# ELMORE COMMITTEE

# ANNUAL REPORT 1998

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**Charity No. 257247**

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## ELMORE COMMITTEE - 1998 ANNUAL REPORT

Welcome to the 1998 Annual Report of the Elmore Committee.

Though the Elmore Committee has been involved with many different projects in Oxford City over the past thirty years, its current sole activity is the **Elmore Community Support Team**. This Annual Report is therefore devoted to the work of that team - giving a brief flavour of its work during 1998 and a few facts and figures to help you put flesh on the bones.

We struggle every year with the concept of "Annual Report". How detailed should it be? How long? Who is going to read it? How much money are we going to spend on it? We have tried to reach a happy medium with the reports we produce. We want to give sufficient information for readers to feel that they have a feel for the current work of the team and the direction in which we are going. We try to aim it both at people who are already familiar with our work and want an update as to current activities, and those who are new to the "Elmore model". However, whilst the Elmore team support workers run in and out of the busy office, picking up the pieces of yet another client in crisis, it does not seem right to spend more time than is necessary on our report. Nor, when we struggle annually to balance the books, does it seem appropriate to spend very much on printing. **So please bear with us.....and if you want to know more about our work than you can glean from these pages, please give us a call and we will be happy to try to answer your questions.**

**"Remind us again - *just what is it that the Elmore Team does?*"**
The phrase that always comes out when we are asked this is that we **provide community support for people with complex multiple problems who do not fit easily into other agencies, incorporating street outreach work to rough sleepers - all of this in Oxford City**.

An easier way to look at this is to imagine that to receive services anywhere, people have to a) fit referral criteria and b) be willing to receive that service. The Elmore Team endeavours to support those people who clearly have considerable support needs but do not satisfy one or other (or both) of the above. Generally they have a **combination of some (or all) of the following problems:**

- mental health problem (this may be personality disorder or diagnosed mental illness)
- learning disability (generally borderline)
- offending
- substance misuse
- accommodation problems (including rough sleeping)
- repeated self harm
- chaotic/bizarre behaviour

If taken on their own, any one of the above may not cross a "referral threshold" - but combined they make up a powerful cocktail that can cause great distress both to the client and those around them. **The task of the Elmore Team is to attempt to reduce this distress**. This might involve:

- **re-engaging individuals with more appropriate services.** Agencies are often happy to offer what they can, as long as they are not left responsible for the "whole picture".
- **practical help with benefits, accommodation or other similar problems.** Often simple tasks can help alleviate the strain sufficiently to start work on the more complex problems.
- **Advocacy.** Our clients have often experienced problems of being heard which we can help to address.
- **the continuity of a good, trusting relationship.** This can help build self esteem and also helps steer a smoother passage through the network of agencies that the client may need to use
- **liaising with other professionals involved.** Good communication with others is vital in delivering services to our clients.

One crucial factor in all of the above is that we can offer our support to someone for days, weeks, months or even years - there is no time limit. If our intervention is still needed, then we will aim to remain involved, though the intensity of this involvement will vary according to circumstances.

***We hope that this Annual Report will help you understand more about our work, but don't forget - if you want to know more or need to discuss any potential referral or particular client***

***please phone 01865 200130.***

## *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.

## ELMORE COMMITTEE MEMBERS 1998

**Officers:**

| | | |
|---|---|---|
| President | Mr R W Elmore | |
| Chair | Mr R W Elmore | (until September 98) |
| Chair | Dr DW Millard | (from September 98) |
| Vice-Chair | Dr D W Millard | (until September 98) |
| Vice-Chair | Dr P A Agulnik | (from September 98) |
| Treasurer | Mr B Phillips | |
| Secretary | Mrs L Dewhurst | |

**Members of the Committee:**

Dr G Flood
Jane Carlton-Smith

**Co-opted Members:**

| | |
|---|---|
| Mr Ray Fishbourne | Oxfordshire & Buckinghamshire Probation Service |
| Coun. Sarah Margetts | 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 1998:**

| | | |
|---|---|---|
| Dr D W Millard | Chairman | (until June 98) |
| Jane Carlton-Smith | Chair | (from June 98) |
| Dr P Agulnik | Consultant Psychiatrist | |
| Mr B Phillips | Treasurer, Elmore Committee | |
| Dr Chris Kenyon | G.P | |
| Dr Sara Forman | Consultant Psychiatrist | (from June 98) |
| Mark Hammond | OCHA | (from January 98) |

**Elmore Community Support Team Members:**

| | | | |
|---|---|---|---|
| Lesley Dewhurst | Co-ordinator | (0.6 wte) | |
| Angela Stannard | Support Worker | (1 wte) | |
| Melanie Swinburne | Support Worker | (1 wte) | (until 12.98) |
| Naomi Evans | Support Worker | (1 wte) | |
| Sarah Johnson | Support Worker | (1 wte) | (until 3.98) |
| Simon McGurk | Support Worker | (1 wte) | |
| Alice Lanzon-Miller | Support Worker | (1 wte) | (from 5.98) |
| Hilary Jordan | Secretary | (0.6 wte) | |
| June Dibb | Secretary | (0.4 wte) | |

## REPORT BY THE CHAIR OF THE ELMORE COMMITTEE

In most years the Annual Report on the work of the Elmore Community Support Team has recorded changes in personnel within the Team, reflecting its continued vigour and responsiveness towards developing needs in our field of work. This year, exceptionally, we have to report changes among the management of our organisation. Robert Elmore has retired from the chair of the main Elmore Committee.

It is difficult to do full justice to the extent of his personal contribution. The Elmore Committee itself has been in existence for over 30 years, for the earlier part of which period its chief responsibility was running the prison after-care hostel in Lake Street, Oxford now owned and operated by Stonham Housing Association. Rather more than 10 years ago, the focus of the Committee's activities evolved towards setting up and managing the present Community Support Team. Robert Elmore was heavily involved in all this from the beginning, and in due course became President of the organisation. At a time when he might have anticipated that his individual obligations to us would be confined to this largely honorific role, he accepted a request to add to it the chairmanship of the main Elmore Committee. In this second position - in truth, it goes without saying - he has unfailingly ensured the smooth discharge of the business of the committee. But beyond this, his active leadership has been vital in every aspect of our administration: both in making his long experience freely available within the organisation, and also in our external relationships. He has spoken eloquently for the enterprise at those occasional public meetings where, from time to time, the Elmore Committee gives some account of its work and, perhaps more importantly, in crucial private meetings with officers of the statutory bodies upon which we depend almost entirely for our funding. Although now less in the forefront of our memories, this role became especially important during and immediately after the Jonathan Newby Inquiry.

Oxford has a long - and, it must be said, tangled - tradition involving the relationship between Town and Gown. One strand in this has been a persistent but often under-acknowledged support by the university and colleges for welfare enterprises in the wider world. For centuries this was mainly channelled through the church, but from the 19th Century onwards there have been notable secular

examples. Academic Oxford's part in the foundation of Toynbee Hall and its support for the Settlement movement would be one such case - and Robert Elmore stands firmly within that tradition. His personal contributions to the work of voluntary organisations in this locality is by no means confined to the Community Support Team. He is a public man and, in a number of settings, those who are involved as co-workers or as users of the services have cause for real gratitude for the persistence and depth of his contribution.

Fortunately, as President, Robert Elmore will remain a trustee of this organisation and we shall continue to benefit from his wisdom at our meetings. When during the period covered by this Report he indicated his wish to retire, the trustees did me the honour of inviting me to chair the committee. Robert will be a hard predecessor to follow, but it is a pleasure that one of my first tasks has been to express here our thanks to him and warmest good wishes for the future.

We have been glad to welcome Jane Carlton Smith who has taken over from me the chair of the Steering Committee. We are thus returning to another tradition - first established by Mrs Patricia Vereker - that this committee should be chaired by a member of the Oxfordshire bench. Jane has been a member of the Steering Committee during the last two years. Both she and Dr Peter Agulnik, whose membership of the Steering Committee extends back to the first proposals for the formation of the Team, have joined the main Committee and become trustees of the organisation.

Under the capable leadership of Lesley Dewhurst, the Team has had another successful year fully described in the present Report. One pleasing feature has been the further development of work with Rough Sleepers - now an established part of our remit. As readers will observe, there has been no reduction in the numbers of referrals to the Team nor, so far as I can judge, in the severity of the problems which the users of our service bring.

Also, our financial position this year has been somewhat easier than we have been accustomed to. This relief is welcome, but it cannot be associated with any real reduction in anxiety about the outlook for funding. We have a charitable income which is very warmly appreciated, but it is minuscule in comparison with the sums we receive by way of service agreements with the statutory agencies

who are our main sources of income. The users of the Elmore Team's services can be described, virtually by definition, as liable to social exclusion, and our *modus operandi* from the beginning has included collaboration with them to try to encourage them back into the main stream. But it is not clear that the political rhetoric surrounding social inclusion has yet been matched by public funding for those welfare agencies whose work we supplement and upon which we relay for our own survival. We appreciate the continuing support of the statutory social and health services in Oxfordshire, although we watch with some concern the financial stringencies which continue to beset them

Nevertheless, high quality work, vital to the well-being of some of the most needy members of society in Oxford, continues to be done. The Community Support Team's contribution to this is well set out in the following pages and I am pleased to commend this Annual Report.

DAVID MILLARD
Chair, The Elmore Committee

***Elmore Community Support Team***
***CO-ORDINATOR'S REPORT***

***Happy birthday to us!***
We celebrated our tenth anniversary in 1998. We have seen many changes in the Oxford network during the previous decade:

- formation of community mental health teams
- advent of the Care Programme Approach
- coming and going of the purchaser/provider split
- various bits of new housing and benefits legislation
- arrival and departure of specialist court diversion for the mentally ill
- a host of new, innovative projects
- the sad closure of a host of old, innovative projects
- the imminent arrival of Primary Care Groups

Our work has remained broadly the same - supporting single people who have multiple problems and do not easily fit into other services. The major difference is that nowadays we do not have to wait for such people to be referred to us by other agencies - **our outreach service to rough sleepers means that we can be much more pro-active in offering support to individuals who might otherwise fall through the more traditional referral process**. This has been a very welcome change and means that we can offer a more inclusive service, endeavouring to reach as many people as possible who might benefit from our support. But keep up the referrals - we need them too.

***Social Exclusion***
With the publication of the Social Exclusion Report in 1998 the work of the Elmore Team suddenly took on a new light - here was a report advocating "joined up thinking" and a more holistic approach to the problems of socially excluded people, and we have been doing it here in Oxford for TEN YEARS!. Into the national spotlight too came "multiple needs" and "dual diagnosis" (mental illness combined with substance misuse) - again, very familiar territory to the Elmore Team. We have been very pleased to see these subjects explored on a national level - though funding structures are going to have to change if services for people with multiple needs are going to get adequate resources. **People who**

**are on the margins of statutory responsibility are also on the margins of statutory funding.**

***Staff/team issues***

We waved sadly goodbye to **Sarah Johnson** in March (the people of Connecticut, USA, are now benefiting from her talents) but were pleased to welcome **Alice Lanzon-Miller** to the team. **Melanie Swinburne** left to have twins (!) in December, and **Greg McKittrick** will be providing maternity cover in 1999. **M.S.W. student Claire Corbett** joined us from Barnet House towards the end of the year to our mutual benefit. We enjoy having students - they keep us on our toes and encourage us to question our practice.

We have been very fortunate in securing the services of **Chris Lock** during 1998 who has been helping us with various aspects of the organisation, such as upgrading our policies and procedures - including a formal appraisal structure and business plan, and an improved monitoring/information system. We are now working towards gaining the **Investors in People** award. Chris will remain working part time for the team during 1999.

***Dual diagnosis "mapping" exercise***

Along with 7 other parts of the UK, the Elmore Team was successful in securing funding from the DoH to "map" Oxford's services for people who have a dual diagnosis of mental illness combined with a substance misuse problem. This project is part of an interagency effort to upgrade services for this client group and will be completed by May 1999.

***Rough Sleepers Outreach***

Though still in relative infancy, this work went well during 1998. We have enjoyed good working relationships with other rough sleeper projects locally, particularly the **Salvation Army Homeless Outreach team**. We have decided to utilise our specialist Elmore skills in working with people with multiple problems - especially those who are unwilling to engage with services, and we are now focusing our street work on such individuals. *More details of this work are included later in this report.*

***Networking***

We have been pleased to contribute in various ways this year to a variety of interagency events and national forums. We have provided training to some local agencies; attended conferences in resettlement (York) and Social Exclusion (London); and participated in an enormous variety of local meetings concerning **housing, mental health, benefits, mentally disordered offenders, risk, information sharing, substance misuse** and other topics which might be of benefit to our client group.

***Premises***

A major change in the Oxford Network was announced in October - the closure of the Probation-run Day Centre which has provided our office base for many years. We will be sad to say goodbye to our Probation colleagues but welcome the arrival of The Gap (service for younger people) which will take its place. However, our lease expires in June 2000 and **the Elmore Team is therefore seeking new premises**. We are friendly, supportive and house trained.....and are open to offers! Please let us know if you have any ideas about where we might move to.

***We enjoy our work - and hope that you enjoy working with us. We hope to be fully evaluating the work of our team in the near future and look forward to hearing your feedback.***

Lesley Dewhurst - Co-ordinator

## SOME COMMENTS BY OUR CLIENTS

**We decided to ask some Elmore clients what they thought of the service. What was good and bad and how we compared to other agencies.**

**We also asked them what they thought was the most important thing Elmore had done for them**

**Some of the clients we interviewed had been known to the Elmore Team for over seven years, others for about a year, other clients for only three months.**

**All of them, except one thought Elmore met their needs.**

**"What was bad?"**

"No 24 hour helpline"

"No-one there in the night who I can turn to

"Nothing bad, honestly"

**"What was good?"**

"Being non judgmental even when I relapsed and took drugs again" "It was good to talk to someone who wasn't going to criticise me or bring up my problems again" "I can go to Elmore if I'm not feeling well. You can get in touch with my GP. You help me with forms".

Another client:- "Human contact and understanding. Although I have a family I don't talk to them like I do to you. I couldn't because I wouldn't like them to know my problems". "Its a tonic for the rest of the week."

**And the most important thing?**

"Going to the laundrette in the car. Without support it would stress me out enormously."

"Elmore arranged for me to see a specialist who could help me because I had been abused as a child."

"Handy to have someone you can turn to if things aren't going right for you."

**Compared to other agencies, clients said:**

"I had a CPN, but we didn't see eye to eye - so not a lot of good."

"My Probation Officer was OK but not prepared to come to the Council and do other things that Elmore do."

"Elmore is excellent. I have had sad experiences with Social Services since the age of eight years. They sent me to a home for maladjusted children. They physically and sexually abused me."

"There is no comparison. I have had Social Workers before and if you miss appointments they close down on you. No pressure from Elmore. With Elmore the more I needed the more I was given as required. I could just be myself and didn't have to pretend. I value having a relationship with one person who I trust and who is there continuously for me rather than seeing many different Social workers."

"Compared with CMHT, you are easier going and more helpful. A CMHT would not go to the laundrette. More flexible than CMHT - I can pass things over to my support worker."

On the negative side, one client could not think of anything that Elmore had done for her - in spite of Elmore's involvement over five years in areas such as mental health, housing and benefits. This might not be our perception - nor that of other agencies who have contact with her.

**Asked how the service could be improved a client said:**

"Elmore could get me more money".

To end on a positive note, a client known to Elmore for 18 months said:

"For a charity organisation, Elmore is doing marvellous work so I don't think anything can be improved."

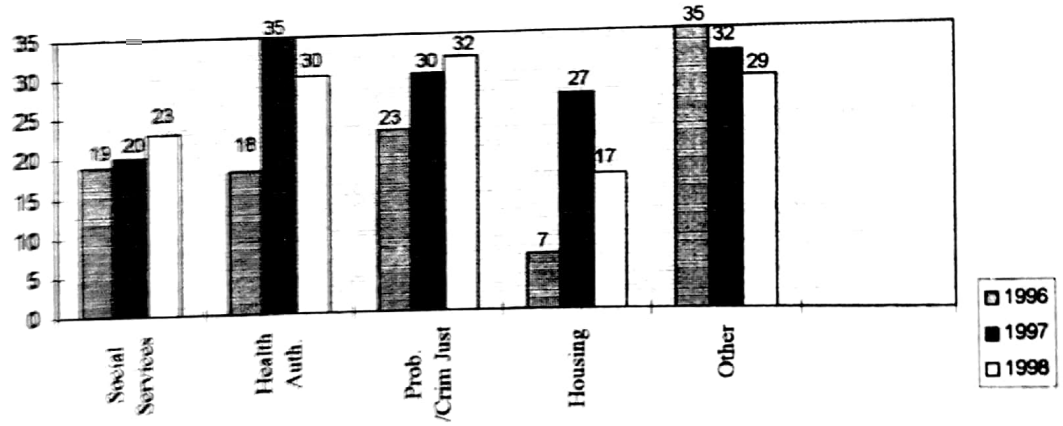
## ELMORE TEAM 1998 STATISTICS
## (Excluding Rough Sleepers)

We try to give people a clear picture of the work we do through this Annual Report. Descriptions of styles of work, accounts of semi-fictionalised clients, lists of aims and objectives - but none of these can mean much without an idea of numbers. So here they are! The lovely graphs section, which some of you would rather skip over but hopefully all of you will be able to get a bit out of. Persevere - hopefully it will help you make sense of the rest of this report.

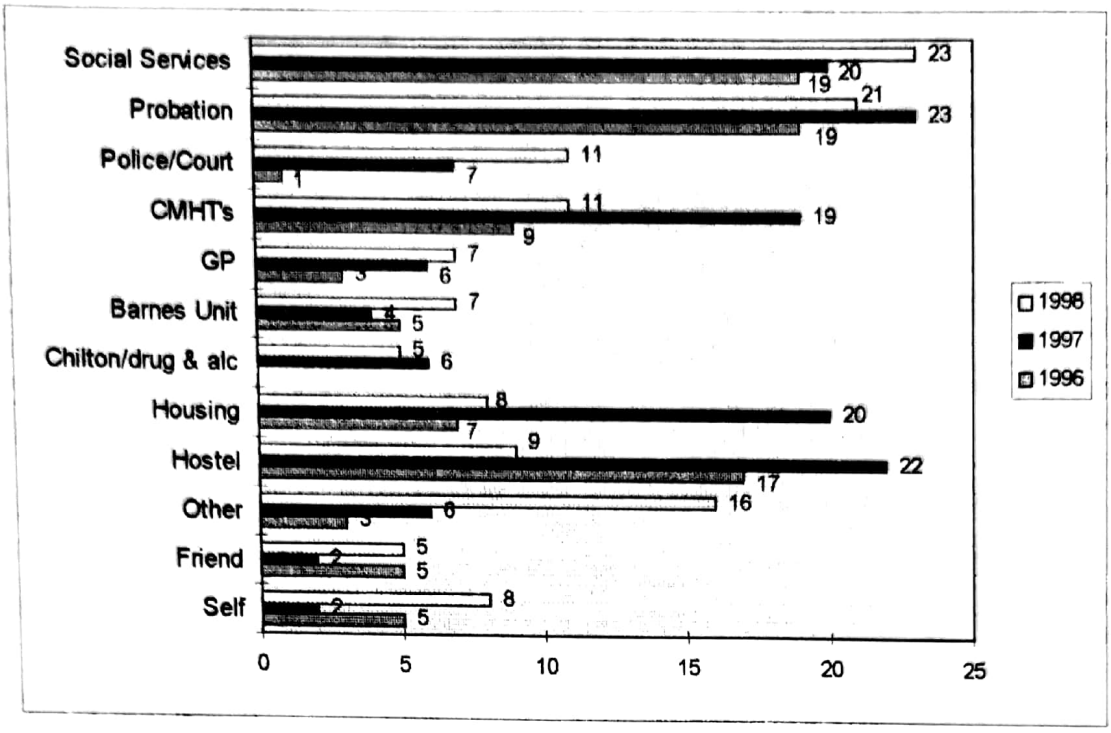
As always, we are very aware that what we count and how we do it will not suit all of your needs. Please come back to us if you need anything extra and we will do our best to give you the answers.

### Sources of Referrals

We find it useful to display these figures in two forms - the first graph shows the broad categories of referrers and the second goes into the same statistic with a more detailed breakdown.




**Graph 1 - Source of Referrals in 1996,1997 and 1998**
(Total Referrals 1996 - 102; 1997 - 144; 1998 - 131)



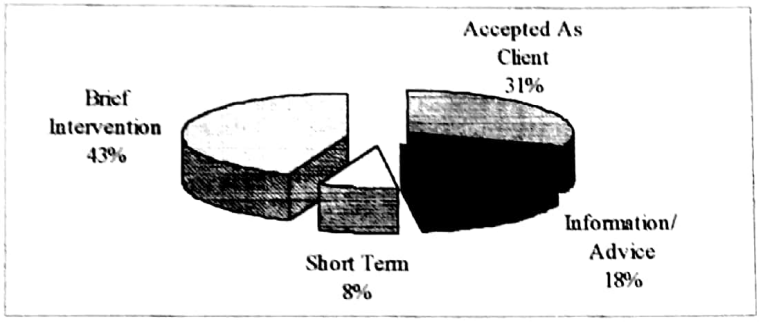

**Graph 2 Sources of Referrals - detailed breakdown**
(Total Referrals 1996 - 99; 1997 - 144; 1998 - 131)

Overall we saw a slight decrease in referrals in 1998 having seen a rise of over 40% in 1997 from 1996. We were pleased that that alarming rise had steadied out or we would not have been able to cope with the extra volume.

Last year we noted that the main area of increase in referrals was from health and housing agencies - whereas in 1998 there was a decrease in referrals from health and housing sources, perhaps indicating a levelling out of the pressures that those agencies were experiencing the year before. Referrals in all areas are above those seen in 1996.

We have been asking ourselves a lot of questions this year about the work we do with people who we **don't** formally take on as clients. This is often quite considerable and we are thinking that in future years we will do some more detailed statistical analysis of the people we either work with **short-term** or as a **brief intervention**. In discussions with funding agencies we have discovered that these seemingly small pieces of work can be seen as both effective and productive in the longer term care of an individual. An afternoon spent with

someone in the police station who either doesn't quite fit our criteria or turns out to be adequately supported by another agency can still be seen as important pieces of work in their own right. But that will be next year .....for now, here is a graph showing a simple breakdown of what happened to our referrals.




**Graph 3 - Interventions with Referrals in 1998**
(Total 131)

We have separated referrals into four categories:

- **Accepted as client (31%)**

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

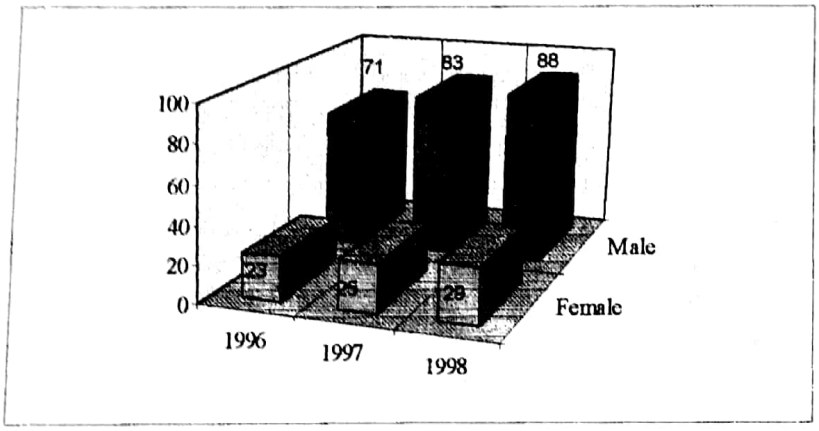
- **Short term work (8%)**
  Several contacts have been made with person referred and with other agencies. Contact ceased because:
  a) person left town
  b) person satisfactorily "plugged in" to another agency (or agencies)
  c) person not seen as appropriate client for Elmore after closer investigation
  d) person refused further contact

- **Brief intervention (43%)**

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)

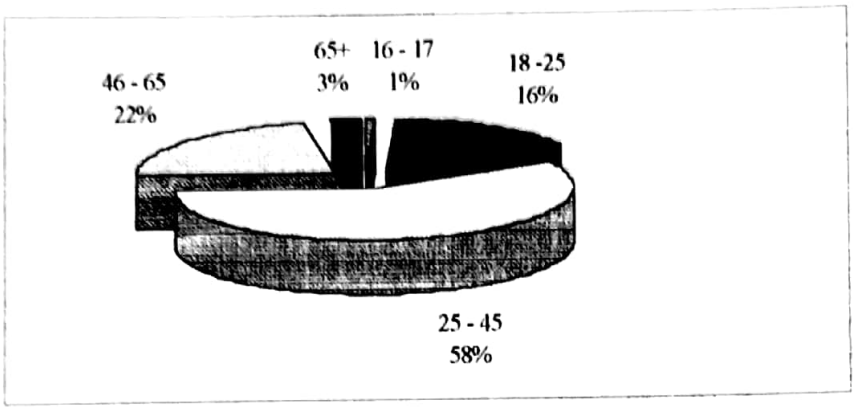
- **Advice/information (18%)**

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



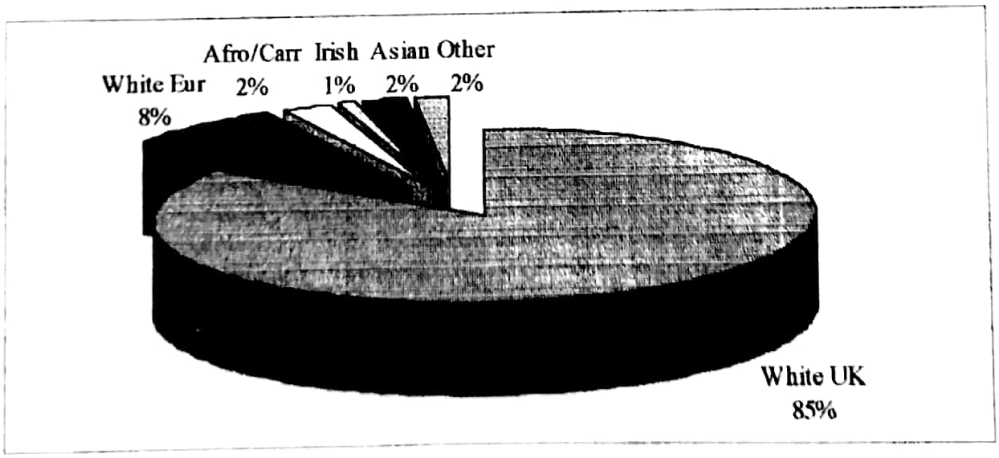

**Graph 4 - Gender of Clients in 1996, 1997 and 1998**
(Total number of clients in 1996 - 94; 1997 - 108; 1998 - 117)

As in previous years, **the gender mix of clients remains heavily weighted towards men.** We need to be careful that, simply because chaotic men with multiple problems generally are more visible than women (louder, more aggressive), we do not miss their female counterparts.



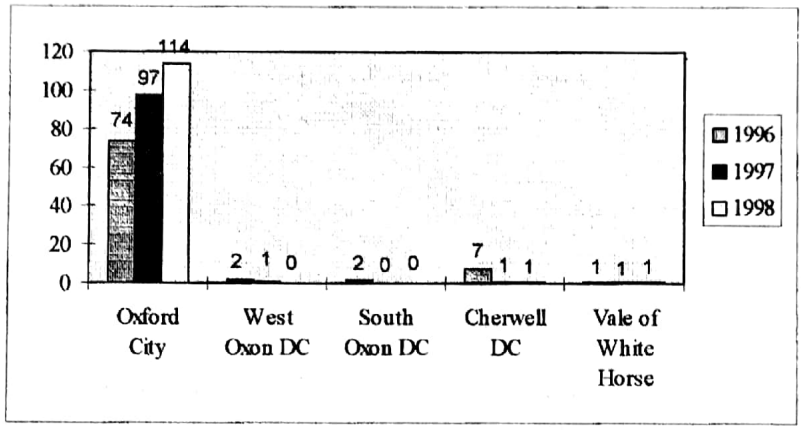

**Graph 5 - Age Distribution of Clients in 1998**
(Total number of clients in 1998 - 117)

Again, there has been **little change in the distribution of age** throughout our client group. Statutory services tend to pick up individuals at the extremes of our age group (below 18 or over 65) which reflected in the low figures we have taken on in these categories. Our biggest group - over half of our clients - are in the 26 - 45 age group. This may be that, as people get older, they are less likely to exhibit more extreme forms of behaviour, and are thus less likely to be referred to a service like Elmore. At the other end of the spectrum we have found that younger clients are less willing to respond to the service we offer - though we do meet some of them in later years when they are more receptive to our interventions.



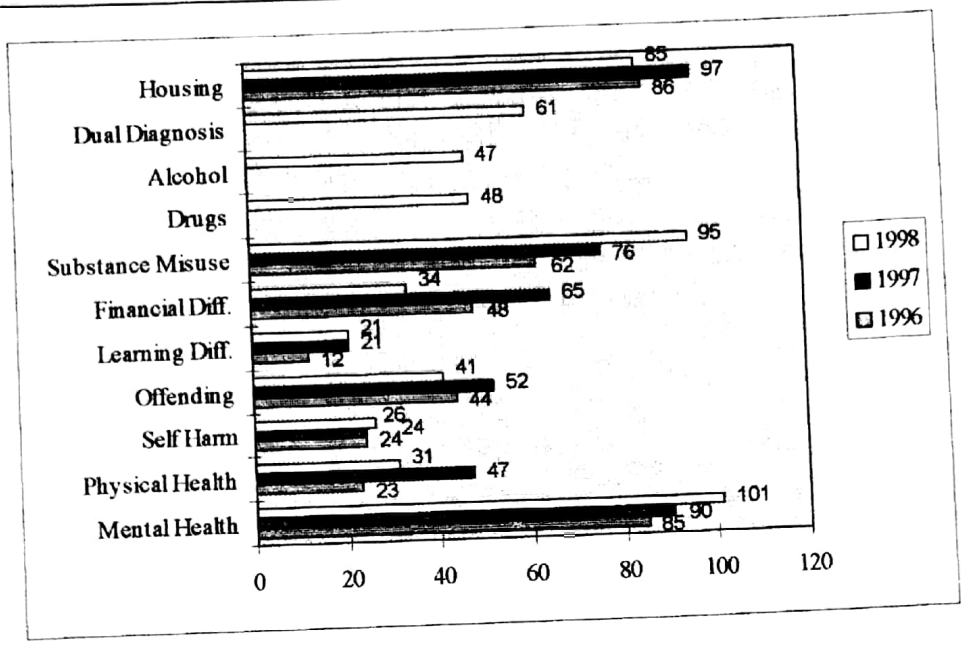

**Graph 6 - Ethnic Origin of Clients in 1998**
(Totals numbers of clients 117)

We are still unable to offer a succinct explanation as to why **ethnic minorities are not proportionately represented in our client group.** A cynical viewpoint might be that people behaving chaotically who are puzzling other agencies are more likely to be detained in hospital or prison than to be referred to our service. However, unrest in Europe seems to be contributing to the numbers of "White, European" clients who we took on in 1998. A further increase is very likely in 1999 necessitating good links with refugee/asylum seeker agencies.




**Graph 7 - District of Origin of Clients in 1996, 1997 and 1998**
(Total number of clients in 1996 - 94; 1997 - 108; 1998 - 117)

This graph show that the overwhelming majority of our clients have spent **over six months in Oxford** before they are referred to our team (though Oxford may not have been the place of their birth). This probably indicates that it takes at least that long before someone with multiple problems has exhausted other possible forms of support before it was apparent that they could benefit from our intervention.

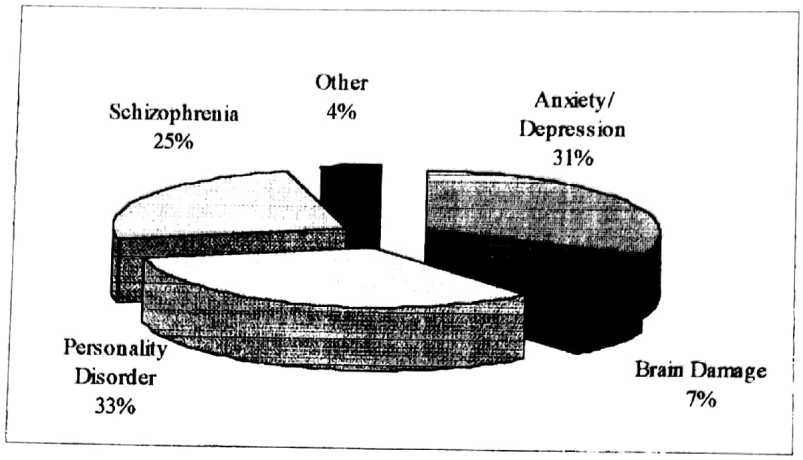



**Graph 8 - Known Client Needs in 1996, 1997 and 1998**
(Total number of Clients in 1996 - 94; 1997 - 108; 1998 - 117)

An increase in clients with **substance misuse and mental health problems** has meant that we have included **dual diagnosis** for the first time this year. As mentioned elsewhere in the report we have been involved with the production of a report into this subject and hope to be improving the services we offer - particularly in **assertive outreach** - to this problematic client group.

This is also the first year that we have separated out "drugs" from "alcohol", recording both simply under the label "substance misuse" in previous years. We feel that the different approaches that supporting people with these problems require, makes it more helpful if we see them as separate items.

This graph shows **a decrease in offenders** in our client group. However, a quick analysis of work done with referrals who were not taken on as long term clients shows that we supported a further **31 offenders** who were referred to us in 1998. 19 in the "brief intervention" category, 2 as short term pieces of work and for a further 10 we gave advice or information to the referrer. This exemplifies the need for better statistical analysis of our referrals, which we hope to improve and develop ready for next year's annual report. We cannot explain the dip in the numbers of clients with **financial difficulties** -perhaps this simply reflects the high standard of other advice services available!



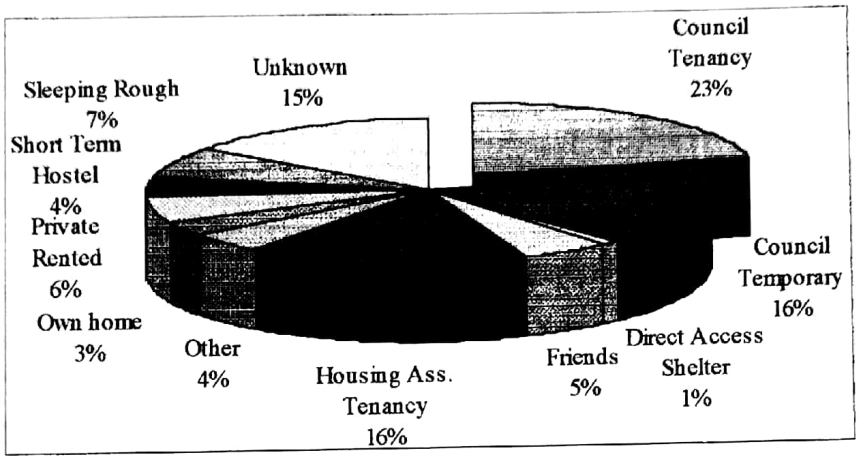

**Graph 9 - Breakdown of Client Mental Health Problems in 1998**
(Total number of clients 117)

We produce this graph to try to demonstrate **what we mean by "mental health problem".** As is shown, a third of our clients who have a mental health problem are diagnosed as having a "**personality disorder**" - which, combined with substance misuse, housing problems and offending (for instance) can be a powerful cocktail.

A further third exhibit symptoms of **anxiety or depression** - and this is frequently linked to repeated self harm or other forms of challenging behaviour which services find difficult to contain or respond to adequately.

As can be seen from the graph, a quarter of clients with a mental health problem suffer from **schizophrenia.** Though mental health services often offer very good support for people with this illness, not all individuals are willing to have contact with statutory services. This is where Elmore comes in. We have a good track record of co-working with Community Mental Health teams locally - either providing the "coal-face" link with people who are refusing to have contact with statutory workers, or by providing back-up resources where extra input is needed for more chaotic clients.

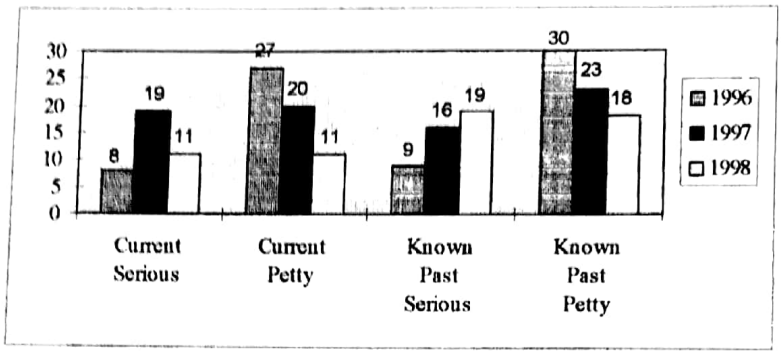
A small but significant number of clients have suffered **brain damage** at some point in their lives, exacerbating other problems such as substance misuse or an underlying personality disorder. There are few holistic services for this client group and we do our best to help them use the bits of help that are offered, whilst maintaining a central link with them.




**Graph 10 - Client Accommodation 1998**

(Total number of clients 117)

This shows where our clients are staying. As can be seen, **the majority are housed as the statutory responsibility of the local authority** - either in council or housing association tenancies. What this graph does not show is that these tenancies are often jeopardised by the difficulties experienced by the individual. One role of the Elmore support worker is to endeavour to help our clients keep their accommodation - helping with sorting out financial problems, attempting to minimise the effects of substance misuse, negotiating with landlords or helping with the most basic of living skills such as cleaning, shopping or cooking.




**Graph 11 - Known Offending History in 1996, 1997 and 1998**

(Total number of clients in 1996 - 94; 1997 - 108; 1998 - 117)

There has been a decrease in the number of **current** offenders that the team has taken on as clients over the past year. However, as ,mentioned earlier, there was significant work done with **offenders** who were subject to a brief intervention, short term work or advice and information, rather than taken on as long term clients. This needs closer analysis in future years, as the nature of the work seems to be subtly shifting.

## OUTREACH TO ROUGH SLEEPERS

***Introduction***

The Elmore Team has been operating an outreach service to rough sleepers since September 1997, and the style of the work has been developing ever since. All support workers take part in outreach to rough sleepers, as well as supporting clients who have been referred to the team because of their multiple problems. We see this as part of a continuum - whereas previously we would have had to *wait* for a client to be referred to the team, we can now actively outreach to find people who could benefit from our support. **In 1999 our outreach work will concentrate on those people who fit the same criteria as those referred to the team which means we can offer the most inclusive service possible to that client group**. We have been aware for a long while that there are many more vulnerable people with multiple problems out there than we were getting through conventional referral routes. We are delighted that outreach can help try to address this problem.

***Outreach methods***

Times and locations of outreach sessions vary. We have found that it is impossible to predict when most rough sleepers will be about. We have tried sessions from as early as 6am to as late as midnight - but, unlike London where rough sleepers are most visible at night time, in Oxford rough sleepers seek out of the way, secretive locations for actual sleeping and do not like to be disturbed during these times. During the day and evening they come to the City Centre. This is therefore where the majority of our work takes place though we do follow up "sightings" in more far-flung areas of the City. We also make use of the drop-in agencies who have a relatively high number of rough sleepers amongst their clients. These are good places to arrange follow-up visits, or to find individuals who have not been spotted on outreach sessions for a while.

Initially the outreach worker will try to cover basics, such as how long the individual has been sleeping rough, what accommodation he/she is seeking, are they getting the right benefits, whether there are immediate problems that could be addressed. In some circumstances the approach has to be even more low key than this - rough sleepers can be very wary of approaches from people they might assume were only interested in getting them off the streets. Further contacts would establish a clearer picture of what is blocked the path to accommodation.

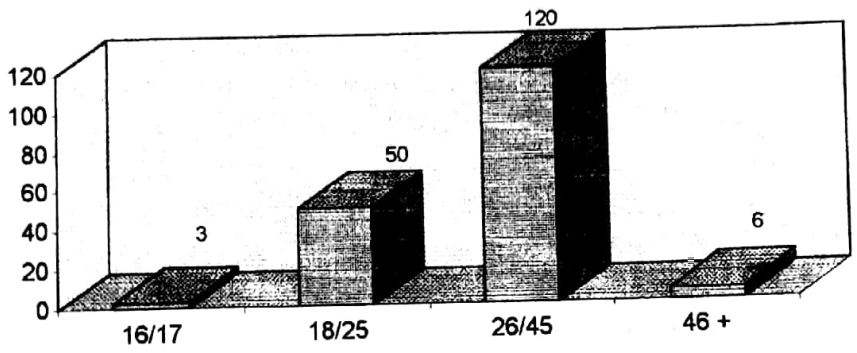
The outreach workers are then in a better position to plan ways of unblocking that path.
We encourage rough sleepers to make further appointments with us, or just suggest that they drop into our office some time. However, it is up to the outreach worker to ensure that follow up contact is made. Just because the rough sleeper does not show up at the appointed time does not mean that the work cannot be continued.

It has proved essential to establish trust. Most rough sleepers have "seen it all before" and many feel let down by the system. Those with an underlying mental illness may have been sectioned in the past. Those using drugs may not want to change. There are generally no quick answers to their predicament. Fresh approaches, persistence, a willingness to meet the rough sleeper on their terms - these are the main tools of the outreach workers (again, part of the ethos of our work with people with multiple problems).

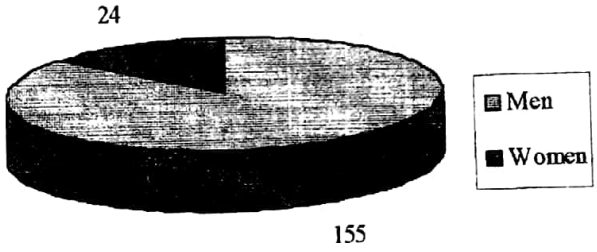
***Other agencies***
Much of our work with rough sleepers is reliant on the input of other agencies in Oxford, particularly our colleagues in the Salvation Army Homeless Outreach Team who also work with us on the streets. For our work to succeed there needs to be a strong network of services that can help us support rough sleepers into stable accommodation and beyond. Excellent work has been down this year in local hostels - the Night Shelter and English Churches Housing in particular - to make their agencies more responsive to the needs of rough sleepers. However, Oxford has a serious lack of good private rented accommodation and suitable "move-on" accommodation from hostels. A variety of inter-agency initiatives are currently trying to address these problems.

***A more detailed report about our work with rough sleepers will be produced later in 1999. Until then, here are a few facts and figures to keep you going.....plus a brief account of work with one particular rough sleeper.***

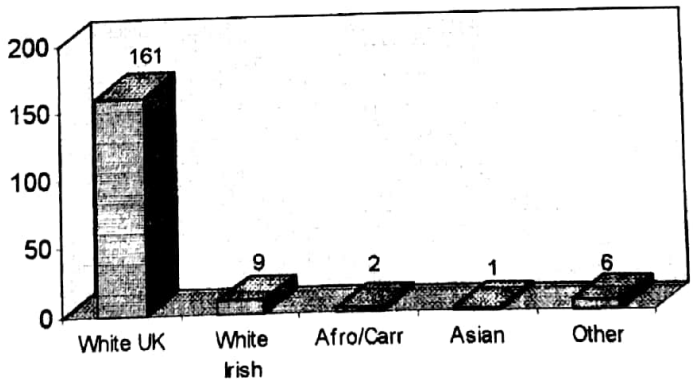
**AGE RANGE OF ROUGH SLEEPERS CONTACTED 1/7/97 - 31/12/98**
**(Total 179)**

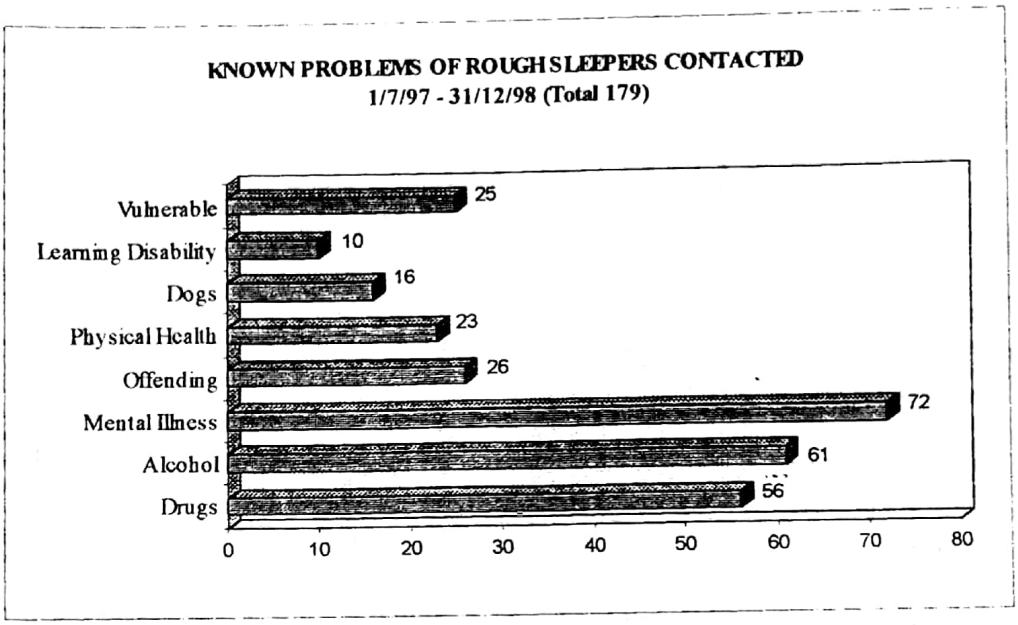


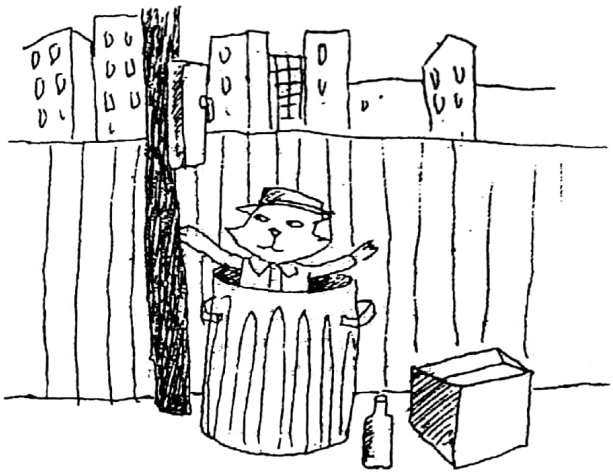

**GENDER OF ROUGH SLEEPERS CONTACTED**
**1/7/97 - 31/12/98 (Total 179)**




**ETHNIC ORIGIN OF ROUGH SLEEPERS CONTACTED**
**1/7/97 - 31/12/98 (Total 179)**





## CASE STUDY OF A ROUGH SLEEPER

Brint was a Rough Sleeper in his 30's who we discovered during an early morning outreach session in November 1997, by a canal. It quickly became apparent that Brint was a very vulnerable individual who also fitted our traditional 'difficult to place' type of Elmore client.

Although we as a team initiated contact with Brint, via the process of resettlement, many agencies have contributed along the way, with Elmore acting as the 'cog' in the wheel.

The whole process, from identifying Brint on assertive outreach to seeing him settled in a hostel, took approximately one year. This was a reflection on Brint's mental state rather than availability of suitable accommodation.

On the streets Brint presented as being very dishevelled; matted hair and beard, carrying scraps of food, like orange peel. He was sleeping in very exposed public areas, and would not accept blankets or a sleeping bag. His conversation was very limited and repetitive. He appeared to have problems with his thought processes, (? thought blocking) concentration, as well as poverty of speech and self-neglect. Brint could not identify that he had any problems or needs. He was not registered with a GP or claiming any benefits.

We felt that Brint was possibly displaying negative symptoms of schizophrenia and that his mental state was not permitting him to make 'free' choices about his lifestyle.

Whilst building a relationship with Brint, we planned two alternative action plans for care and resettlement. In extreme cold weather conditions, we consulted with the police and Approved Social Worker service, to consider use of Section 136 of the Mental Health Act, on grounds of severe self-neglect. Although not ideal we felt the risk of Brint dying from hypothermia to be very high. Our judgement was reinforced by the frequency of phone calls from concerned member of the public.

Despite frequent liaison with the police and A.S.W. service this plan failed, because Brint posed no risk to other, no agency appeared to have a duty to respond. This greatly concerned and exasperated us. Our coping mechanism at that time was to joke about embroidering the story around Brint, for instance.

would care be accessed for him if we said he was carrying a knife and flailing it in the air! We felt angry that given Brint's severity and unusual state of self-neglect it was not viewed as high priority.

The other care plan which coexisted at the same time was slow but successful. We managed to register Brint with a GP and place him in a hostel. Whilst at the hostel, resettlement workers there, sorted out his benefits. A psychiatrist regularly went to see Brint at the hostel, on an informal basis, not a structured interview approach because it was felt that Brint might disappear on to the streets again.

Brint has since left town, but we are ready and waiting if and when he returns.

**The Elmore Committee gratefully acknowledges financial and other assistance from the following organisations.**

**Oxfordshire Social Services**

**Oxfordshire Mental Healthcare NHS Trust**

**Oxfordshire and Buckinghamshire 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**

**The Oxford Sleep Out**

# THE ELMORE COMMITTEE

## STATEMENT OF FINANCIAL ACTIVITY ON GENERAL FUND

## YEAR ENDED 31 MARCH 1998

| | This Year £ | Previous Year £ |
|---|---|---|
| **Grant Income from Statutory Bodies** | | |
| Oxfordshire Health Authority | 31351 | 34075 |
| Oxfordshire County Council | 61194 | 34780 |
| Oxford City Council | 11736 | 11161 |
| Oxon & Bucks Probation Service | 31800 | 32163 |
| Other Oxfordshire District Councils | 1598 | 1749 |
| | 137679 | 113928 |
| **Other Miscellaneous Income** | | |
| Donations **NOTE 2** | 1021 | 1210 |
| Bank Interest | 4383 | 3226 |
| Miscellaneous | 20 | 17 |
| TOTAL GENERAL FUND INCOME | 143103 | 118381 |
| **District Charitable Expenditure on Community Support Team** | | |
| Staff **NOTE 3** | 102759 | 88202 |
| Accommodation | 9700 | 10500 |
| Other Running Expenses **NOTE 4** | 15194 | 8630 |
| | 127653 | 107332 |
| Other Miscellaneous Expenditure | | |
| Fund-raising and Publicity | 0 | 0 |
| Audit and Accountancy | 760 | 620 |
| Legal Advice | 0 | 294 |
| TOTAL GENERAL FUND EXPENDITURE | 128413 | 108246 |
| Total General Fund Surplus for Year | 14690 | 10135 |
| Balance Brought Forward from Previous Year | 35468 | 25333 |
| GENERAL BALANCE IN HAND | 50158 | 35468 |

## THE ELMORE COMMITTEE

## STATEMENTS OF FINANCIAL ACTIVITY FOR THE YEAR AND BALANCE SHEET AS AT 31 MARCH 1998

## NOTES FORMING PART OF THE ACCOUNTS

**NOTE 1** **Accountancy Policy**

The accounts have been prepared on the basis of historical cost and in accordance with the Charities Statement of Recommended Practice.

| | £ |
|---|---|
| **NOTE 2** **Other Miscellaneous Donations** | |
| St Michaels and All Saints Charities | 1000 |
| Other | 21 |
| | 1021 |
| **NOTE 3** **Community Support Team Staff** | |
| Project Leader and Social Work Staff | 67771 |
| Health Authority Secondment | 24558 |
| Secretarial Support | 10430 |
| | 102759 |
| **NOTE 4** **Community Support Team – other running expenses** | |
| Telephones | 1739 |
| Stationery, Printing and Office Expenses | 573 |
| Computer Equipment and Supplies | 601 |
| Computer Consultancy for Database | 5115 |
| Travel and Subsistence | 917 |
| Public Liability Insurance | 232 |
| Postage Books and Publications | 735 |
| Bookkeeping and Payroll Services | 2388 |
| Staff Training | 2091 |
| Advertising | 480 |
| Miscellaneous Expenses | 323 |
| | 15194 |
| **NOTE 5** **Restricted Charitable Donations** | |
| Support Team Welfare Fund | 883 |
| Furniture & White Goods Fund | 80 |
| Veterinary Fees Fund | 1400 |
| | 2363 |

| | | £ |
|---|---|---|
| **NOTE 6** | **Rough Sleepers Initiative** | |
| | Salaries | 9522 |
| | Recruitment | 1305 |
| | Rent, rates, heating, lighting, and cleaning | 800 |
| | Postage, Telephones and Stationery | 445 |
| | Printing and Photocopying | 87 |
| | Travel and Subsistence | 50 |
| | Conference, Seminars & Training | 200 |
| | Audit Fees | 200 |
| | Equipment | 582 |
| | | 13191 |

| | | |
|---|---|---|
| **NOTE 7** | **Restricted Fund Balances in Hand as at 31 March 1998** | |
| | Furniture and White Goods Fund | 3963 |
| | Support Team Welfare Fund | 649 |
| | Vetenary Fees Fund | 1364 |
| | | 5976 |

| | | |
|---|---|---|
| **NOTE 8** | **Cash at Bank** | |
| | Current Account | 2299 |
| | Higher Interest Account | 23298 |
| | Barclays Business Bond | 35000 |
| | Welfare Account Building Society | 642 |
| | | 61239 |

| | | |
|---|---|---|
| **NOTE 9** | **Sundry Creditors** | |
| | Trade Creditors | 5976 |
| | Receipt in Advance and Repayments | 0 |
| | Department of Environment, Transport and the Regions | 989 |
| | | 6965 |

## AUDITORS REPORT TO THE ELMORE COMMITTEE ON THE STATEMENT OF FINANCIAL ACTIVITY FOR YEAR ENDED 31 MARCH 1998 AND THE BALANCE SHEET AS AT THAT DATE

I have audited the above organisations Statement of Financial Activity on General and Restricted Funds for the year ended 31 March 1998. My audit was carried out in accordance with approved auditing standards and specifically by reference to the Auditing Practices Board's "Practice Note 11, The Audit of Charities".

My audit includes a specific audit of the Rough Sleepers Initiative activity finance by a Department of the Environment, Transport and the Regions Grant under Section 180 of the Housing Act 1996. I confirm that the tests specified in the Auditor's Report (Annex D) Guidance Notes which were enclosed with the Department's agreement letter have been carried out and I have obtained such further explanations as I considered necessary. I report that the actual spend on each grant expenditure head during 1997/98 was as shown in Note 6 set out on page 5 of these accounts. I am of the opinion that the grant of £13,191 shown in the Statement of Financial Activity on Restricted Fund (page 2) was fully and solely spent on the purposes set out in the Department's Financial Agreement dated 7 July 1997 between the Elmore Committee and the Department and excludes recoverable VAT. I am satisfied that the Organisation is not eligible for any other financial assistance towards the cost covered by this grant.

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 1998 and of the surplus for the year ended on that date.

Philip C Westell FCA
Registered Auditor

SIGNED ON BEHALF OF THE ELMORE COMMITTEE

..... Chairman ..... Secretary