

Elmore
Community
Services



Annual Report

April 2013 – March 2014

www.elmorecommunityservices.org.uk

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Who we are

Elmore Community Services (Elmore) is a registered charity governed by a Board of Directors. It provides high quality services for marginalised and disenfranchised people in Oxfordshire. Elmore was established in 1989 after an Oxford research project studied the weaknesses of service provision for people deemed 'difficult to place'. The result was a three-year pilot project for people who have complex needs. Since then, Elmore has grown and developed innovative solutions to support clients with a wide range of needs, including personality disorders, mental health problems, learning disabilities, offending behaviour, anti-social behaviour, teenage pregnancy and child protection, homelessness, sex working, drug and alcohol problems, and relationship breakdown.

Our mission

Elmore Community Services aims to work with people with complex needs, including mental health problems, who do not easily fit into existing service provision or who need support to access services in their local community. We aim to identify gaps and barriers in current provision and to create and implement models of working that address these issues. We work directly with people on the margins of society and aim to enable such individuals to enjoy their basic rights.

The year at Elmore

As Chair of Elmore Community Services, I am pleased to present this year's Annual Report, the publication of which coincides with the celebration of Elmore's 25th Anniversary.

Arguably our 25th Anniversary falls at the most difficult time in the delivery of community services in the whole of that period, with funding at its tightest and statutory services significantly stretched. Elmore staff pride themselves on rising to the challenge and, this year, have successfully delivered on Elmore's contracts and expanded into new areas of work with characteristic determination and professionalism.

We have successfully delivered on our two primary contracts: in relation to mental health (Supported to Independent Living (SIL) contract) and complex needs (including the Hostel In-Reach and Tenancy Sustainment posts). A proactive approach has included developing new ways of working with different models in respect of supported hospital discharge, anti-social behaviour, and sex workers pathway and staff have been enthused by extremely positive outcomes.

**Elmore staff
pride themselves
on rising to the
challenge...**

This year we have reviewed and improved our core processes, and recruited high calibre new staff. The commitment and motivation of our staff is our greatest asset and through the course of the year they have earned some excellent feedback from both service users and stakeholders. We have invested in support for our managers, in order to widen their competencies to support their teams and engender innovative ways of working within available resources. Our commitment to supporting staff development and engagement will ensure that we have flexible and robust teams with the right skills to deliver our high quality service.

Our Chief Executive Officer, Charlotte, is moving on to a new phase in her life, taking on a bigger role in a larger organisation and I should like to thank her for her commitment to Elmore and all her hard work.

Consultation and strategic planning have been a main focus this year: we have consulted with staff, clients, partners and external stakeholders to arrive at a flexible strategy which will enable us to adapt and shape the way we deliver our services over the next four years in a climate of constrained resources. The strategy will help us to build on our outcome-focused methodology to develop our successful persistent outreach service model through exploring its evidence base.

We will continue to work closely with local partners to meet our primary focus: to provide continuity and stability of support to the vulnerable members of our community with the most complex needs.

Very many thanks as ever to all our staff for their dedicated work, always taking extra steps to support those whom other services might not reach; and for their pride in the unique service we provide. Thanks too must go to our committed Board members, Commissioners and partners, without whom, the work we do would not be possible.



Patricia Wooding

Chair, Elmore Community Services

Building trust

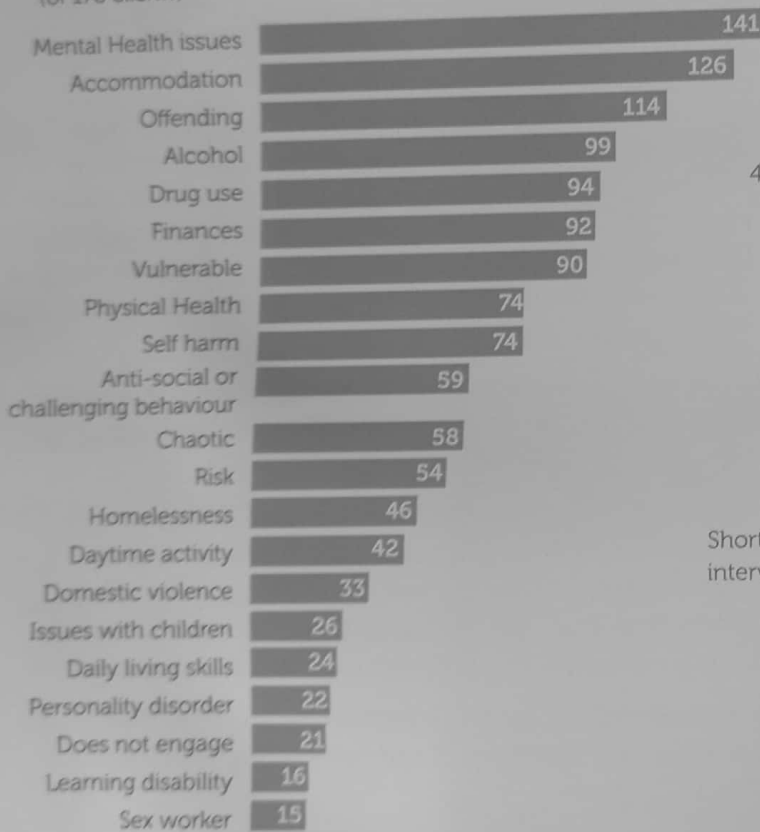
The Complex Needs Service

Elmore supports people with multiple, complex needs, including problems with accommodation, physical and mental health, drug and alcohol misuse, self-harm, offending behaviour and child protection issues.

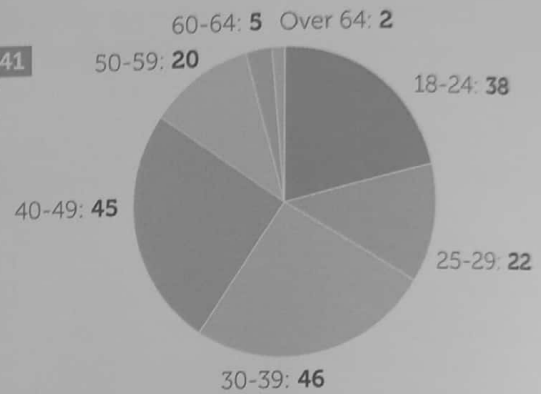
Many of our clients have chaotic lives and suffer from emotional difficulties and stress. Elmore's flexible approach enables us to engage with people who may have slipped through the net provided by mainstream services, and to make a positive and lasting impact on their lives. We enable our clients to stabilise their lives by linking them with the local services they need, such as health, housing and legal services. We also provide emotional support – helping individuals in crisis to gain self-confidence and independence, and working with them for as long as they need us.

Breakdown of needs

(of 178 clients)

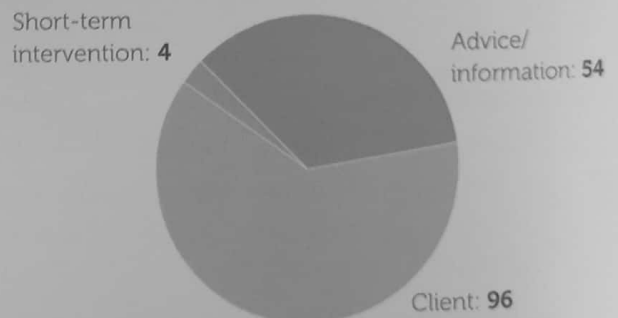


Age range of clients



Outcome of referrals

(from 154 referrals)



93%

of clients in council accommodation were supported to sustain their tenancies

Beth's story

Beth has been a client of our Complex Needs Service since March 2012. She was referred to us by another support service due to the length of time she had worked with them. She has a diagnosis of Complex Personality Disorder, Anxiety and Depression, and was extremely vulnerable – using alcohol and drugs excessively. She had previous hospital admissions resulting in intensive care due to organ failure; and also self harmed through cutting and burning, and made numerous suicide attempts.

Beth was often attacked due to her sexuality and cross dressing. She was exploited (including financially) and she had to move properties a number of times due to associates causing anti-social behaviour. At the point of referral, she was about to be evicted and would be made intentionally homeless. She had no insight into the consequences of her and others behaviour and was erratic and impulsive. She was unable to work with statutory mental health services due to her substance misuse.

By assertively engaging with Beth and liaising with other agencies, we managed to keep her safe and get her re-housed with the Council. We had initially supported her to get into a residential alcohol programme; however, she was deemed too high risk. Unfortunately, statutory services continued to feel unable to work with her.

We did not give up on Beth and worked with her with a bounded approach to access health appointments and medication, substance misuse support and appropriate housing.



By assertively engaging with Beth... we managed to keep her safe and get her re-housed.

At times, she found it difficult to engage with us due to her substance misuse and was often challenging in her behaviour. We were clear and transparent with her on how to work with us appropriately, and she took this on board.

We intensively supported Beth alongside a solicitor, and the decision that she was intentionally homeless was overturned. We were then able to support her with

the Council to keep her safely housed.

Beth is now safely housed away from previous exploitative associates and has stopped taking drugs. Her alcohol use has reduced a great deal and her mental health has improved, with her managing her own behaviours more effectively. Beth no longer self harms, and has more of an insight into the consequences of her actions.

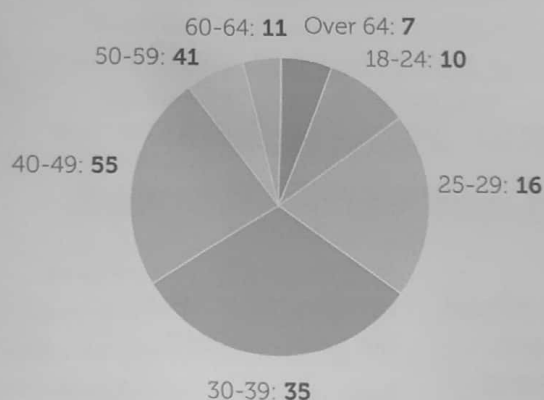
Reaching out

The Mental Health Team

Mental health issues such as depression or social anxiety can make it very difficult for people to seek help. We give our clients the long-term practical and emotional support and access to specialist services that can help them improve their lives.

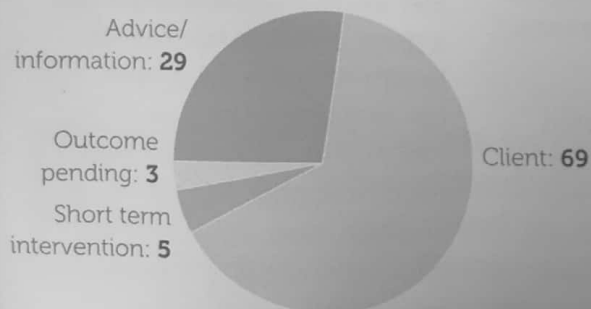
Elmore's team approach means we can pool our skills and experience to offer clients a wide range of support to help their recovery. This includes practical help with housing, benefits, bills and debts, or to deal with police or solicitors. We also help our clients gain access to health care and other services, including specialist counselling. And we offer one-to-one emotional support, meeting clients wherever they feel most comfortable, be it at home, at a café or in the park. Our "traffic light" system enables us to highlight concerns and to ensure that the whole team is alerted when we feel a client is at risk.

Age range of clients



Outcome of referrals

(from 106 referrals)



Breakdown of needs

(of 175 clients)



80%

of clients had support in place when their case was closed

Morgan's story

The following case study has been written by Morgan, with the support of their Elmore worker...

I was referred to Elmore by my Community Psychiatric Nurse (CPN) whilst I was psychotic. At the time I was agitated and could not sit still. I was not able to keep appointments, and had no self worth. I met two Elmore workers at first, I was in an awful state, and was so rude. Once I even threw a saucer at them, but they were kind and tolerant and did not give up. My CPN got me on the right medication, but you can't take medication alone, you also need support.

Elmore were very helpful. They supported me through court, which was very stressful. They reassured me that I would not go to prison, and helped me to reflect on my own behaviour and its potential consequences. My workers have supported me to keep to boundaries with my family. We would plan for and evaluate family events, and make contingency plans for if things went wrong. I spent last Christmas with my family, and I asked to be called for a chance to let off steam which was really helpful. My relationship with my family is now much better and we even went on holiday this year.



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"Elmore helped me to reflect on my own behaviour... and have supported me to keep boundaries with my family"

Elmore helped me to understand what organisations are out there to help me improve my health, which I would not have found out about otherwise. Through a Support Plan I was able to take pragmatic action to improve my situation, without becoming dependent upon my Key Worker. I liked how the meetings were informal, and my workers helped me to evaluate my feelings and

thoughts, which can be hard to do when you are psychotic. They were never patronising, as some professionals can be, and were always positive and hopeful.

Before Elmore I was in a state of child-like dependence, but now I can cope alone, which feels wonderful!

Bridging the gap

The Anti-social Behaviour Team

We work with people with complex and multiple support needs who are involved in anti-social behaviour. Our approach provides a crucial bridge between enforcement and support.

Elmore provides intensive support to people at any stage in the Anti-social Behaviour (ASB) process, including early identification and warning, Acceptable Behaviour to Anti-social Behaviour Order (ASBO) and Criminal Anti-social Behaviour Order. We also work with people who are in prison for breaching their ASBOs. Our service includes providing advice and information, accompanying clients and advocating on their behalf in court and custody, and enabling clients to recognise the patterns of their behaviour and its impact on others. We also help individuals develop self-management skills, tackle wider issues in their lives, and access health care and other services that could help them. Crucially, we continue to support clients as long as there is a need.

88%

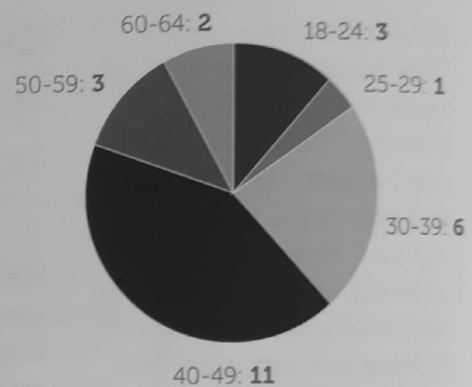
of clients were no longer exhibiting anti-social behaviour by the time their case was closed

Breakdown of needs

(percentage of 26 clients)

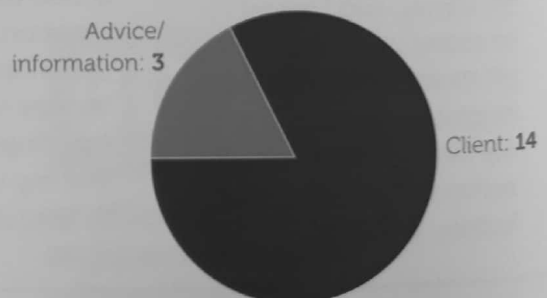


Age range of clients



Outcome of referrals

(from 17 referrals)



Rachel's story

Rachel is a sex worker; she has a crack and heroin dependency, her lifestyle is extremely chaotic, and she has no fixed abode.

She is someone that struggles to attend appointments, and can be difficult to locate. She is often trafficked around the country for periods of time. She fled her previous home town after experiencing domestic violence from her ex-partner, who profited from her sex working. Rachel has a diagnosis of personality disorder and depression, but she is not supported by secondary mental health services. Rachel has been open to the Elmore ASB Team since it started, and was previously supported by the main Elmore Complex Needs Team. In total, Elmore has worked with her for over six years, enabling a relationship of trust to be built up.

One morning, Rachel came to the Elmore office and spoke to her key workers on the ASB Team. Rachel was clearly upset, and proceeded to inform them that she had been very seriously sexually assaulted the day before. She was in acute physical pain and could barely walk. Staff spent the rest of the day supporting Rachel and

liaising with the police. The fact that Rachel felt able to ask for help and disclose what had happened was seen as a very positive step, as she had a long history of being distrustful of others (and professional in particular). The team worked intensively with her on that day to get Rachel a script for methadone for her heroin use, helped her find accommodation, and supported her to speak to the police to make a statement.

Elmore has worked with Rachel for over six years, enabling a relationship of trust to be built up.

At the end of the day, accommodation had not been secured, so Elmore paid for B&B accommodation for Rachel. This was to enable her to be safe and to help her physically recover from her ordeal. She was supported to approach a local district council and make a formal homelessness application, but initially was not seen to be vulnerable enough to be 'priority need'. Elmore



challenged this decision with legal advice, and were able to get Rachel housed in temporary accommodation. She has remained there since and has made huge positive steps forward, including being able to access dental treatment and getting her benefits consistently paid to her.

Crisis intervention

Hospital Discharge Service

Elmore's Hospital Discharge Service aimed to support patients accessing A&E departments in Oxfordshire who were classed as 'NFA' (No Fixed Abode), and had multiple and complex needs.

The service provided a rapid response to referrals for patients who were accessing A&E and were homeless, and worked closely in partnership with A&E and hospital staff to try and ensure people were not discharged unless they had an address to go to. The project helped to co-ordinate support across multiple teams, including homelessness services, council staff, and Social Services. It also supported individuals to access other support if they needed it, including mental health care, drug/alcohol services, and benefit advice. The project also provided advice and education to hospital staff about the range of homelessness services and housing options available for NFA patients. The service ran during February and March 2013.

The service is funded by: The Department of Health.

Sally's story

Sally referred herself to the hospital discharge project while she was still in hospital. She had a long history of mental health issues, drug misuse, and offending. Prior to being admitted to hospital, she had been resident in a homeless hostel, and before this had been rough sleeping.

She had been admitted following serious complications from injecting heroin. While on the ward, Sally's behaviour was deemed to be very disruptive to other patients, to the point where hospital security staff were frequently being called. Due to this the hospital did not feel able to care for Sally, and were insistent that she leave the ward ASAP. She required significant daily wound management, which the hostel she had been at did not feel able to accommodate.

Elmore's Hospital Discharge Worker met with Sally while

she was still on the ward. They were able to talk to her about what she wanted and where she would be happy to be discharged to. Following this, Elmore attended a multi-agency meeting with homelessness services, including medical support and housing. It was agreed at this meeting that she could be discharged to one of the homeless hostels (different from the one she had been admitted from), with intensive support in place via Elmore, community nurses, and the hostel staff. Sally was informed of this plan, and was very happy with it.

Sally was successfully discharged to the hostel, and continued to receive the agreed support. With on-going Elmore support, she was able to access harm minimisation services to start tackling her drug issues, and was able to get a bus pass to help her get around and to go to appointments. Her physical health needs were well managed by the community nurses, and good communication was carried on between all agencies. Elmore also helped her to repair her relationship with her estranged mother, to the point where they were able to starting meeting up again.

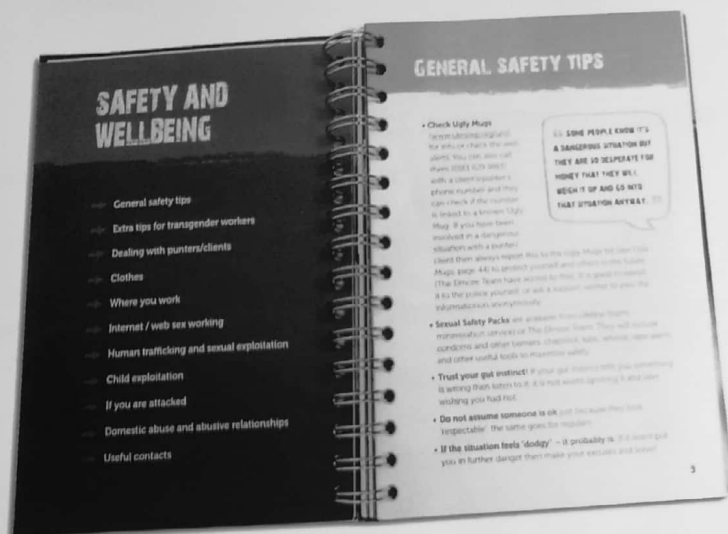
Specialist knowledge

Oxford Sex Workers' Diversionary and Engagement Project

Elmore were commissioned to develop clear and robust pathways for sex workers to access support, and to produce an information handbook for sex workers (and professionals) to use as a resource.

This project involved extensive research of local services and resources, and also tried to involve those providing sexual services as much as possible. This included multiple service user events to gather views on what they felt should be in the handbook, and also for them to feedback on how they felt the handbook was looking as it progressed. The finished handbook contains a wealth of information about various topics, including safety and wellbeing, sexual health, drugs & alcohol, mental health, housing, finances, and exiting sex working. Multi-agency working was essential to both develop the handbook and the support pathways, and involved frequent liaison with police, district councils, and drug and alcohol services. The handbook is due to be launched in August 2014.

The Oxford Sex Workers' Diversionary and Engagement Project was funded by: Oxford Safer Communities Partnerships (OSCP).



Finances

Statement of financial activities

for the year ended 31 March 2014

	Unrestricted Funds	Restricted Funds	Total 2014	Total 2013
	£	£	£	£
<u>Incoming resources from generated funds</u>				
Donations and legacies	-	3,729	3,729	3,500
Investment income	45	-	45	179
	45	3,729	3,774	3,679
Incoming resources from charitable activities	4,000	697,241	701,241	639,312
Total incoming resources	4,045	700,970	705,015	642,991
<u>Resources expended</u>				
Costs of generating funds				
Costs of generating donations and legacies	29,142	-	29,142	30,601
Net incoming resources available	(25,097)	700,970	675,873	612,390
Charitable activities				
Charitable activities	-	563,390	563,390	541,317
Governance costs	39,873	-	39,873	23,118
Total resources expended	69,015	563,390	632,405	595,036
<u>Net (expenditure)/income for the year/ Net movement in funds</u>				
	(64,970)	137,580	72,610	47,955
Fund balances at 31 March 2013	204,710	249,465	454,175	406,219
Fund balances at 31 March 2014	139,740	387,045	526,785	454,174

All of the above results are derived from continuing activities. The statement of financial activities includes all gains and losses recognised in 2014 and 2013 and hence net incoming resources for the year is also the charitable company's net income for the year.

Balance sheet

as at 31 March 2014

	2014		2013	
	£	£	£	£
Fixed assets				
Tangible assets		6,690		12,349
Current assets				
Debtors	35,897		6,458	
Cash in bank and in hand	572,566		524,610	
	<u>608,463</u>		<u>531,068</u>	
Creditors: amounts falling due within one year	<u>(88,368)</u>		<u>(89,243)</u>	
Net current assets		520,095		441,825
Total assets less current liabilities		<u>526,785</u>		<u>454,174</u>
Income funds				
Restricted funds		387,045		249,463
Unrestricted funds		139,740		204,711
Total funds		<u>526,785</u>		<u>454,174</u>



Plans for the future

Elmore's strategy – *Reaching the Unreachable and Changing Lives* – describes our approach to meeting our organisational objectives for the period of 2014-2018.

It takes into account our specialist, creative approaches to working with individuals who are most marginalised from mainstream society, whilst appreciating the most difficult financial constraints and challenging external environments that this sector has faced in the past twenty five years. Our support can contribute to many outcomes, but particularly to help individuals have an improved level of wellbeing and recovery.

Our mission is to "reach the unreachable through providing flexible support in complex situations".

We believe that we can do this through:

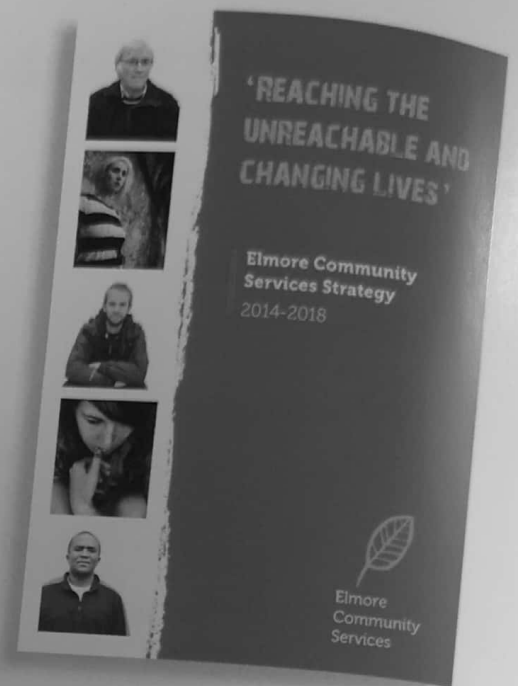
- Identifying gaps and barriers in current provision
- Creating and implementing models of working that address these issues
- Working directly with the people on the margins of society
- Promoting our clients basic rights of society

We do this as we really care about our clients.

We have developed five strategic objectives to build on our legacy and success of the last twenty five years:

- Enhanced delivery
- People development
- Partnership working and influencing agendas
- Sustainability
- Innovation and the future

The full strategy can be found on our website:
elmorecommunityservices.org.uk.



We would like to thank everyone who has been involved with Elmore over the last 12 months. Without your support, generosity and kindness we would not be able to make huge differences to individuals who are living on the margins of society.

Our thanks goes to our funders:

- Department of Health
- Henry Smith Charity
- Lankelly Chase Foundation
- Oxford City Council
- Oxfordshire Clinical Commissioning Group
- Oxfordshire County Council
- Oxford Safer Communities Partnership
- St Michaels and All Saints Charity
- Thames Valley Probation
- Thames Valley Police and Crime Commissioner

To organisations that fund our clients essential items and much needed welfare in crisis situations:

- City of Oxford Charities
- OxFap
- Oxford Poverty Action Trust
- Oxford Sleep Out
- Response Giving
- St Michaels and All Saints
- Stanton Ballard Charitable Trust
- Street Smart

A very big thank you to all our staff, volunteers, students and Trustees for their dedication and continued hard work that they have undertaken in 2013-2014.

To protect the identities of our clients, all photos used in this report are for representative purposes only.

We recently commissioned an independent evaluation of our Complex Needs services. We received some very positive feedback from service users and other agencies:

"Elmore help you take yourself seriously because they take you seriously, and then they get other people to take you seriously too."

Service user

"I couldn't do anything at first I was so overwhelmed, they took the strain off until I picked up, and they stepped back as I stepped forward."

Service user

"Elmore's Unique Selling Point is that they work with people until they're ready to engage with other mainstream services – we need them to do this and rely on it."

Stakeholder

"Elmore never let you down – they check on you even when your worker is on holiday – she phoned me at Christmas – I never even asked them to do this."

Service user

