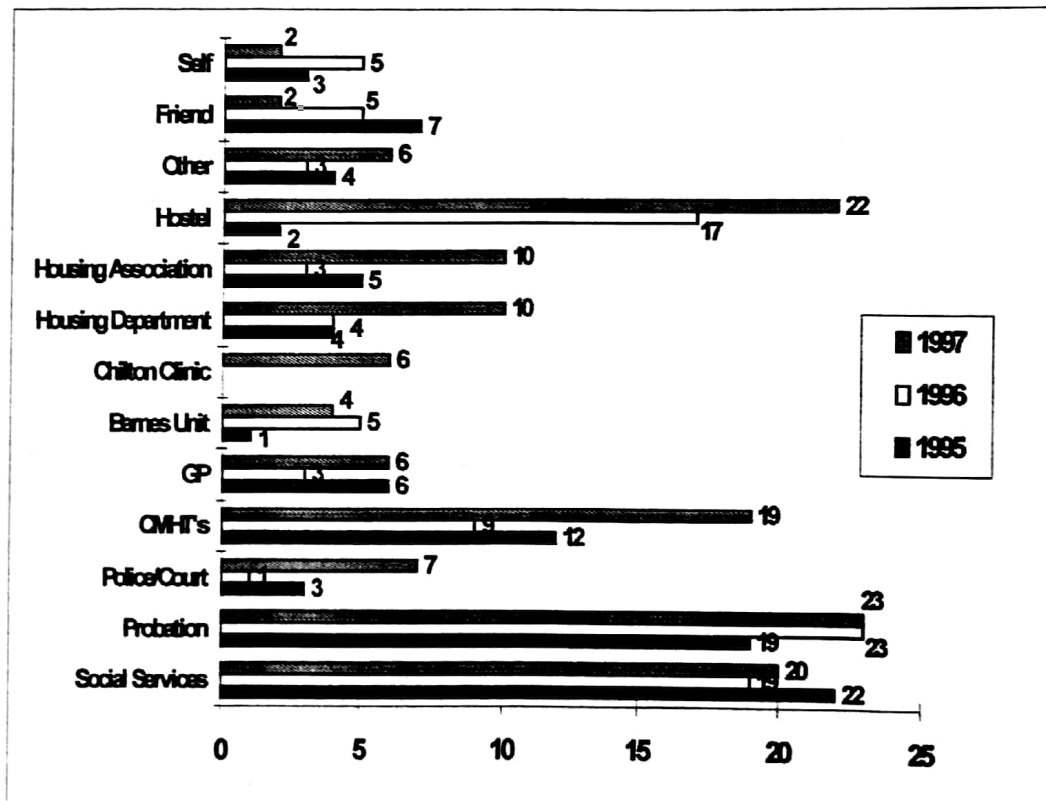
We have not included any specific statistics concerning our new work with rough sleepers since our outreach work only began comparatively recently. Information about this new work is detailed elsewhere in this report.

Sources of Referrals

We have produced two graphs relating to sources of referrals - one showing a breakdown of referrals into broad categories which relate to our funders. The second graph - perhaps more usefully - shows where referrals come from in more detail.



Graph 1 - Source of Referrals in 1995, 1996 and 1997
(Total referrals 1995 - 99; 1996 - 102; 1997 - 144)

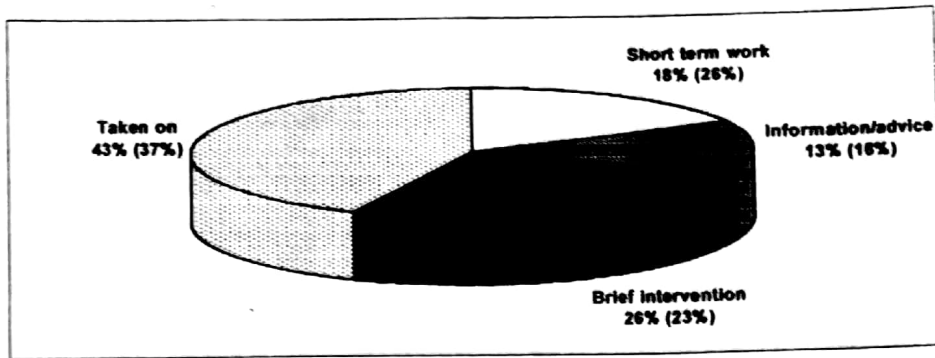


Graph 2 - Sources of Referrals - detailed breakdown
(Total referrals 1995 - 99; 1996 - 102; 1997 - 144)

The most noticeable fluctuation this year is the rise in referrals from community mental health teams and from housing agencies, possibly indicating the stresses that those agencies find themselves under. CMHT's have had to work to tighter eligibility criteria which potentially leaves some people without a service where previously they might have expected support. Similarly, housing providers in all areas are finding their residents under increasing pressures - both social and financial.

There has also been a **very significant rise in referrals** in 1997. Until this year referrals have stayed amazingly constant - approximately 100 per annum. In 1997 there were **144**. Again, we feel this reflects the squeeze that all agencies are feeling - bits of funding reduced here and there, numbers of "mainstream" clients rising, a general tightening of belts which results in more people being pushed to the margins of care.

Not all people referred to the Elmore Team are taken on as clients. This pie chart is designed to show what happens to those who are not.



Graph 3 - Interventions with Referrals 1997
Total 144 (1996 percentages shown in brackets)

We have separated referrals into four categories:

- **Taken on as client (43%)**

Person referred clearly fits our criteria, is happy to accept our help and more long term work is embarked upon

- **Short term work (18%)**

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

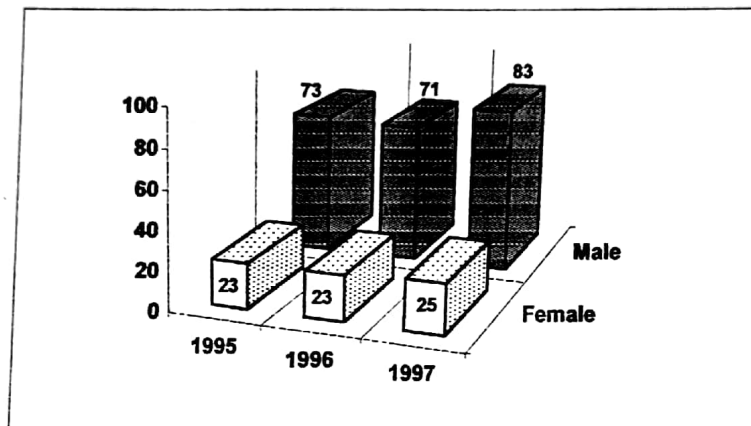
- a) person left town
- b) person satisfactorily "plugged in" to another agency (or agencies)
- c) person not seen as appropriate client for Elmore after closer investigation
- d) person refused further contact

- **Brief intervention (26%)**

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

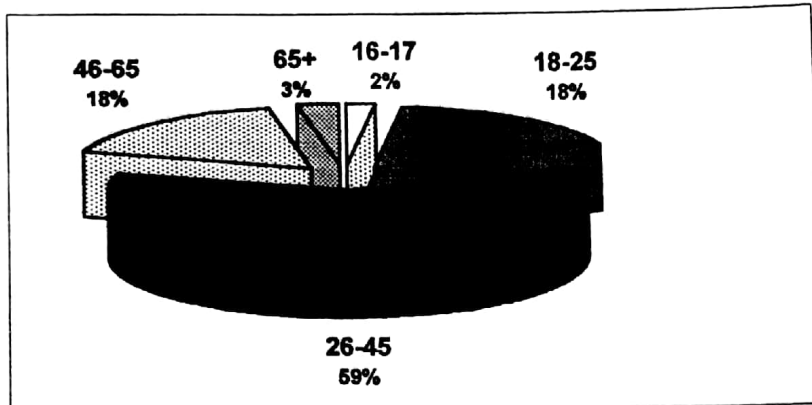
- **Information/advice (13%)**

Person referred does not fulfil Elmore criteria but information/advice is given to the referrer as to other possible sources of help



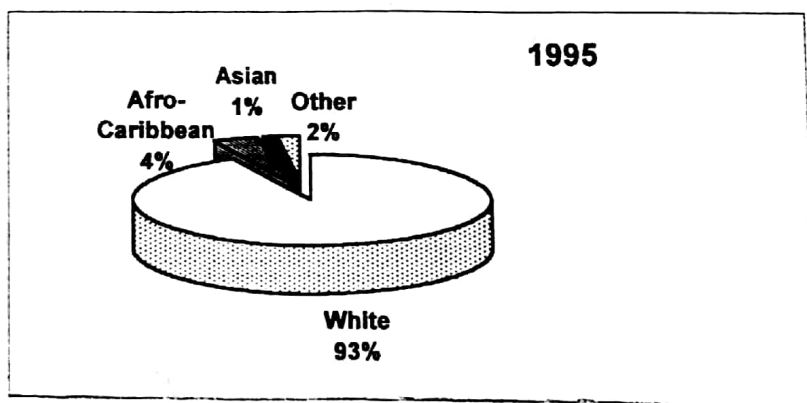
Graph 4 - Gender of Clients in 1995, 1996 and 1997
(Total number of clients in 1995 - 96; 1996 - 94; 1997 - 108)

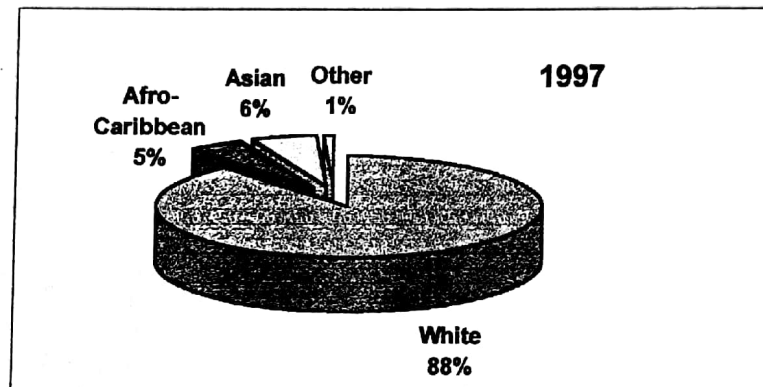
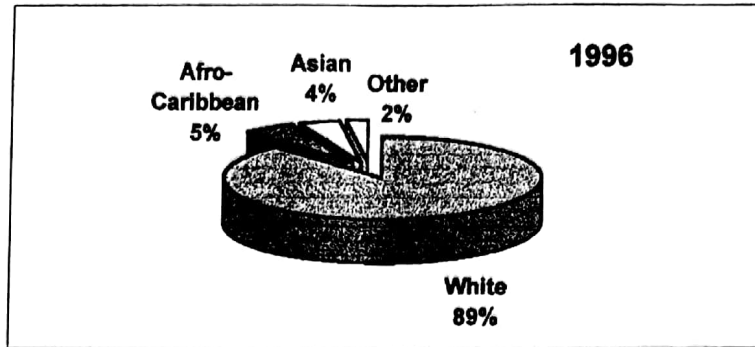
This seems to have remained incredibly static over the past few years! This kind of disproportionate number of men to women clients is fairly common in agencies like the Elmore Team. This could be due to a number of factors - perhaps chaotic men are more high profile than women; there are higher numbers of men with the more visible forms of mental illness and personality disorder; women who display aggressive tendencies might be more easily contained than men.....it is difficult to turn this kind of generalisation into fact!



Graph 5 - Age Distribution of Clients in 1997
 (total number of clients in 1997 - 108)

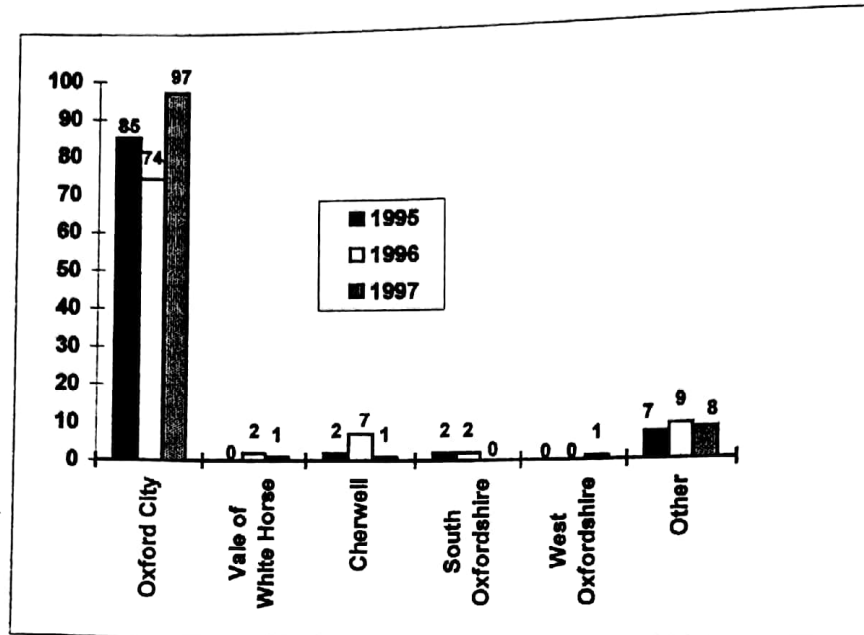
Again, there has been little change over recent years in the distribution of age throughout our clients. We have more mature clients than young - we have found in the past that some people with whom we have not had so much "success" with as young clients are referred to us again when they are a few years further down the road and more ready to accept the kind of support we offer.





Graphs 6a, 6b & 6c - Ethnic Origin of Clients in 1995, 1996 and 1997
 (Total number of clients in 1995 - 96; 1996 - 94; 1997 - 108)

The greatly disproportionate numbers of white clients to clients of any other ethnic origin is of concern to our team and it has been the subject of much discussion amongst us. Whilst we are aware that the ethnicity of our team members is **not** representative, research shows that some ethnic minorities might be more readily held in custody or under a section of the mental health act than their white peers, which would explain the low numbers of referrals to our team. In the meantime, we continue to make efforts to address this situation.

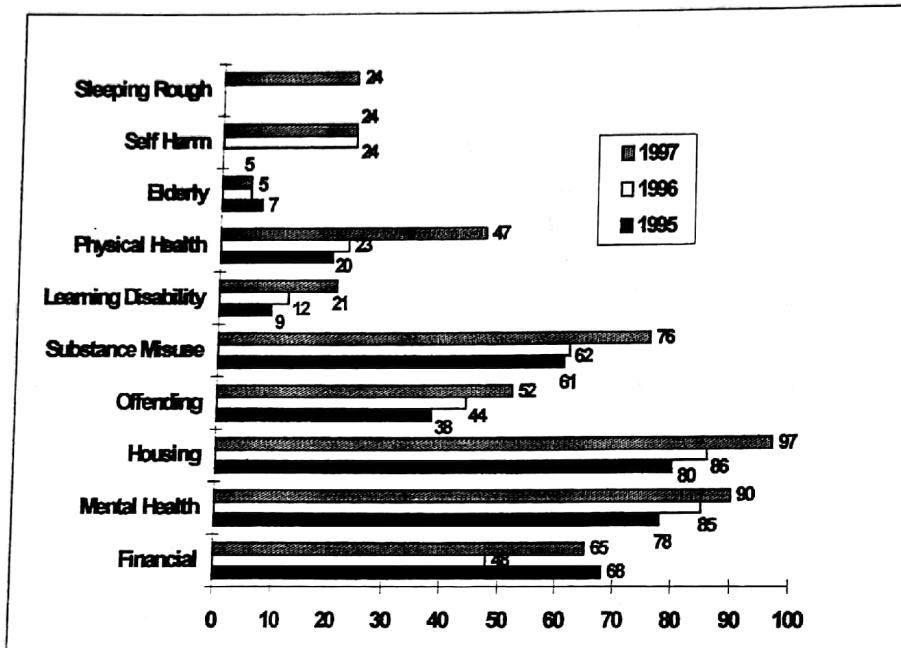


Graph 7 - District of Origin of Clients in 1995, 1996 and 1997
 (Total number of clients in 1995 - 96; 1996 - 94; 1997 - 108)

A small number of clients have specifically come to the City of Oxford from other districts of the County because there is not sufficient support or housing to meet their needs. This graph shows the breakdown of these clients. For the purposes of this graph we have recorded anyone who has lived in Oxford City for over six months as a resident - though Oxford may not actually have been the place of their birth.

Housing, mental health and substance misuse problems continue to head the list of difficulties experienced by our client group. We have defined financial problems as being a concern when our team

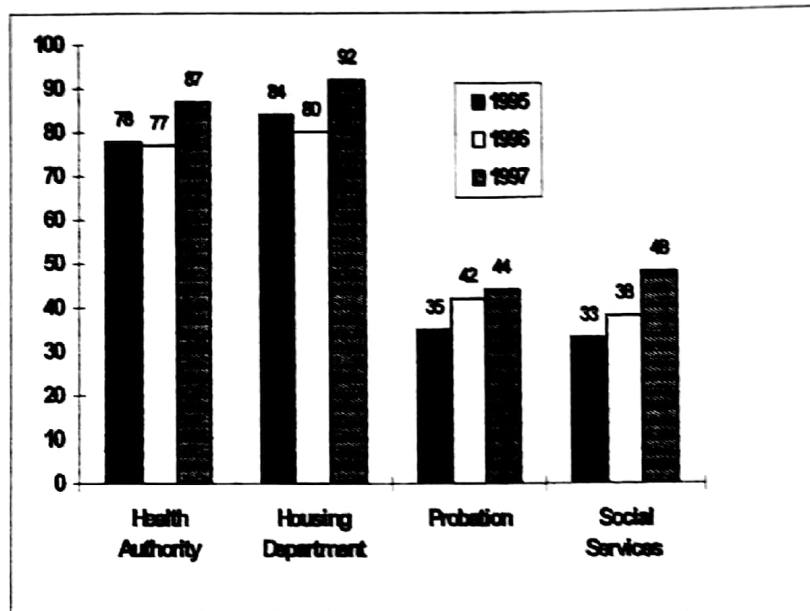
has had an active intervention in someone's financial affairs. Money is an issue to all our clients - even if they do not actually need any help with their money, they rarely have enough of it.



Graph 8 - Known Client Needs in 1995, 1996 and 1997
 (Total number of clients in 1995 - 96; 1996 - 94; 1997 - 108)

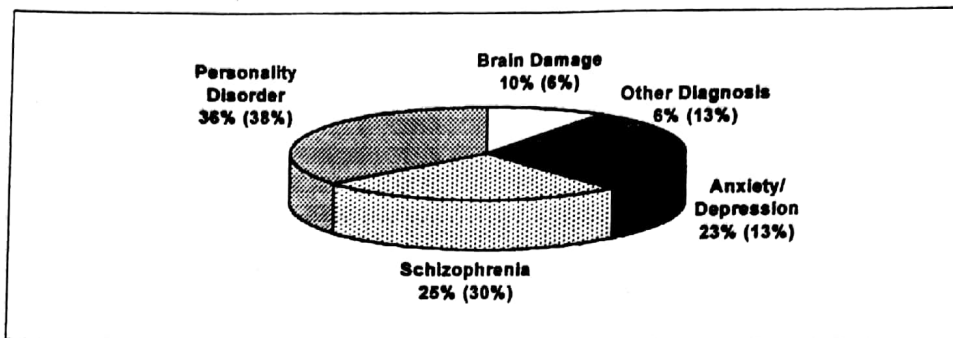
This graph shows a rise in clients with a physical health problem. This could be explained by an increase in referrals from general health agencies (other than psychiatric), again possibly reflecting the squeeze on those services. This rise could also be attributed, in part, to our new work with rough sleepers - many of whom experience problems with physical health as a direct result of their living conditions.

“Sleeping rough” appears on this graph for the first time this year, giving no comparative figure for previous years, though we know that some of our clients have been rough sleepers before now.



Graph 9 - Known Major Contact between Client and Agency in 1995, 1996 and 1997
(Total number of clients in 1995 - 96; 1996 - 94; 1997 - 108)

This graph endeavours to show the links between our clients and the major statutory agencies in Oxford. Nearly all our clients have health and housing issues, with nearly half having some link with the criminal justice system and/or social services.



**Graph 10 - Breakdown of Client Mental Health Problems 1997
Total 97 (1996 percentages shown in brackets)**

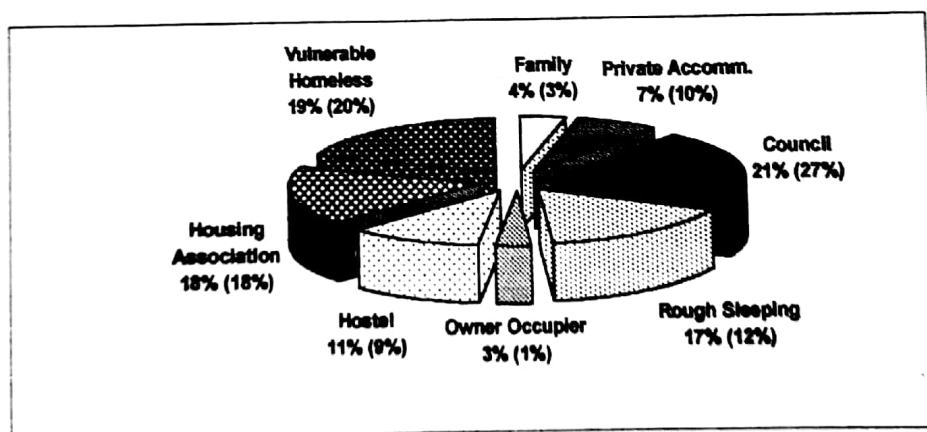
We have found it useful to include this breakdown. In the past people have asked us what we mean by “mental health problem” and this gives as near as we can to a precise answer!

As you can see, the biggest group by far are those people diagnosed as having some kind of personality disorder. There are few specific services for these clients and we feel that it is an extremely important area of our work. Just because a person’s mental health diagnosis does not deem them to be treatable, it does not mean that they do not have any support needs. Far from it - in our experience this is the most needy group of people we work with.

Those people we work with who do have a diagnosis of a “severe and enduring mental illness” will also be eligible for a whole range of other services - particularly from community mental health teams. In these cases we work very closely with those services - ensuring that there is no duplication of work or confusion as to what is being offered. Often we are needed to supplement the work of other

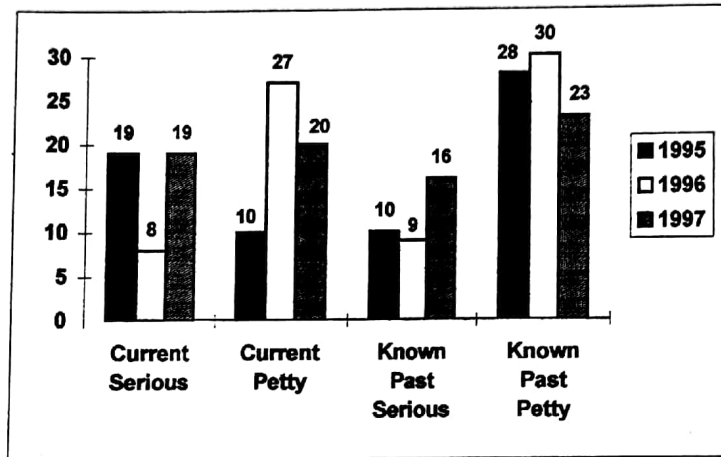
agencies - in the case of extremely chaotic people where our flexibility, ability to react quickly to crisis and maintain long term relationships is absolutely essential. We are also involved with many people who will not accept the support offered to them by statutory agencies -either because they do not believe they are ill, or because they have had bad experiences in the past.

A smaller group of our clients have been diagnosed in the past as having some form of brain damage - either from birth or as the result of an accident. This may have exacerbated parts of their personality which has increased the level of chaos in their lives, or led them to substance abuse or offending. There are few holistic services for this client group and we do our best to help them use the bits of help that are offered, whilst maintaining a central link with them.



**Graph 11 - Client Accommodation 1997
(1996 percentages shown in brackets)**

By far the majority of our clients have a connection with either local authority housing or housing association properties. This indicates that a high proportion will, at some point, have been accepted as “vulnerable homeless” under housing regulations.



Graph 12 - Known Offending History in 1995, 1996 and 1997
Elmore Clients: 1995 - 99; 1996 - 94; 1997 - 108

It is very difficult to get firm figures for this graph - particularly regarding past offences. Many of our clients are current or past offenders - some offences are currently being dealt with and we would be aware of these. Others may frequently “get into trouble” but it would not necessarily be something we got to know about. Figures included here are concerned with offending behaviour that we do know about - the real figures may well be significantly higher.

ELMORE COMMITTEE - ACCOUNTS FOR THE YEAR ENDED 31 MARCH 1997

<u>INCOME AND EXPENDITURE</u>		£	£
INCOME			
Community Support Team Grants	NOTE 2		113927.50
Donations	NOTE 3		1210.00
Bank Interest etc			3226.22
Other miscellaneous income			<u>17.10</u>
			118380.82
EXPENDITURE			
Community Support Team	NOTE 2	107332.23	
Audit Fees		500.00	
Accountancy Fees		120.00	
Legal advice (Newby Inquiry)		<u>293.75</u>	108245.98
SURPLUS FOR THE YEAR			<u>10134.84</u>

BALANCE SHEET AS AT THE 31 MARCH 1997

CURRENT ASSETS			
Cash at Bank	NOTE 4		53125.91
Cash in Hand			40.00
Sundry Debtors			<u>0.00</u>
			53165.91
Less: CURRENT LIABILITIES			
Sundry Creditors and Receipts in Advance	NOTE 5		<u>11297.03</u>
			41868.88
Represented by:			
ACCUMULATED FUND			
Balance at Commencement of Year		25333.36	
Surplus for Year		<u>10134.84</u>	35468.20
COMMUNITY SUPPORT TEAM WELFARE FUND			
Balance at Commencement of Year		656.57	
Receipts		315.00	
less expenditure		<u>(322.40)</u>	649.17
FURNITURE & WHITE GOODS FUNDS			
Balance at commencement of year		5663.27	
Receipts		1300.00	
less expenditure		<u>(1211.76)</u>	<u>5751.51</u>
			<u>£41868.88</u>

ELMORE COMMITTEE - ACCOUNTS FOR YEAR ENDED 31 MARCH 1997

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 1997 is as follows:

STAFF

Project Leader and Social Work Staff	51267.51
Health Authority Secondment	27496.03
Secretarial Support	<u>9437.97</u>
	88201.51

OTHER RUNNING COSTS

Office Accommodation Charge	10500.00
Telephones	1832.74
Stationery, Printing & Office Expenses	842.80
Computer Equipment & Supplies	259.42
Travel and Subsistence	542.70
Public Liability/Employers Insurance	1191.70
Postage, Books and Publications	703.48
Bookkeeping and Payroll Services	2335.00
Staff training & Conferences	858.25
Miscellaneous Expenses	<u>64.63</u>
	<u>£107332.23</u>

Income for year ended 31 March 1997 is as follows:

Oxfordshire District Health Authority Grant	34075.00
Oxfordshire County Council Grant	34780.00
Oxford City Council Grant	11161.00
Oxfordshire Probation Service	32162.50
Vale of White Horse, Cherwell and South Oxfordshire District Council Grants	<u>1749.00</u>
	<u>£113927.50</u>

NOTE 3 - Donations

St Michael's and All Saints Charities	1000.00
Homeless Action	200.00
Other	<u>10.00</u>
	<u>£1210.00</u>

NOTE 4 Cash at Bank

Current Account	(12484.30)
Business Premium Account	10331.01
Higher Interest Account	<u>55279.20</u>
	<u>£53125.91</u>

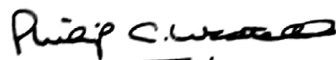
NOTE 5 - Sundry Creditors & Receipts in Advance

Trade Creditors	10297.03
Inland Revenue - PAYE/NI	—
Receipts in Advance and Prepayments	<u>1000.00</u>
	<u>£11297.03</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 1997 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