ELMORE COMMITTEE

ANNUAL REPORT

JANUARY 1999 - MARCH 2000

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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 1999/2000

Officers:

President	Mr R W Elmore
Chair	Dr DW Millard
Vice-Chair	Dr P A Agulnik
Treasurer	Mr B Phillips
Secretary	Mrs L Dewhurst

Members of the Committee:

Dr G Flood
Jane Carlton-Smith

Co-opted Members:

Mr Gerry Marshall	Oxfordshire & Buckinghamshire Probation Service
Coun. John Tanner	Oxford City Council
Inspector Simon Pont	Thames Valley Police
Jenny Connolly	Oxfordshire Health Authority
Kurt Moxley	Oxfordshire Social Services
Colin Roberts	Barnett House

Elmore Community Support Team Steering Committee Members 1999/2000:

Jane Carlton-Smith	Chair
Dr P Agulnik	Consultant Psychiatrist
Mr B Phillips	Treasurer, Elmore Committee
Dr Chris Kenyon	G.P
Dr Sara Forman	Consultant Psychiatrist
Mark Hammond	OCHA
Hazel Nicholson	Social Services

Elmore Community Support Team Members:

Lesley Dewhurst	Manager	(0.8 wte)
Angela Stannard	Support Worker	(1 wte)
Naomi Evans	Support Worker	(1 wte)
Simon McGurk	Support Worker	(1 wte)
Alice Lanzon-Miller	Support Worker	(1 wte)
Greg McKittrick	Support Worker	(1wte) (from January 1999)
Melanie Swinburne	Support Worker	(0.6.wte) (from January 2000)
Hilary Jordan	Secretary	(0.6 wte)
June Dibb	Secretary	(0.4 wte)

CHAIRMAN'S INTRODUCTION

One of the pleasures attached to the role of chairing the Elmore Committee is to write an introduction to the Annual Report. In previous years this piece has itself been called a Report, but the truth is that the real work of the Elmore organisations lies in the contribution of the Community Support Team to the lives of those who use our services – and this is fully described in the pages that follow. You will see that the year has been one of consolidation and some expansion of the team and its work, and of the resources which enable this to happen. I hope all those who come into contact with our work – as users, or colleagues in the welfare agencies with which we collaborate, or those simply having a general interest in the social fabric of Oxford – will read what follows with care. I am glad to introduce this Report, and to commend it to you.

An obvious key to the extension of any service in the arena of health and social welfare is funding. One of the satisfying features of the year reported here has been the continued sound financial backing for our work. A small but greatly valued element in this is the contribution made each year by one or two charitable Trusts. I wish to record formally our thanks to those who help us in this way. The importance of that contribution is to make a reality of our position in the not-for-profit independent sector. It seems essential for the kind of work which we do that this is where we should be; certainly, it feels a comfortable situation from within the organisation.

But by far the larger share of the Elmore Committee's income arrives by way of the service agreements we have with a considerable range of statutory agencies, both local and national. I wish here also to thank those responsible within the management of those agencies. Realistically, it must of course be the case that no one will spend public money simply out of the kindness of their hearts. We appreciate that these agreements represent hardheaded business decisions that value for money will be returned. Certainly, we intend this to be the case and that it will be evident in the following report. Nevertheless, thanks are in order. We appreciate the friendly relationships that exist on a personal level with those with whom we do business, and on the institutional level we appreciate the trust in the quality, professionalism and effectiveness of the service which we provide. Perhaps one of the key elements in working with service users who have multiple and often complex difficulties is an unremitting attention to detail – a characteristic which cannot always be demonstrated externally, but about which the confidence of our funding agencies is important to us.

These remarks about funding give me the opportunity of thanking publicly our treasurer, Barry Phillips, who for more than 20 years has fulfilled this role in the Elmore organisation. He is one of the longest serving Trustees and his advice and shrewd management of the finances have been of incalculable value. A significant part in the life of an organisation such as ours is played by volunteers. It is appropriate from time to time to acknowledge with gratitude the contribution of all the members of the Elmore Committee, most of whom are also Trustees. In addition, the work could not go forward without the support of the Steering Committee which has continued under the able leadership of Jane Carlton-Smith. From the Chair, I am glad to thank all those whose names are listed on the following pages for their wisdom, expertise and time freely given.

During this year, a great deal, of preliminary work has been done towards updating our management arrangements to simplify and make them more efficient. The structures will change during the forthcoming year, but the need for this voluntary input will certainly remain.

Finally, as always I must record our respect and gratitude for the work of Lesley Dewhurst, the team Manager, and all the support workers and other staff. What a great team! They know the serious and substantial contribution they continue to make to welfare provision in Oxford. But it is good to recognise it once again here.

DAVID MILLARD
Chair, Elmore Committee

Elmore Community Support Team
MANAGER'S REPORT

Introduction

Welcome to this Annual Report. It covers a fifteen month period between **January 1999 and March 2000.** In previous years we have based our reports on a calendar year but now intend to produce the annual report in line with our financial year (March to April). For this report only this entails reporting on a fifteen month period. Next year will be more straightforward!

A lot has happened over the past fifteen months, though our core service remains unchanged – **to provide community support for single adults with complex multiple problems in Oxford City.** This report is intended to provide you with more information about how we go about doing this and the results that have been achieved. We hope that you enjoy reading it.

News from the Elmore Team

Client/agency questionnaire

For the first time this year we have carried out **a survey of agencies and users of our service to find out what they think about us.** This was a very useful exercise and is reported on more fully elsewhere in this report.

Investors in People

We were assessed for this award in March 2000 and are very pleased to say that we were **successful.** Feedback from the assessor was very favourable and demonstrated that the hard work we have been putting in to get our policies, procedures and development plans into shape was well worth it.

Dual Diagnosis Report

Summer 1999 saw the production of a report **"Reflections on Dual Diagnosis in Oxford City"** by Jeremy Spafford, an independent researcher, specially commissioned by the Elmore Team with funding from the Department of Health. Dual Diagnosis is a term used to describe the co-existence of mental illness and substance misuse – and

is applicable to over a third of our client group and therefore of great interest to us. This useful report researched services for this client group in Oxford from a service-user perspective, making recommendations as to how services could be improved. The work was presented at a seminar in September, which was very well attended and well received.

If you are interested in obtaining a copy of this report, please let us know.

Additional funding and work

During this period we attracted new funding from Thames Valley Police (for work with **mentally disordered offenders**) and Oxfordshire Youth Offending Team (for work with **16/17 year olds with multiple problems**). We are also about to start an exciting new collaboration with Connection (Oxford's floating support team) to improve support and services to **older people who are homeless or in danger of becoming homeless.** This work will be funded by Housing Association Charitable Trust and Help the Aged.

As a result of all this extra work, we have been able to **increase our support staff to 5.6 f.t.e.** This has involved retaining **Greg McKittrick** who was initially employed as maternity leave cover for **Melanie Swinburne** who has returned to work part time following a year at home with baby twins.

National Profile

We have spoken at several national events during the last fifteen months. Subjects have included our work with people with **multiple needs, dual diagnosis and outreach techniques.**

During the next few months **the "Elmore Model" is to be written up and disseminated as part of the work of the National Homeless Alliance Multiple Needs project**. We particularly welcome this piece of work as we have frequent visitors to the team and telephone enquiries regarding our distinctive way of working – a written summary will greatly add to the way we can pass on our experiences.

What does the Elmore Team do?

We offer community support to adults (over 16) with complex multiple problems. Our clients do not easily fit into existing provisions and are not seen as the clear responsibility of any one agency.

By "multiple problems" we mean a combination of any of the following:

- Mental health problem (including personality disorder)
- Learning difficulty
- Physical health problem
- Offending
- Substance misuse
- Self harm
- Accommodation problems
- Chaotic/bizarre behaviour

Our service is tailored to the needs of each individual. Interventions might include **practical help** (for example, with benefits or accommodation, or simply with keeping appointments), **emotional support** (it is important to establish a good trusting relationship), **advocacy** (for example, with court appearances), **re-engaging individuals with more appropriate services** (often liaising with mental health keyworker, social worker or probation officer).

We also provide an **outreach service to people sleeping rough with multiple problems**. 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.

If you wish to refer to the Elmore Team simply phone or write with a brief outline of the individual you wish to refer.

The Team will either offer an immediate response or refer the case on to our weekly team meeting, depending on the urgency of the case and on existing workloads.

If you are in any doubt as to whether we might be able to help, please still phone us. We can help you think through other options even if your client does not fit our criteria. **Our phone number is 01865 200130.**

Feedback from Service Users and Agencies

We conducted a very useful **questionnaire** earlier this year to try to elicit some real feedback from the users of the Elmore Team – both clients and other agencies – about the service we give them. The questionnaire was organised by Paula Spencer, a social work student on placement with the team.

We constructed the questionnaire for our **clients** in such a way that they could answer it completely anonymously. We felt this to be very important – there is nothing worse than being asked to give frank answers with a support worker watching over you. We were also aware that not all of our clients would return the questionnaire, even though we supplied stamped, addressed envelopes – so we were very pleased that **nearly a quarter** given out were returned completed. We asked our clients a number of questions, including:

- What they think the Elmore Team actually does for them
- What else they would like us to do for them
- Have they found our service helpful
- Do they know how to contact us

The feedback was generally very favourable. We received comments such as:

No one else came to see me. I can talk to her.

You sorted out problems with my doctor and landlord, taken away my feelings of despair and isolation and I have not found the need to take anti-depressants.

Good, not like any others.

It is a good and constructive service. For this I'm grateful.

The Elmore team have helped me so many times that if they weren't there I would probably be dead 100 times over. If you have a problem they have the time and patience and skill that no one else has or is there to help you.

And on a less positive note:

I feel the team were actively working against me on several occasions.

A phone call every alternate morning would help me.

I like to hear more from my support worker.

Several actions points came out of the questionnaire which we are following up, including **improving the back-up support available to clients when their regular worker is unavailable** and **considering ways of further involving clients in the planning and development of our service**.

The questionnaire to **agencies** asked different questions, including:

- Asking if the role of the Elmore Team is clear to agencies
- How quickly we responded to referrals
- How well we kept agencies informed about referrals
- How we were rated on our overall performance

We are pleased to report that, in most cases, the answers were either "good" or "excellent". However, we do note that we got a number of "satisfactory" responses to the "keeping informed" question. We are introducing new systems to ensure that this improves in future. We have also noted that a few agencies were <u>not</u> clear about our role. We have contacted those who requested a visit and have sent leaflets to others who felt they had lost touch with us. **Please note that we are always happy to come to team meetings or meet new members of staff to talk about what we offer.**

Comments from agencies include:

I have always found the members of the team to be both helpful and professional when working with my clients.

It's nice to find an agency willing to commit time and energy to their client group.

Give a very good service to clients. Very good relationship with our agency. Very supportive team overall.

We feel very pleased with the response that the questionnaire elicited from both clients and agencies – we certainly intend repeating it on an

annual basis. Thank you for all of you who took part – either completing a questionnaire yourself or helping one of our clients to do so. Thanks also to Paula Spencer, our DipSW student, for all her hard work.

Outcomes

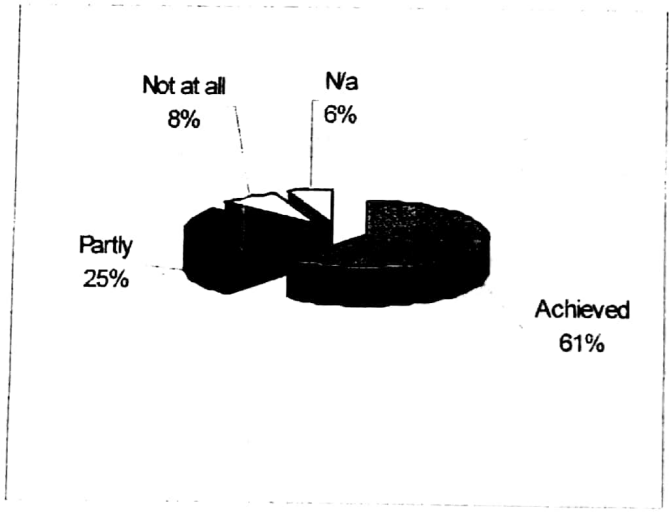
This is a word which sends shivers down everybody's spine. In our line of work outcomes seem intangible and impossible to measure. Though all our clients have multiple problems, all are individual. For instance, if we tried to measure "reduction in offending" what might be a significant reduction in some people might seem negligible when applied to others. However, this year we have tried for the first time to find something concrete to assess in terms of outcomes for our clients.

We decided to concentrate on four particular areas. Our starting point was to think about those factors which are the hallmarks of clients of the Elmore Team. We felt that, in most cases, our clients are **difficult to engage, chaotic at the point of referral, have problems with accommodation and are not in touch with appropriate agencies.** We assessed each of our clients from 1999/2000 against four questions connected to these hallmarks. We graded each question as being wholly achieved, partly achieved, not achieved at all, or not relevant to that particular client.

These were the results:

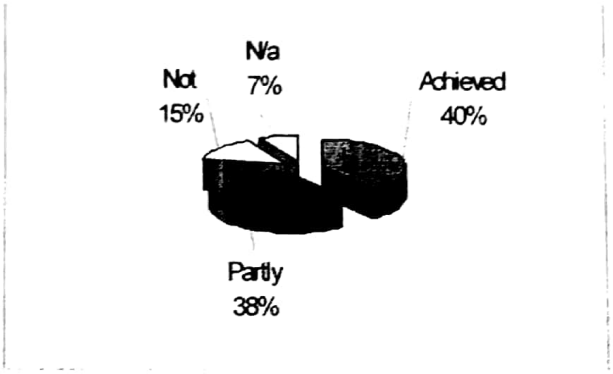
1. Has the client formed a trusting relationship with the support worker?

Most Elmore clients, at the point of referral, are wary of professionals and are often unwilling to engage. This is frequently a block to their receiving support or accessing services.



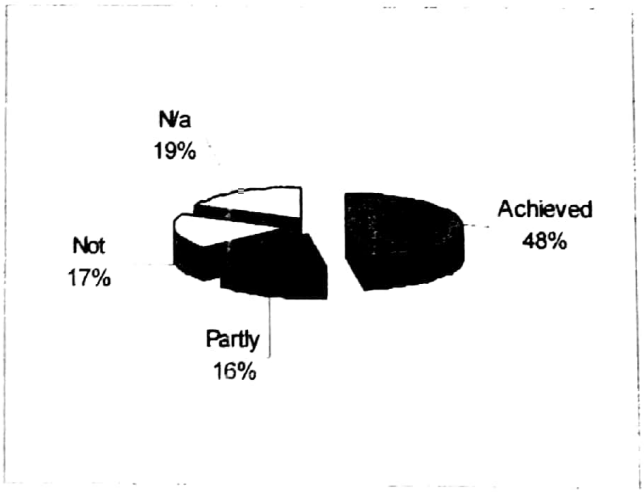
2. Has there been a reduction in chaos surrounding the client during the last year?

People with multiple problems tend to have an air of chaos around them – either because agencies do not know how to offer appropriate support or because of the actions of the client themselves.

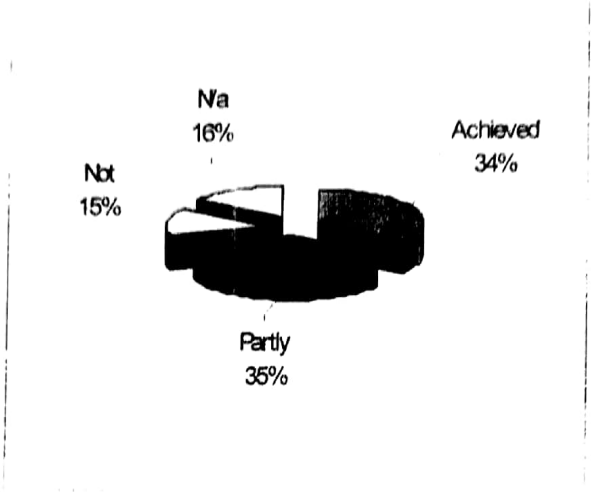


3. Has the client's accommodation situation stabilised during the last year?

Even if clients have accommodation it is often in jeopardy.



4. Is the client using other agencies appropriately?
At the point of referral this is rarely the case and it is one of the main tasks of an Elmore Support Worker to endeavour to "plug" clients in to agencies where relevant.



Elmore Team Statistics 1999/2000

Here are some facts and figures to put our work in context. In the statistics that follow we look both at the number of referrals we have had during the period as well as a breakdown of those we took on as clients.

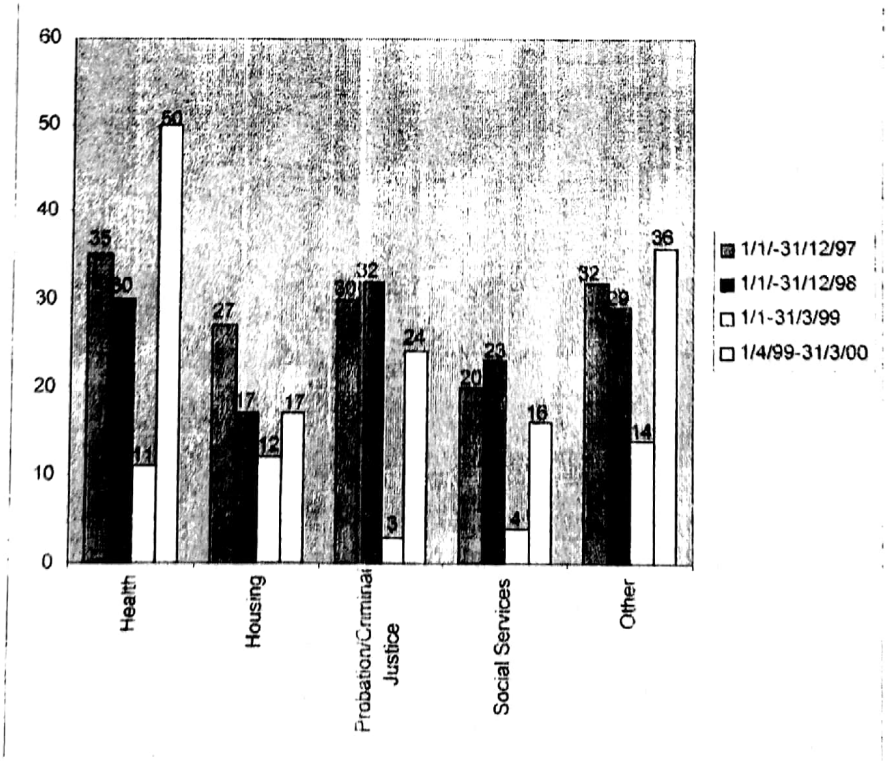
There may be other things you wish to know about our work which is not explicit in these graphs – in which case, please let us know and we will try to answer your questions.

Sources of referrals

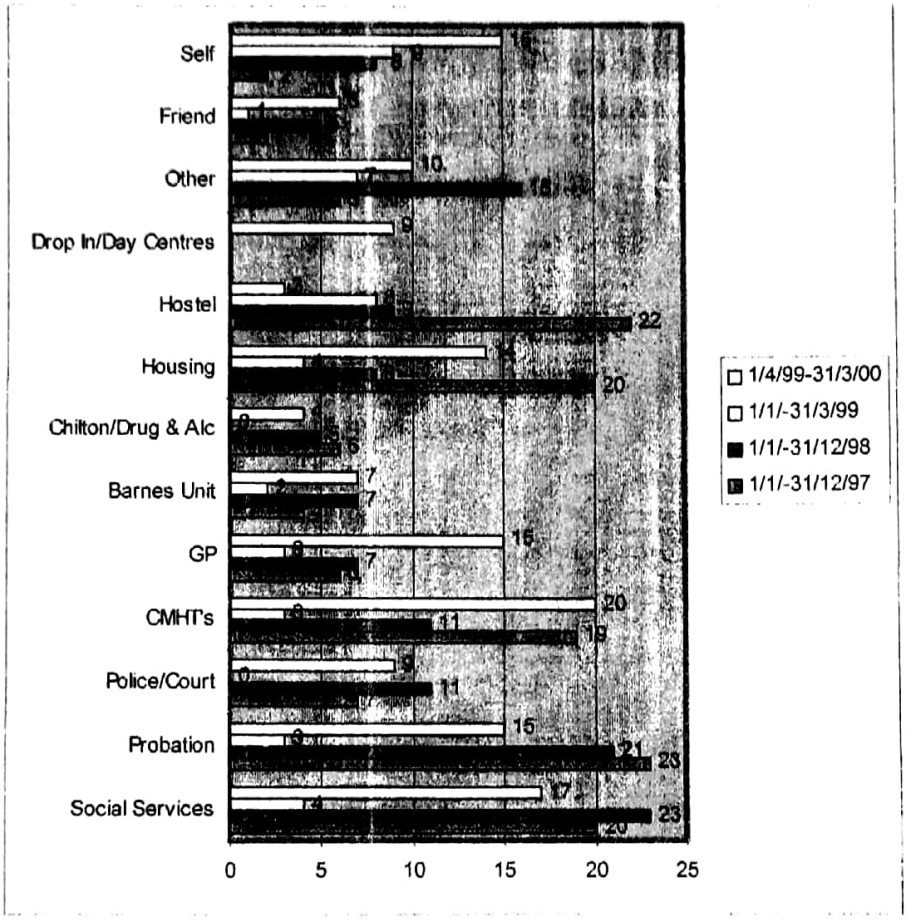
As in previous years, we have given you these statistics in two graphs – the second being a more detailed breakdown of the first.

(We have included a statistic for the first quarter of 1999 which would otherwise be missed, following our change from calendar year to financial year for this annual report.)

Graph 1 – Source of Referrals in 1997,1998 and 1999-2000
Total Referrals in 1997 – 144; 1998 – 131; 1999/2000 - 144



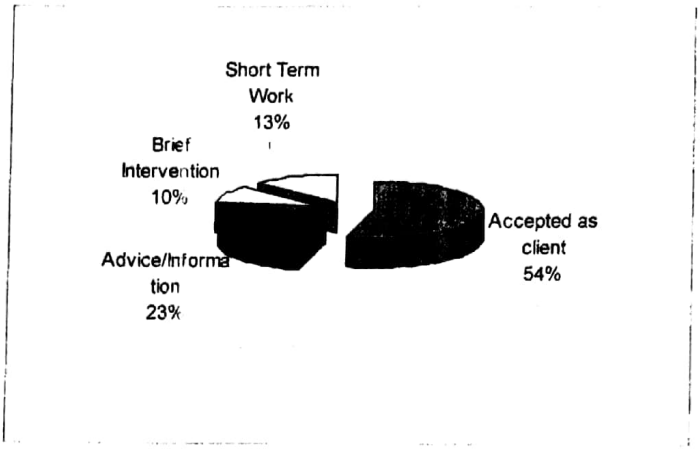
Graph 2 – Sources of Referrals – detailed breakdown (Total Referrals 1997 – 144; 1998 – 131; 1999/2000 - 144



The most significant change this year seems to be in the increase in referrals from both GP's and Community Mental Health Teams. For GP's this may be a reflection of the pressure they are under to be the first port of call for many people who are experiencing problems. As regards the CMHT's, it is worth noting that there is no CMHT Assertive Outreach facility within the City of Oxford.

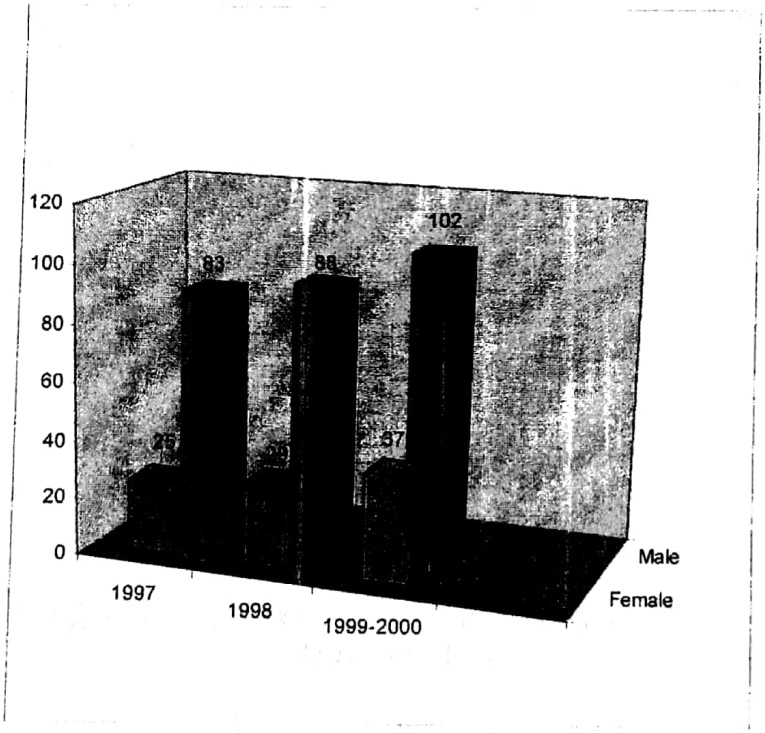
So, what did we do with these referrals? This is shown in Graph 3 below; an analysis of the outcomes of referrals. As in previous years we have broken them down into four categories:

- Accepted as client (for ongoing work)
- Short term work (fitted criteria but only needed a short input)
- Brief intervention (didn't fit our criteria but warranted brief input)
- Advice/information (didn't fit criteria but thought is given as to possible courses of action)



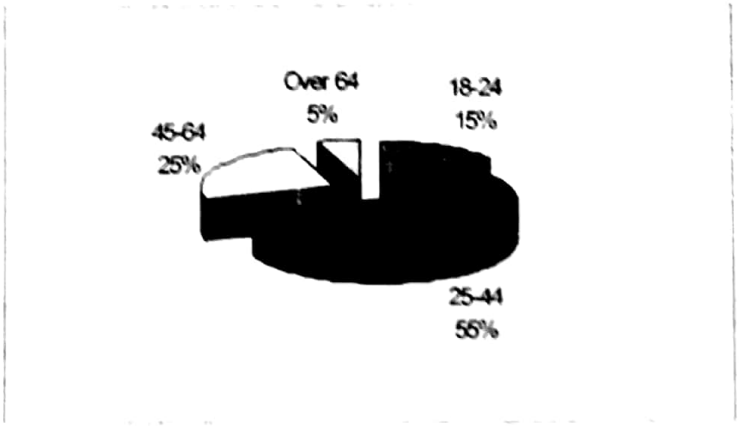
Graph 3 – Interventions with Referrals in 1999/2000 (Total 144)

Far more referrals were accepted as clients in 1999/2000 than the previous year – 54% compared with 31%. This indicates that referring agencies are referring more appropriately to us. Though we welcome this, it <u>does</u> put more pressure on the team with more clients to support!



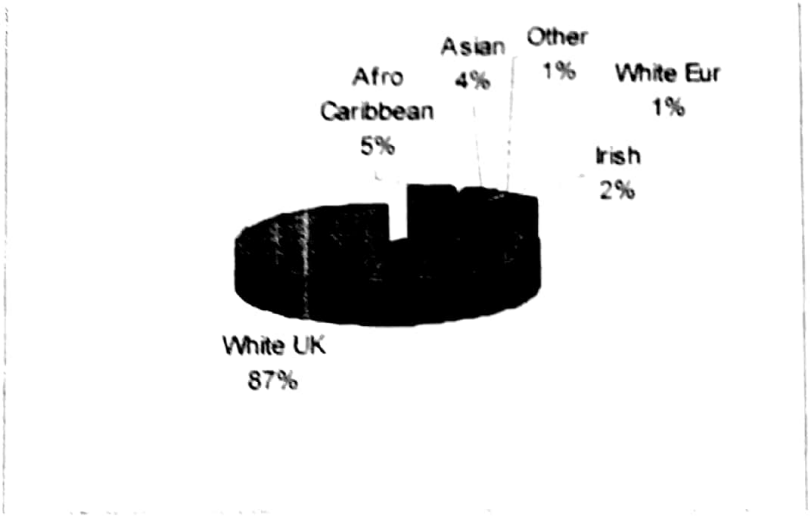
Graph 4 – Gender of Clients in 1997,1998 and 1999/2000 (Total number of clients in 1997 – 108; 1998 – 117 and 1999/2000 – 139)

The gender mix remains constant – 2:1 male to female. One particular feature of many of our female clients is that they are more likely to be in a relationship than male Elmore clients. Unfortunately this is more likely to be problematic than supportive.



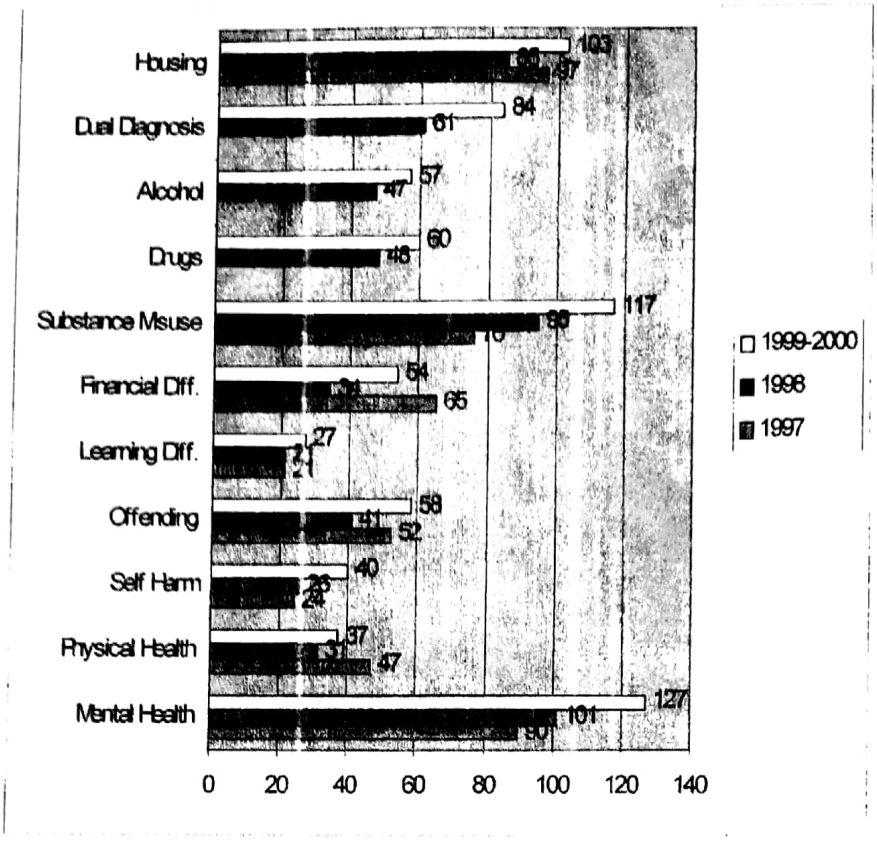
Graph 5 – Age Distribution of Clients in 1999/2000 (Total 144)

A slight increase this year in older clients, though not particularly significant. We anticipate that there will be changes to the numbers at the extremes of our age groups with our new work with the Youth Offending Team and older homeless people.



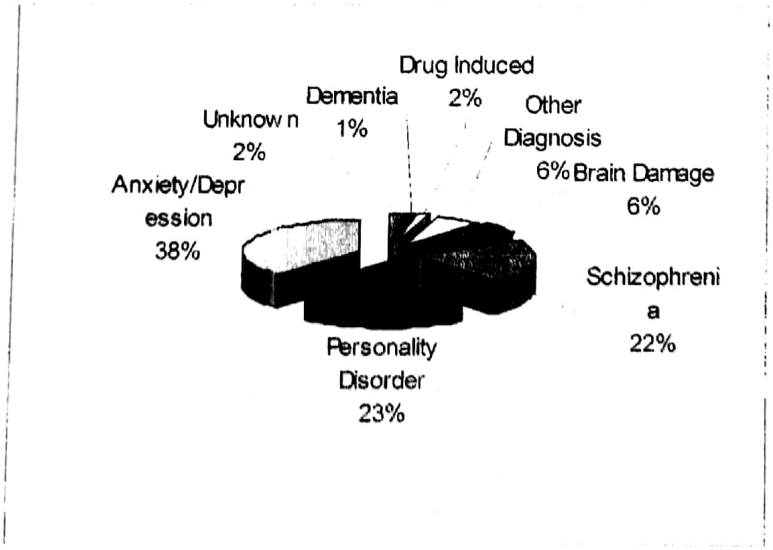
Graph 6 – Ethnic origin of Clients in 1999/2000 (Total 144)

A tiny increase in clients from black and Asian minorities this year. However, we were expecting to start picking up referrals of asylum seekers/refugees this year but, as yet, this has not happened.



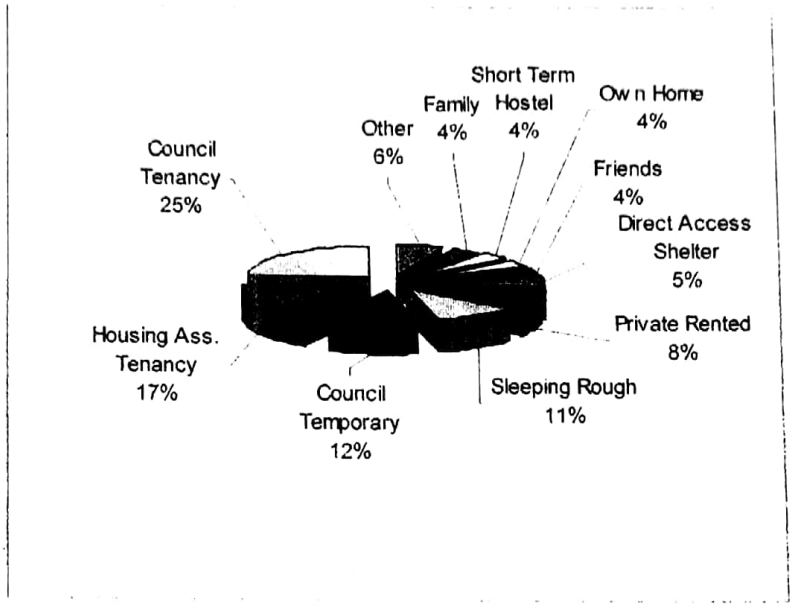
Graph 7 Known needs of clients in 1997,1998 and 1999/2000
Total number of clients in 1997 – 108; 1998 – 117; 1999/2000 - 144

Mental health, substance misuse and accommodation still top the lists of known client problems. We are pleased to be able to report that the subject of **dual diagnosis** is on many agendas around the network. Our report and subsequent conference on the subject certainly added to this debate.



Graph 8 – Breakdown on Client Mental Health Problems in 1999/2000
(Total number of client in 1999/2000 –144)

This graph shows what we mean by "mental health problem". It will be interesting to see what services are available for people with a personality disorder after proposed changes to legislation in the near future.



Graph 9 – Client Accommodation 1999/2000 (Total 144)

Over half of our clients are the responsibility of the local authority – either housed in temporary or permanent accommodation. A proportion of those sleeping rough may well fit into this category as well.

Outreach to Rough Sleepers

We are now in our third year of work with **rough sleepers with multiple problems.** We wrote a full report a few months ago. There follows some extracts from that report, to give you some details of our work in this area.

The report was about the second year of our work using outreach as a method of reaching both potential and existing clients who are rough sleeping. The team has otherwise been operating a service to people with multiple problems for ten years.

1. Methods of working

Assertive Outreach

This can mean different things to different agencies. To the Elmore Team it is a vital tool to engage with people who otherwise would not receive a service at all. Assertive outreach to us is the process by which individuals are proactively sought out and offered support. A variety of different methods and approaches are used if initial contact is met with refusal. There are often very complex reasons why individuals avoid receiving support. For instance:

- Bad experiences of "support" in the past
- Concerns about enforced medication/treatment for mental health issues
- Not been ready at the time the support was offered
- More immediate concerns have prevented long term plans working
- Refused help initially but then changed mind
- Antipathy to statutory services
- Literacy problems – can't read appointment letters
- Lifestyle prohibits appointment keeping (substance misuse, oversleeping etc)
- "Agenda" of support worker has not been same as individual

All of the above can apply to Elmore clients who are in accommodation as well as to those who are sleeping rough. Assertive outreach means thinking creatively and flexibly about how to engage with an individual. People who clearly have needs but are either initially unwilling or unable to accept help. Engineering "chance" conversations; finding things that the individual wants help with, rather than seeking to address the

obvious problems first; talking to as many other people who might have an angle on the situation; finding out what has worked in the past; trying to build a trusting relationship with individuals who have never experienced such a thing. All of these are basic tools for assertive outreach which Elmore workers use on a regular basis to attempt to engage with the "out-of-reach".

Times and places

All five Elmore Team support workers participate in outreach to rough sleepers. They undertake to carry out several outreach sessions a week each, working either singly or in pairs (depending on where they are going and on the time of day or night). Sessions are either in the early morning, during the day or in the evening.

Most of the work is done in the City Centre as that is where rough sleepers tend to congregate during the day, though individuals are followed up in more far-flung parts of the City, depending on where it seems we will have most chance of meeting up and engaging with them. Targeted work is more time consuming but potentially more fruitful – though it is also possible to spend two hours combing Port Meadow for a tent with no luck, but a chance encounter on the Cowley Road in the way to visit another client might reap rewards. Elmore workers try to be as opportunistic as possible, following up sightings of rough sleepers with persistence.

We also have a number of clients who have been referred to us from other sources other than outreach who either sleep out permanently or intermittently. Since referrals are generally made at a point of crisis (for example by the local hospital or magistrates court) it is often easier to find ways of engaging with the rough sleeper. Once the Elmore Worker has addressed the primary presenting problem (physical injury or court appearance for instance) then help finding accommodation follows naturally.

We are finding that rough sleepers who fit our client group (complex, multiple problems) generally also have complex, multiple reasons for not wanting to stop sleeping rough. This is often connected with a mental health problem and the fear of being treated or medicated against their will if they enter into accommodation. In these instances, the mental health problem generally needs to be addressed before anything else can change.

Interagency work
The team continues to liaise regularly, both formally and informally, with other agencies whose work impacts upon rough sleepers – particularly the other HAP and HMII projects. We host a fortnightly rough sleeper information sharing meeting at which individuals are discussed and ways forward are brainstormed. We co-work with other agencies where necessary and ensure that important information is passed on where appropriate, particularly where risk issues are concerned.

2. Case Studies

This section is to give you a flavour of our work with rough sleepers with multiple problems.

Arthur

46 year old man – physical health problems (swollen, ulcerated legs), mental health problem (schizophrenia with obsessive, compulsive disorder), in and out of accommodation and, finally sleeping rough. Major presenting problem and block to accommodation is his compulsive behaviour – visiting skips and bins around the City on his bicycle all day, collecting items (mainly paper) and storing it in his room until it is too full to get into.

We had known Arthur for two years before he took to sleeping rough regularly. He finds it very difficult to acknowledge that he has problems so any attempt to encourage him to clear his room/flat did not work. Likewise any attempt to engage him with medical professionals. However, once sleeping rough, ironically, it became much easier to work constructively with him. The main problem as Arthur saw it was that, sleeping rough, he had nowhere to store the items he collected each day, so now he was willing to work on his problems in order to find and keep accommodation. His physical health was also deteriorating. He was too busy to eat properly, too busy to see the GP to dress his ulcerated legs.

However, even though Arthur was now receptive to help, he was extremely difficult to find on the streets. His busy round of skip and bin visiting meant that he never kept appointments and his whereabouts were very unpredictable. Most of the resulting work took place on outreach sessions or as the result of chance meetings with Arthur in the street - encouraging him to re-present at the Homelessness Unit, liaising with hostels, getting him to visit hostels, negotiating terms with the

hostel that ultimately offered him a place. This took two months, in the coldest part of the year.

Arthur has maintained his place at the hostel since January. It has not been an easy six months. His keyworker within the hostel has worked very closely with both Arthur and the Elmore Team, setting limits on how much Arthur can store in the room and what the hostel can tolerate. We have also linked him up with a psychologist who is currently exploring other options with him. His legs are improving. He is glad not to be on the streets any longer but still has little insight into his problems. Progress is, and will continue to be, slow.

Ronald

It is difficult to say how old Ronald is – nor what his real name is. After 9 months of observation, repeated efforts to engage, tracking to see where he stayed, conversations with the police and concerned members of the public and attempts to gather information about him, Ronald remains a mystery.

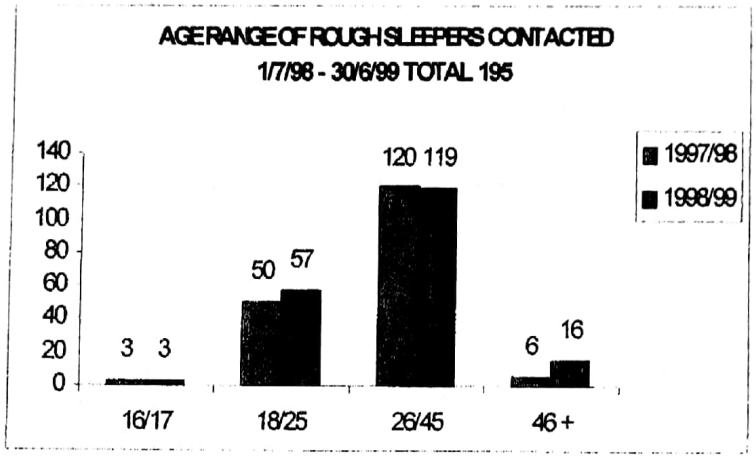
However, what is clear is that Ronald desperately needs help. With the help of the Community Psychiatric Nurse on the team we have been informally monitoring his mental state throughout the period. What at first was relatively unobtrusive – crossing himself repeatedly in the street, sitting for long periods in the same place, doing strange little dances on the pavement – has now become extremely obtrusive. He is self-neglecting badly, smells and appears to be covered in his own excrement. He is rumoured to carry a lot of cash and we are surprised that he has not been attacked – yet! The site of his rough sleeping (a public toilet) has been burned down and now he nods off on benches. We now feel that it is time for more urgent action and are activating a psychiatric assessment – which would necessarily mean police involvement. This is taking much co-ordination but we hope will eventually result in Ronald getting the help he needs.

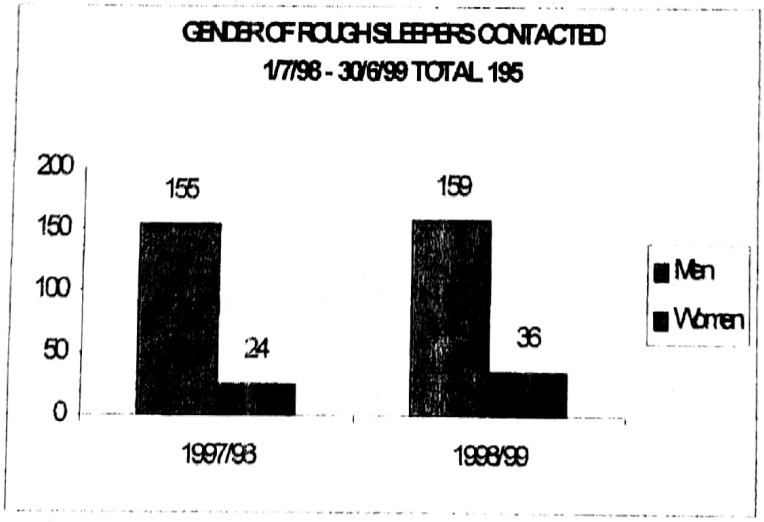
3. Statistics

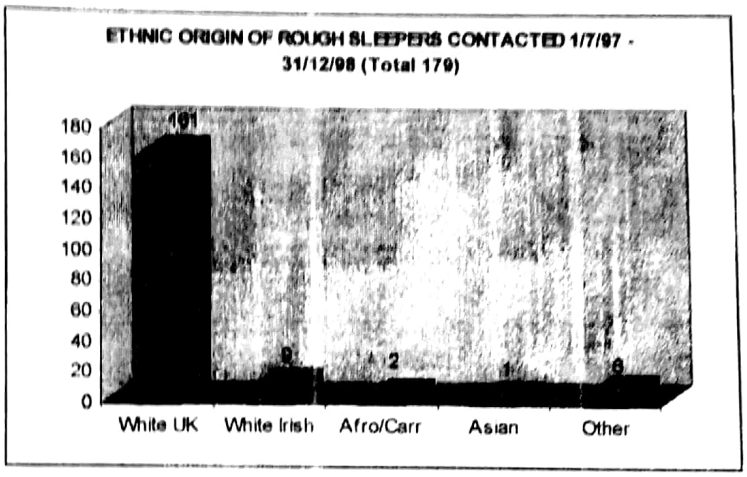
We have had contact with 195 different rough sleepers in the last year. We helped 30 get into stable accommodation (20 of whom had a mental illness). We linked 17 up with resettlement workers. Some remained clients of our team.

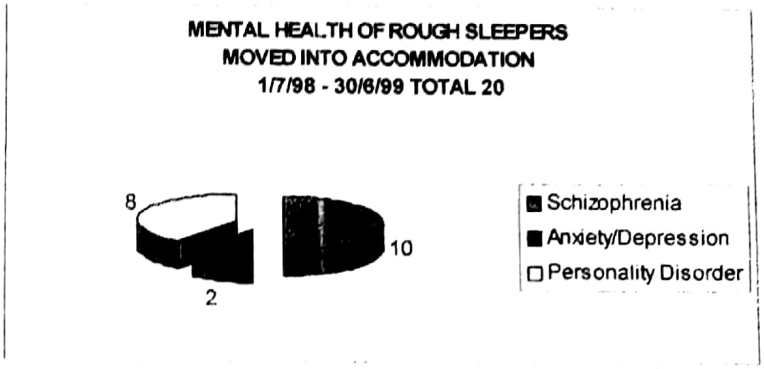
The statistics below give a break down of this work in terms of age, gender and ethnicity, along with the nature of problems experienced. We have also included a breakdown of the psychiatric diagnosis of those we housed who had a mental health problem.

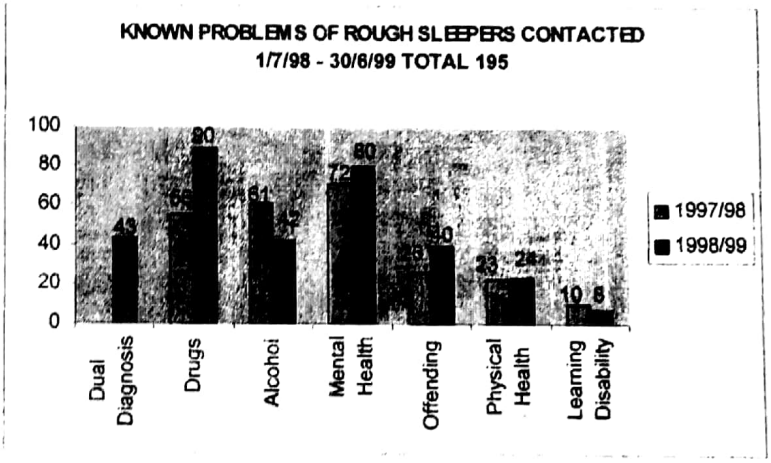
As mentioned previously in this report, we aim to improve the quality of our monitoring over the next year. We are aware that there are people we have not recorded contacts with, and clients of our team who have dipped in and out of rough sleeping without being recorded as such. We're working on it!











CASE STUDY – (SUSAN)

Susan is a 30 year old English woman who was first referred to the Elmore Team in 1993 by a housing association worker who had concerns for Sue's safety. Her five daughters had recently all been taken into care and Sue was very depressed, misusing solvents. She was then sectioned and admitted to the Warneford Hospital due to concerns of risk from solvent abuse. At this stage Elmore support was withdrawn due to the amount of other agencies working with Sue.

Four months later Elmore followed up Sue's situation to check she was able to use the statutory support offered. This resulted in a second referral. Sue was sexually abused in care as a seven year old, had recently been raped and had a history of overdose, self-harm and suicidal behaviour. There had been several admissions to psychiatric wards. Furthermore she had a long history of polymorphous drug misuse including a three-year heroin addiction. Preliminary work was done with Sue reference drug rehabilitation referral and joint work was done with probation offering emotional and housing support. After nine months Sue withdrew from contact with the team, perhaps not yet ready to make the changes she had identified as wishing to make.

A third referral was made to Elmore in 1998 following Sue's release from prison following a sentence for street robbery. She had recently overdosed and had been admitted to hospital several times. Similar issues were presented as in 1993 however her children had now been officially adopted and her chaotic lifestyle became even more entrenched.

Referrals were made by Elmore to supported accommodation; the referrals to drug rehabilitation re-made and advocacy work as Sue contested the County Court adoption decision. During the last two years Elmore have continued supporting Sue on many issues. Emotional support around post-traumatic stress resultant from the rape as an adult and sexual abuse as a child. Housing support, practical support such as benefits liaison and joint work with the City CMHT and voluntary agency drug workers.

Sue had currently stabilised somewhat. The last eight months have seen a relative reduction in chaos, her drug use whilst still episodic had reduced considerably, hospital admissions have lessened and though concerns still remain around suicidal behaviour Sue is far more open and able to utilise support. Periods of respite in a therapeutic

community now provide an alternative to hospital admissions, whilst Sue awaiting funding for a drug rehabilitation placement.

The ability to be able to offer long term, flexible client led, holistic support has provided some consistency otherwise unavailable to someone with such a chaotic lifestyle and multiple complex needs. Slowly Sue is stabilising and is now able to begin effecting some positive changes in her life.

CASE STUDY (J)

J aged 28 has been known to the Elmore Team for over five years.

She was originally referred by The Bridge (emergency accommodation for people under 25), after being brought there with no shoes, by ambulance.

She had a diagnosis of schizophrenia and had three children taken into care.

She said she knew Oxford and had a brother in Oxford and so wanted to stay.

It was important to get her registered with a GP in Oxford, and obtain medication for her schizophrenia.

I met her and tried to establish a rapport. She was difficult to engage with and presented as someone with a learning disability. In addition she often had her head in a glue bag and refused to abandon it.

Over the next dew months I linked her up with a GP and went with her regularly to ensure she received her medication. She did not want anything to do with psychiatry or social services, so I took the more active role, although she had a keyworker from a community mental health team in the background.

I took her to the Homeless Department of Oxford City Council where she was given Bed & Breakfast accommodation, and afterwards her own flat.

I also introduced her to a Day Centre run by MIND, which she liked, and attended daily on condition she abstain from solvent abuse on their premises.

When J was offered a council flat, I helped her with all the practicalities involved, obtaining furniture setting up the bills, liaising with the DSS etc.

Having settled into her flat J became very lonely and invited men in who exploited her and she started poly-drug abusing and injecting substances.

She also took frequent overdoses and started cutting herself as an expression of her unhappiness. She became well known to the Department of Psychological Medicine at the JR II from frequent short admissions.

I became involved then in mini case conferences with both the Housing Department and the Health Authority. I began to explore other options for J who was clearly not managing independently and was likely to be evicted from her flat, because of complaints from the neighbours.

The flat was in a terrible state and needed myself and another Elmore worker to give it a blitz clean.

This was prior to her going for a long period of respite care to The Knowl in Abingdon.

This proved to be an excellent move as it got her away from her undesirable associates in Oxford and gave her a regular routine and structured activities.

THE ELMORE COMMITTEE GRATEFULLY ACKNOWLEDGES FINANCIAL AND OTHER ASSISTANCE FROM THE FOLLOWING ORGANISATIONS.

Oxfordshire Social Services

Oxfordshire Mental Healthcare NHS Trust

Oxfordshire & Buckinghamshire Probation Service

Oxford City Council

Oxfordshire Health Authority

Mental Illness Specific Grant, Homeless Mentally Ill Initiative

Department of Environment Homeless Accommodation Programme

Youth Offending Team

Thames Valley Police

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 2000 (SUBJECT TO AUDIT)

	This Year £	Previous Year £
Grant Income from Statutory Bodies		
Oxfordshire Health Authority	33100	32213
Oxfordshire County Council	72938	52162
Oxford City Council	16603	12764
Oxon & Bucks Probation Service	26800	31800
Thames Valley Police Authority	3000	0
Other Oxfordshire District Councils	557	1063
	152998	137679
Other Miscellaneous Income		
Donations **NOTE 2**	2510	1160
Bank Interest	2946	4335
Training fees	3860	1360
Miscellaneous	0	21
TOTAL GENERAL FUND INCOME	162314	136878
Expenditure on Community Support Team		
Staff **NOTE 3**	132150	114281
Accommodation	9958	8750
Other Running Expenses **NOTE 4**	13270	11056
	155378	134087
Other Miscellaneous Expenditure		
Fund-raising and Publicity	0	0
Audit and Accountancy	760	760
Legal Advice	539	0
TOTAL GENERAL FUND EXPENDITURE	156677	134847
Total General Fund Surplus for Year	5637	2031
Balance Brought Forward from Previous Year	52189	50158
Adjustment to DETR Restricted Grant 1998/99	(212)	0
GENERAL BALANCE IN HAND	57614	52189

THE ELMORE COMMITTEE

STATEMENT OF FINANCIAL ACTIVITY ON RESTRICTED FUNDS

YEAR ENDED 31 MARCH 2000 (SUBJECT TO AUDIT)

	This Year £	Previous Year £
Income		
Department of the Environment, Transport and the Regions Rough Sleepers Grant	24752	22928
Oxfordshire County Council – research project	0	10000
Restricted Charitable Donations **NOTE 5**	4691	2800
Income from Restricted Funds Assets	42	31
TOTAL RESTRICTED FUNDS INCOME	29485	35759
Expenditure		
Rough Sleepers Initiative **NOTE 6**	24752	22928
Welfare Support for Community Support Team Clients	4193	3638
Oxfordshire County Council – research project	5000	5000
Other Miscellaneous Expenditure	0	0
TOTAL RESTRICTED FUNDS EXPENDITURE	33945	31566
Total Restricted Funds (Deficit)/Surplus for Year	(4460)	4193
Balance Brought Forward from Previous Year	10454	6261
RESTRICTED FUNDS BALANCE IN HAND **NOTE 7**	5994	10454

THE ELMORE COMMITTEE

BALANCE SHEET AS AT 31 MARCH 2000 (SUBJECT TO AUDIT)

	This Year £	Previous Year £
Current Assets		
Cash at Bank **NOTE 8**	59632	73111
Cash in Hand	150	152
Sundry Debtors	5682	1545
	65464	74808
Less: Current Liabilities		
Sundry Creditors and Receipts in advance **NOTE 9**	1856	12165
	63608	62643
Represented By:		
General Fund Balance in Hand	57614	52189
Restricted Funds Balance in Hand	5994	10454
	63608	62643