

CRI



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About CRI

- CRI is a health and social care charity working with individuals, families and communities across England and Wales that are affected by drugs, alcohol, crime, homelessness, domestic abuse and antisocial behaviour.
- Our projects, delivered in communities and prisons, encourage and empower people to regain control of their lives and motivate them to tackle their problems.
- CRI was founded in 1977 as SARO (Sussex Association for the Rehabilitation of Offenders) and re-launched in 2000 through the amalgamation of SARO with the charities Second Chance and The St Thomas Fund.
- Since then we have grown from a small local charity to a large national organisation that provides nearly 200 services across England and Wales.

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Values

- **Focus** – on the service user as the way to achieve positive change for the individual and the community at large
- **Empowerment** – so that service users can reach their full potential and achieve their ambitions
- **Social Justice** – a shared commitment as individuals and as an organisation
- **Respect** – for each person we engage, without reservation or judgement
- **Passion** – driven by innovation and determination – to bring about the safest, healthiest outcomes for individuals and communities
- **Vocation** - our work is more than a job

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How we work

- We provide specialist services for individuals, families and communities.
- These services include assessment, information and advice, treatment and referral, and are designed to meet the breadth of people's needs – social, health, housing, education, training and employment.
- CRI teams work in partnership with service users to assess their requirements and to plan individual programmes of treatment and support that will help people to address their problems and achieve their personal goals.

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Our impact

- Every day CRI is working to improve the lives of 32,000 people
- CRI is contacted by service users 2.75 million times each year
- 75% of young people who enter treatment with CRI stop using all drugs
- 20% of successful outcomes for drug-related interventions nationally involve CRI clients. CRI receives 7% of the treatment budget
- Our alcohol services perform 14% above the national average
- Re-arrest rates for CRI criminal justice service users are one-third lower than the national average for similar services
- 67% of offenders who enter drug treatment with CRI are no longer offending after 12 weeks
- 88% of offenders who complete CRI treatment cease offending

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Where we are

Map showing core sites and shared care

- Main Site
- Shared Care
- Town





Where we are

Northampton
Spring House,
39 Billing
Road,
NN1 5BA
08450 344549

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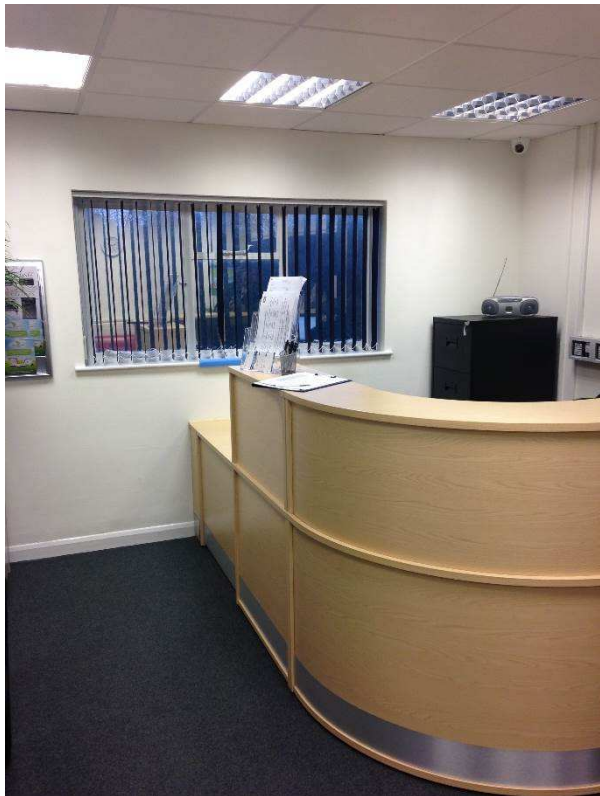
Where we are

Corby
The Old TA
Building
Elizabeth Street
NN17 1PN



Where we are

Corby



“The Recovery Environment”

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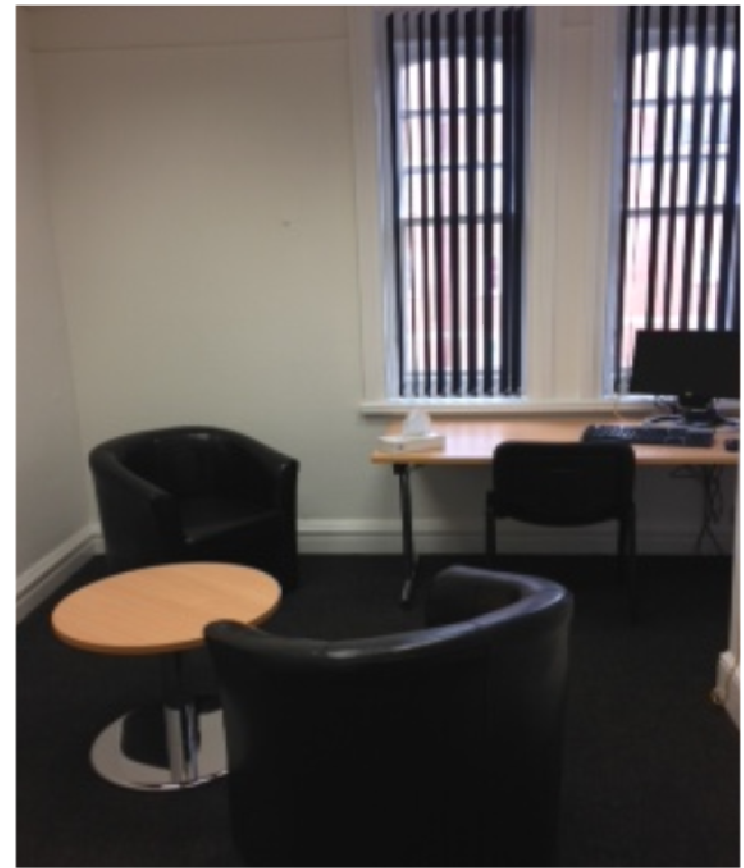


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Where we are



Kettering
20 Carrington Street
Northamptonshire NN16 0BY



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What we are

- **Open access services, available to anyone**
- **Harm minimisation**
- **Access to clinical services**
- **Prescriptions**
- **Detox**
- **Recovery planning**
- **Peer mentor support**
- **Family support**
- **Service user involvement assistance with access to housing**
- **Employment provision**
- **Partnership with recovery initiatives from the Bridge and Aquarius**
- **Pharmacy and GP shared care**



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Who we are

- **Multi-disciplinary team**
- Peer Mentors
- Recovery champions
- Apprenticeships
- Administration
- Recovery Workers
- Nursing team
- Doctors
- Social Workers
- Management team
- Quality Assurance Lead



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Family focused services

- **Parental capacity assessments**
- **Home visits**
- **Partnership with social care**
- **Links with midwifery and maternity**
- **Managing the family impact**
- **Not treating individuals in isolation**
- **Safeguarding management**
- **Social Workers**

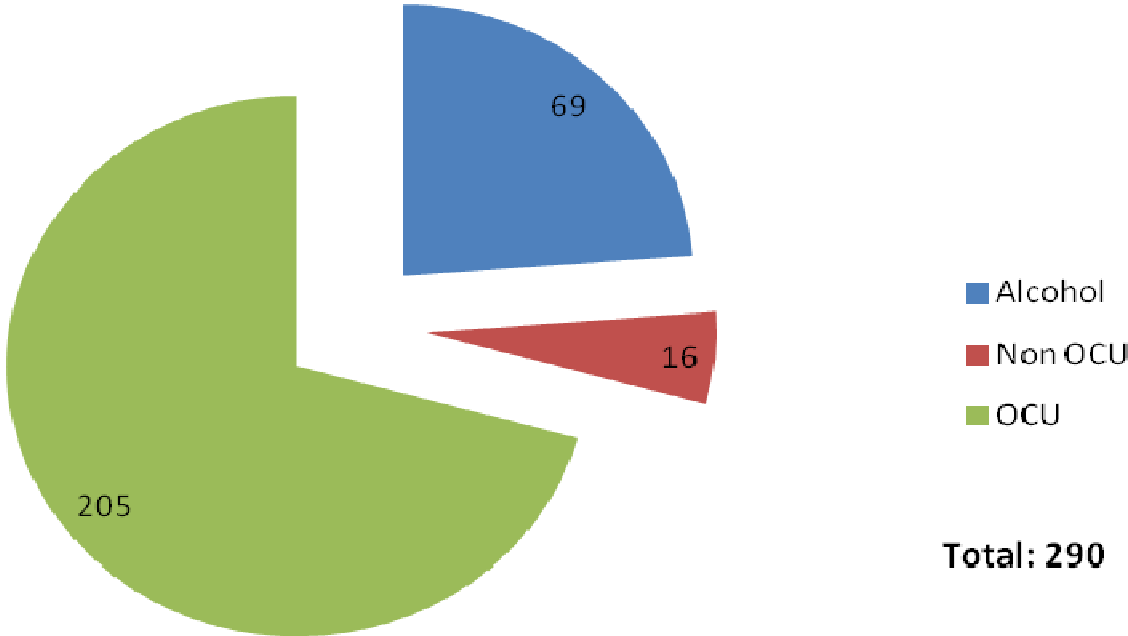


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Kettering Service Users

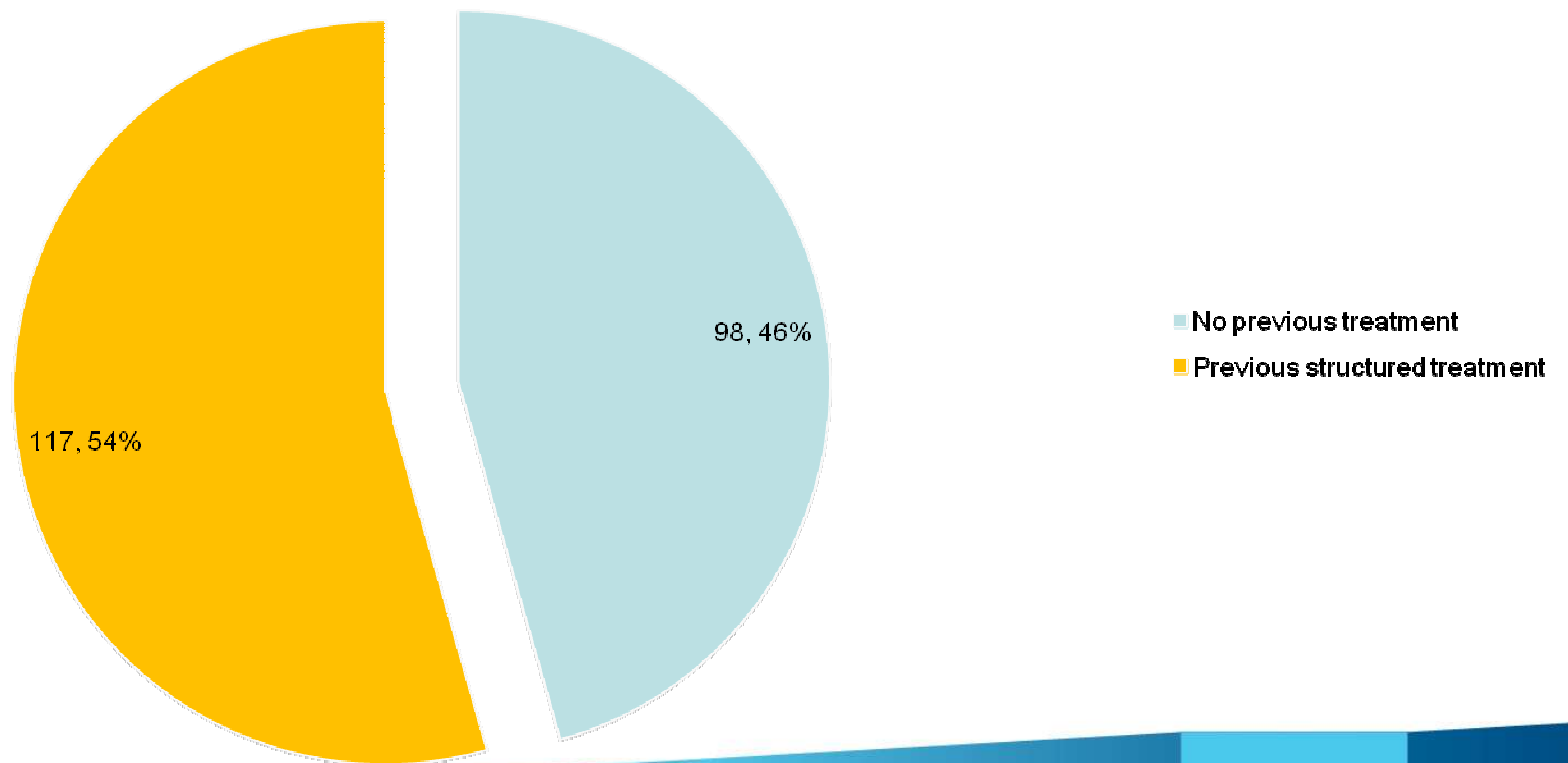


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Previous treatment history

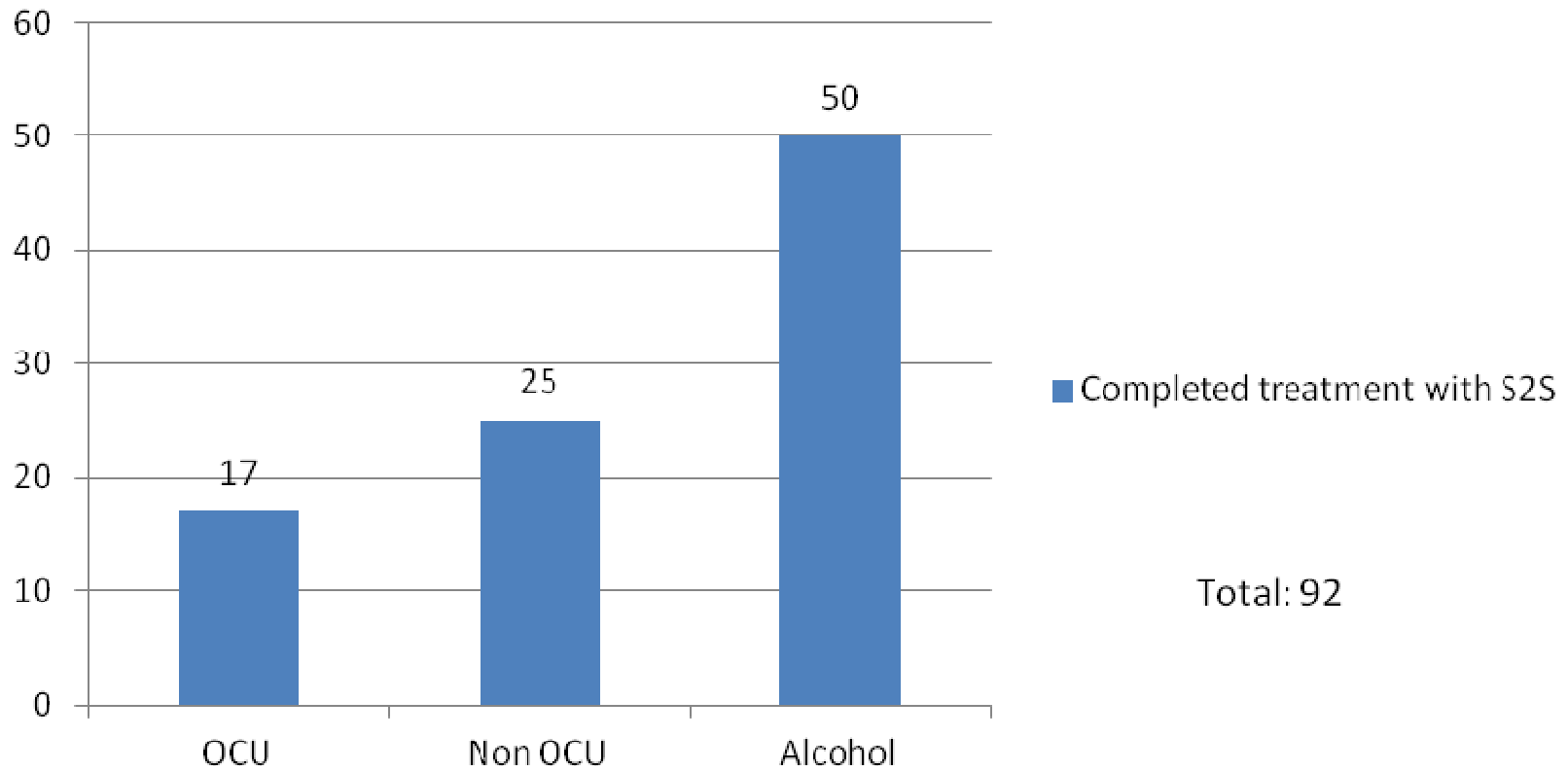


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Clients leaving treatment successfully

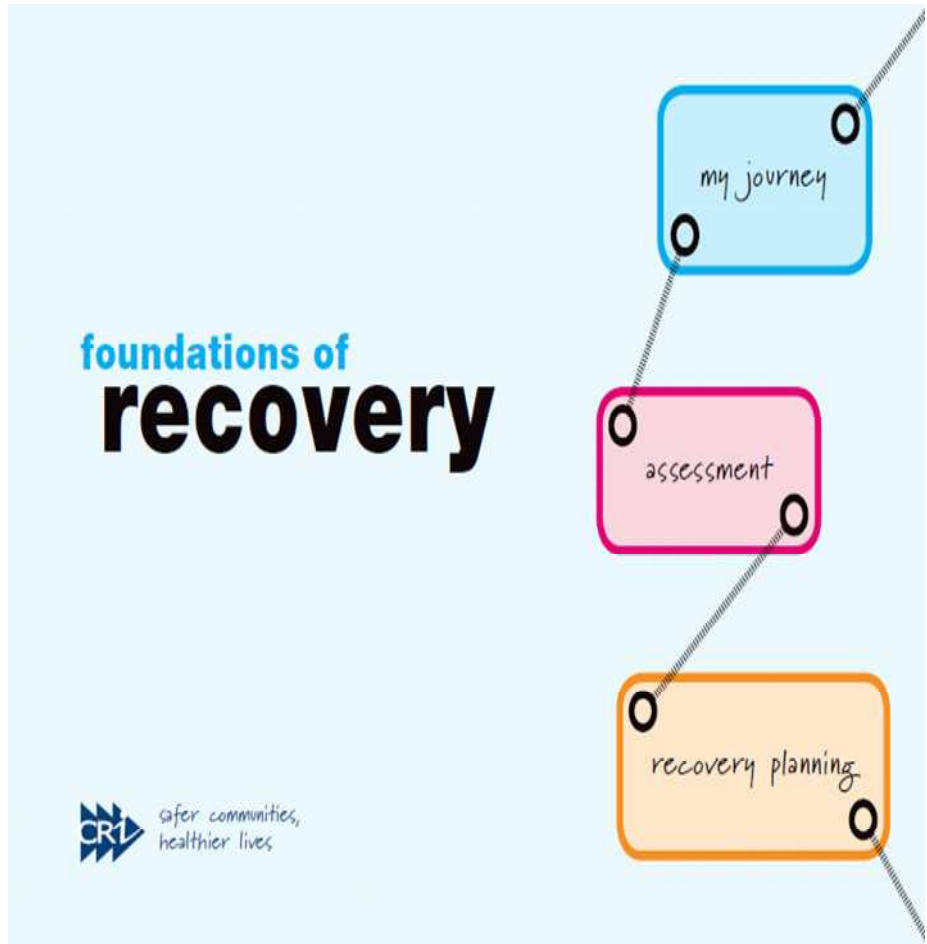


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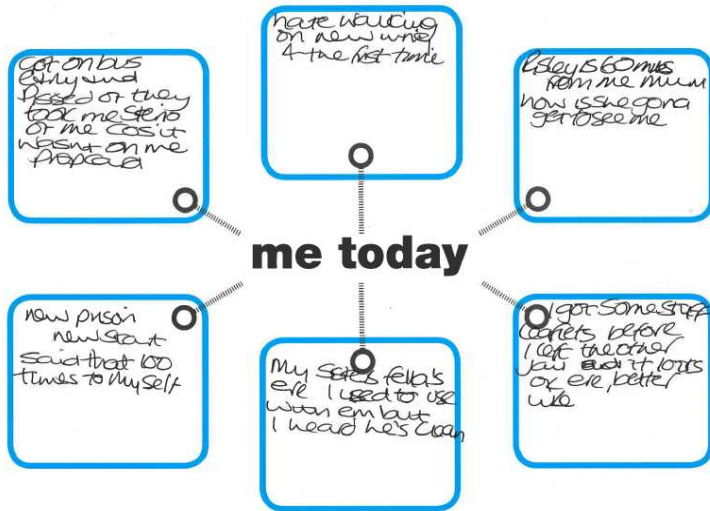
As part of Joe's Comprehensive assessment he undertook the first aspects of his own Recovery Workbook. The Workbook contents are unique to Joe and effectively represent his story and the first stage in opening up Joe's understanding of himself and how he can recover. The workbooks are designed as tools to be both reflective and insight provoking and just as importantly self-empowering. This is a real case and today Joe has embarked on a journey of which he is in full control of.



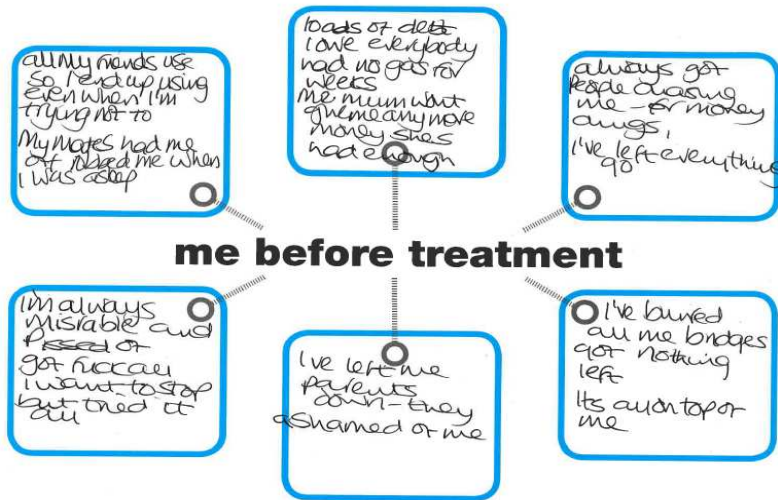
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how useful was this map and discussion? -ve 1 2 3 4 5 6 7 8 9 10 +ve



date

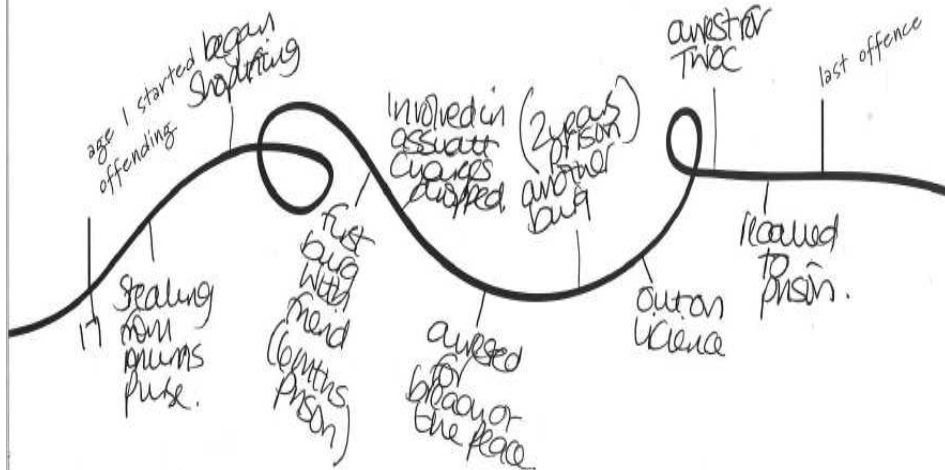
how useful was this map and discussion? -ve 1 2 3 4 5 6 7 8 9 10 +ve

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offending



my name _____ date _____

map 1.4

how i fund my alcohol/drug use finding life really hard. affecting the family and me feels like I have come to the end of the road and I need to sort my self out.

how my offending is linked to drugs/alcohol it has a direct link as I need money for drug So if I stop drugs I don't need to commit crime.

offending & me

past convictions
Burg x 2.
Shoplifting
assaults
TWOC
Bleach at the peace

I am not happy committing crime and understand this to be a by product of my addiction.

my name _____ date _____

map 1.4

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Case Study 1

- Female – arrested and charged with Drink Driving 4th Sept 13
- Already known to Social Services
- Granted ASARS order by the courts
- Initially ambivalent around the offence and impact of driving under the influence
- Through strong partnership working, the SU was encouraged to attend and engage with the 6 structured sessions required through ASARS
- Outcomes: joint working with social services initially concerned about the levels of drinking were satisfied with progress and discharged the family from their risk register
- Ceased offending
- Reduced Alcohol use to safer drinking level and linked in with mutual aid provision to help sustain that position.

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Case Study 2

- May 2013 – Mr D entered treatment following being release from prison on a 50mls methadone prescription, he reported that he was drinking alcohol on release and without accommodation.
- Through contact with Recovery Worker, Mr D disclosed feeling that had lost identity and also had previously tried to take his own life, experiencing low family support, ambition and aspiration. Though the treatment episode, he responded well to ITEP and agreed a planned reduction with Recovery Worker and doctor. He was linked with mutual aid provision for additional support.
- Mr D left treatment in September 2013 and had achieved the following outcomes:-
 - Secured accommodation
 - Ceased use of both illicit and prescribed substances
 - Ceased alcohol use
 - Improved physical and mental health status
 - Ceased offending and developed positive relationships, having previously been involved with gang culture
 - Family relationships re-established
 - Linked with ETE

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Case Study 3

- CM – female benzodiazepine dependant
- Social Services involvement; and children had been removed
- Disconnected with wider family; low ambition and aspirations
- CM presented as initially treatment resistant.
- CM entered into residential rehab for further treatment; whilst waiting engaged with the bridge and accessed mutual aid services
- CM has returned to Northamptonshire and entered into higher education, voluntary work and involved with The Bridge Substance Misuse mentoring programme.
- Has since been discharged from treatment and re-gained access to her children, and is now actively volunteering in the community

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