



ANNUAL  
REPORT  
2017





**TABOR LODGE**  
Primary Residential Treatment



**FELLOWSHIP HOUSE**  
Men's Extended Residential Treatment



**RENEWAL**  
Women's Extended Residential Treatment





# ANNUAL REPORT 2017

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## MISSION

Tabor Group offers hope, healing and recovery to addicted people and their families through an integrated and caring service.

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## PHILOSOPHY

At Tabor Group, we believe that addiction is a chronic progressive primary disease that cannot be cured; but those that suffer can be helped by abstinence and lifestyle changes.

We also believe that people who suffer from addiction are entitled to dignity and respect and that each person has, within himself or herself, the resources for recovery.

There is a spiritual dimension to our programme and patients are introduced to various 12-Step programmes.

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## VALUES

### **RESPECT**

Acknowledging the dignity of every person – regardless of his/her circumstances

### **COMPASSION**

Having some understanding of what a person is going through and responding appropriately

### **SOCIAL JUSTICE**

Honouring each person's rights in a fair and equal manner

### **TEAM**

Fostering a team approach in the interests of our common purpose

### **EXCELLENCE**

Doing everything to the highest professional standards

# 2017: A year of progress for Tabor Group



County Mayor visits Tabor Lodge



Fellowship House sod turning



Frances Black visits Renewal



Frances Black visits Tabor Lodge



Launch of Cork GAA partnership with Tabor Group

# Chairman's Report

The year began with confirmation from Cork County Council that the construction contract could be awarded for the expansion and redevelopment of facilities for extended treatment for men in recovery from addiction at Spur Hill, Doughcloyne.

Work began on site in mid-March. The project is funded under a Capital Assistance Scheme (CAS) through the Department of the Environment, Community and Local Government and we were extremely proud to welcome Minister Simon Coveney - then Minister for Housing, Planning and Local Government - and other dignitaries, for the turning of the sod on site on 27th March.

Throughout the year, the construction phases progressed well and in line with the timeframe set out in the tender for the project.

I wish to express my thanks to Conack Construction and to our Architect and Project Manager, Bertie Pope, for their efficient management of the project and I also wish to thank Cork County Council for their assistance, particularly in ensuring that funding mechanisms operated smoothly.

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*“ We are passionate about the success of our services; in releasing individuals from the prison of addiction and giving not just them, but also their families and loved ones, new lives and ways forward in recovery ”*

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I wish to also acknowledge the most generous donations of furniture for the new facility by Dalata Hotel Group, which relieved the organisation of a significant financial burden in equipment and furnishings.

This project was initially planned for in 2004 and so witnessing the progression of the development brings a huge sense of relief, as well as excitement for the future of our services.

This is unfortunately tempered with disappointment that our CAS application for expansion of the equivalent service for women at Renewal in Shanakiel has still not been approved by the Department of Housing, Planning and Local Government. We will

continue to seek approval for this project as we are passionate about the success of our services; in releasing individuals from the prison of addiction and giving not just them, but also their families and loved ones, new lives and ways forward in recovery.

## Committee highlights

While the organisation and the Board eagerly await the opening of the new Fellowship House in the first half of 2018, the work of the committees of the Board continued throughout the year. Progress was made in all aspects of the organisation's services, the highlights being:

- The capital committee oversaw the Spur Hill development and tended to other matters as they arose. We faced a number of infrastructural challenges this year in Tabor Lodge, including damage caused by Hurricane Ophelia in October, and the Board are keenly aware that future plans for the facilities and services provided at Tabor Lodge must be reviewed as a priority.
- A review of our clinical programmes was the main focus of the work of the Board's clinical committee and led us to the enviable position of engaging with TCD, who began a research study which is expected to be completed in the first half of 2018. We are extremely grateful to the Cork Local Drug & Alcohol Task Force for co-funding such an important study, which is unique in Ireland, in reviewing our residential treatment model.
- Significant work on stabilising the organisation's income sources was carried out throughout the year. Unfortunately, Tabor Group - in order to protect its financial sustainability - needs to charge clients for its services, as it is not fully funded either privately or through State sources.
- The organisation faces significant bad debts annually and, as a charity, we strive to make services as accessible as possible for all who need our help. Our partnership with the HSE enables us to work closely in jointly identifying the most vulnerable clients and target funding directly for their care.



- Marketing and other activities to promote our services continued to build and our presence on social media was particularly successful in 2017. Word of mouth is consistently reported as the main source of information and referral for people seeking our services. We truly value and are proud of the reputation which Tabor Group continues to hold in Cork and the wider community.

As the year came to a close, work was underway by the Board on the processes of reviewing Board governance and an interim review of Tabor Group's 5-year Strategic Plan.

### Acknowledgements

As with all other years, I take this opportunity to sincerely thank the Board for their continued dedication to the work of Tabor Group. Aside from the normal monthly Board meetings, the directors sit on committees which meet separately and all of their time given is voluntary.

In addition to this time, the directors bring considerable expertise and carry out their functions in accordance with the highest standards of governance, mindful always of their duty to work in the best interest of Tabor Group and, ultimately, its beneficiaries.

I, and the Board, thank the staff and facilitators as we are deeply appreciative of their work and acknowledge that, led by the General Manager, Tabor Group consistently delivers services to the highest standard, as borne out in accreditation surveys and interim reviews.

#### **Pat Coughlan**

Chairman of the Board of Directors



# General Manager's Report

**I**echo the positivity and gratitude in the Chairman's report with regard to the long-awaited development of the organisation's facilities at Spur Hill, Dough-cloyne.

2017 was an exciting year as we watched the development take shape and set about making plans for moving back to the site in 2018. The opening of the redeveloped service, which will offer more than three times the capacity as previously, provides Tabor Group with a new challenge of fundraising for capital developments.

Although the building is funded by the Department of Community and Local Government, furnishing and equipping costs are to be met by the organisation. Work began in 2017 to scope out a fundraising strategy and, given the level of responsibility and accountability in this area, the Board will ensure that this is approached with the highest standards of probity.

## Strategic Objectives

2017 was another busy year for Tabor Group, the details of which are provided in the rest of this Annual Report. The management team and staff admirably stepped up to and met the challenges of the daily requirements of delivering high quality and safe services while continuing to work, through the committees of the Board of Directors, on the organisation's strategic objectives.

We strengthened our links with UCC throughout the year and the review of the treatment model, being undertaken by TCD, is a key strategic objective as its purpose is to evaluate how Tabor Group's services meet the current needs of our clients.

We continually find that the complexity of the needs of individuals who seek our services grows and the interventions of multi-disciplinary teams, across different service providers, are required in many cases. We pride ourselves on working closely with many agencies, particularly the HSE Drug and Alcohol services and Probation services in case management

and key working protocols, with the aim of enhancing the client's success in treatment as well as recovery afterwards.

The review by TCD will include consultation with a wide group of stakeholders and related service providers and will be critical in informing our strategic decision-making in planning services into the future.

## Charitable Ethos

As has always been the case, accessing treatment for those who are reliant on State financial support, or low income, remains a difficulty at times. Tabor Group works with each client on an individual basis and our services are heavily subsidised by State support through the HSE (including the Drug & Alcohol Task Forces), Probation Services and the local authorities.

Despite the subsidies and client contributions, Tabor Group faces significant bad debts every year and therefore striking the balance between the organisation's sustainability and charitable ethos is a constant challenge.

Tabor Group's main strength is the dedication and loyalty of its staff, who exhibit the values of the organisation in their work. Our clients are met with compassion, understanding and unfailing support in their efforts to live new lives in recovery. The work is hard and requires resilience, patience and genuine empathy for others. Our facilitators continue the excellent work begun in treatment in supporting clients and families in our aftercare programmes.

It is humbling and a privilege to work with all of these individuals, and of course the wonderful voluntary Board of Directors, who all give so much of themselves in selfless support of others who are vulnerable and who desperately need the lifeline of treatment on their journey to recovery.

**Aileen O'Neill**

Tabor Group General Manager





# Clinical Director's Report

Tabor Group delivered its full spectrum of treatment services again in 2017, effectively supporting those affected by alcohol, drugs, gambling and food to successfully manage their addiction.

This was achieved through the delivery of initial and comprehensive assessments of clients' needs. Thereafter, 28-day residential treatment episodes were delivered to 213 clients.

An extended residential treatment episode, lasting three months, was also delivered to 46 women in Renewal and 49 men in Fellowship House. A further three months of safe and stable accommodation was made available for 25 men and 25 women.

Community-based aftercare support at four venues in Cork, in 11 group settings, was offered to all who completed residential treatment episodes. Care for families of clients was also delivered in the forms of day and evening education and support programmes.

## Strategic clinical objectives

Tabor Group was guided in the delivery of its services again in 2017 by its core values of compassion, respect, team, excellence and social justice.

Achieving strategic clinical objectives of Tabor Group provided focal points for the work of clinical and management staff, as well as company directors, in 2017. A key clinical objective of the Tabor Group Strategic Plan concerns ensuring our operations effectively address the needs of clients presenting to our services.

The Department of Public Health in Trinity College Dublin has been engaged to provide an evaluation of the Tabor Group treatment model and its report will directly comment on the effectiveness of this - its successes and any shortcomings - in addressing the needs of clients. Interviews with clients, stakeholders and staff began and more will take place in early 2018.

## Childhood trauma project

In partnership with the Department of Applied Psychology in University College Cork, a research project was conducted to investigate the extent of mental health challenges and history of childhood trauma in a group of 50 clients.

This report found that 52% of these had a dual diagnosis and 40% had to contend with four or more adverse childhood experiences, which have a traumatic impact on a child's ability to cope on a daily basis.

Our commitment to core values of respect and compassion challenges us to continue learning about the complexities of our clients' lives and to be willing to adapt and develop services that effectively address our clients' needs.

In responding to the challenge, a project to conduct comprehensive assessments of 20 clients with complex needs prior to admission to Tabor Lodge was completed. This gave us the opportunity to conduct a needs analysis of the group and a report was produced mid-year.

The most significant findings of this report are:

1. The complexity of the needs of clients, who would be expected to find it difficult to engage successfully with treatment, based on certain indicators
2. The importance of a stabilisation period prior to admission

## Treatment funding

Tabor Group continues to liaise closely with the Health Service Executive Drug and Alcohol Services and Cork Local and Southern Regional Drugs and Alcohol Task Forces in the administration of funding to provide treatment to clients with complex needs who are unable to afford treatment costs. Ten treatment episodes each were allocated to Tabor Lodge, Fellowship House and Renewal.

Prior to initial assessment by Tabor Group, each client engaged with services using National Protocols for Drug and Alcohol Services. These protocols ensured that good stabilisation, case management, comprehensive assessment and co-ordinated care planning were already in place prior to admission to Tabor Group residential programmes. There are greater benefits for these clients engaging with Tabor Group as a result of these protocols and this provides a good template for delivering care to addicted people in the future.

Ireland's National Drug and Alcohol Strategy recognises that financial support for addicted people with complex needs must be provided and Tabor Group's core value of social justice requires we engage fully with any initiatives that enable access to treatment for those limited by a variety of disadvantages.

Tabor Group welcomes the funding for such initiatives and more funding for such treatment provision must now follow.

## Renewal & Fellowship House

Renewal and Fellowship House accept referrals for extended treatment from many sources nationally, and there was great demand for services again in 2017.

In each case, the circumstances of the individual were such that further residential care was needed in a safe and secure environment. Without this additional support, the person would be considerably more challenged to develop and establish a recovery lifestyle in the period following primary treatment.

A capital project at Fellowship House commenced in March 2017. This development will ensure greater capacity of Tabor Group in the future to deliver services to men who need significant support to succeed in managing addiction, by establishing a rehabilitation process on a stable footing.

## Cork GAA

Tabor Group formed a partnership with Cork GAA to work together to address the needs of members affected by addiction, in particular - gambling. Training workshops aimed at providing information and understanding to coaches and club officials on 'The signs and symptoms of the impact of problematic gambling' are planned for 2018.

## Public Health Alcohol Bill

Tabor Group supports the implementation, in full, of the Public Health Alcohol Bill. Former Junior Health Minister Marcella Corcoran Kennedy has been championing the bill since 2015, which passed through its final stage in the Seanad in December 2017.

Senator Frances Black has provided leadership among public representatives nationally. She visited Tabor Lodge and Renewal on Wednesday, September 5 to meet with clients and family members. In addressing Tabor Lodge's family programme, Senator Black easily explained to the family members of our clients how necessary such a bill is in supporting their loved ones in their efforts to manage their alcohol dependency.

## National Alcohol and Drug Strategy

Ireland's new National Alcohol and Drug Strategy 'Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017-2025' was launched in July 2017. Tabor Group has closely engaged with the national voluntary treatment sector representatives who were members of the steering committee leading the development of the strategy.

We represented the national voluntary treatment sector on the Evidence and Best Practice focus group. Tabor Group makes a direct and effective contribution to several of the actions including:

- Providing rehabilitation beds
- Developing step down services
- Working with minority groups
- Working with older people
- Working with people with co-morbid severe mental health and substance misuse problems
- Responding to the needs of women who are using drugs in a harmful manner
- Promoting involvement of families in treatment services

## Research & Education

Tabor Group contributed to research and education in the field of alcohol and drug services in 2017 with the publication of 'Is there a Role for Counselling in the Treatment of Addiction?' in Eisteach.

Presentations were made on the work of Tabor Group at the 16th European Federation of Therapeutic Communities Conference on September 21 in Dublin Castle entitled 'Tabor Group: Discussion and Evalu-

Tabor Group was guided in the delivery of its services again in 2017 by its core values of compassion, respect, team, excellence and social justice



ation of the effect of 28-day residential Minnesota Model Treatment Programme' and at the Critical Perspectives on and "Beyond" Mental Health Services conference in UCC on November 16, entitled 'Tabor Group Addiction Treatment Services Becoming Trauma Informed'.

A presentation was made to UCC/HSE Diploma in Substance Misuse and Addiction Studies NFQ Level 7 entitled 'Theories of Addiction and Practical Models of Treatment: Minnesota Model' on December 5.

Tabor Group was also active in the community, in highlighting the needs of those affected by alcohol and drug use.

We played a key role in delivering treatment and continuing care services that effectively support people to live successfully with the debilitating condition of addiction. We did so under the guidance of the core value of working as a team, both as a staff within the agency as a whole, and as an agency in the field of drug and alcohol services regionally and nationally.

Overall, 2017 saw Tabor Group become focused on implementing measures that ensure its strategic direction is founded on a sound evidence base.

**Mick Devine**

Tabor Group Clinical Director





# Quality & Risk Report 2017

To borrow from Aristotle: “Quality is not an act – it is a habit.” This was borne out in August with the organisation successfully meeting the requirements for the mid-cycle monitoring visit by the accrediting body CHKS.

This is the fourth cycle of the accreditation process, with the bar being set higher each time for all aspects of the service. The interesting times in which we live create a dynamic and challenging operating environment. Maintaining a safe, quality service guided by clear objectives is ever more vital.

CHKS, our accrediting body, found us to be fully compliant on standards assessed during their interim (18-month) monitoring visit in August. We are on track to put ourselves forward for full service survey in early 2019.

## Service development

In 2017, two specific projects were conducted that reviewed aspects of the primary treatment programme. These were:

1. Investigation to see whether more intensive interaction (comprehensive assessment and pre-treatment sessions) with some clients before admission to primary treatment resulted in them engaging for a longer period with treatment.
2. A study of 50 clients that attended the primary treatment at Tabor Lodge to ascertain the extent of documented mental health issues and adverse childhood events.

Both the Continuing Care and Family Recovery Programme are also undergoing a review of how best to deliver their services. As a result, policies and procedures for both programmes are being examined, with the intention of delivering a responsive and client-centred approach within the parameters of service delivery. This review is underway and being carried out by an experienced external researcher.

These three initiatives are managed by the Clinical and HR strategic committee of the Board.

## Policy review

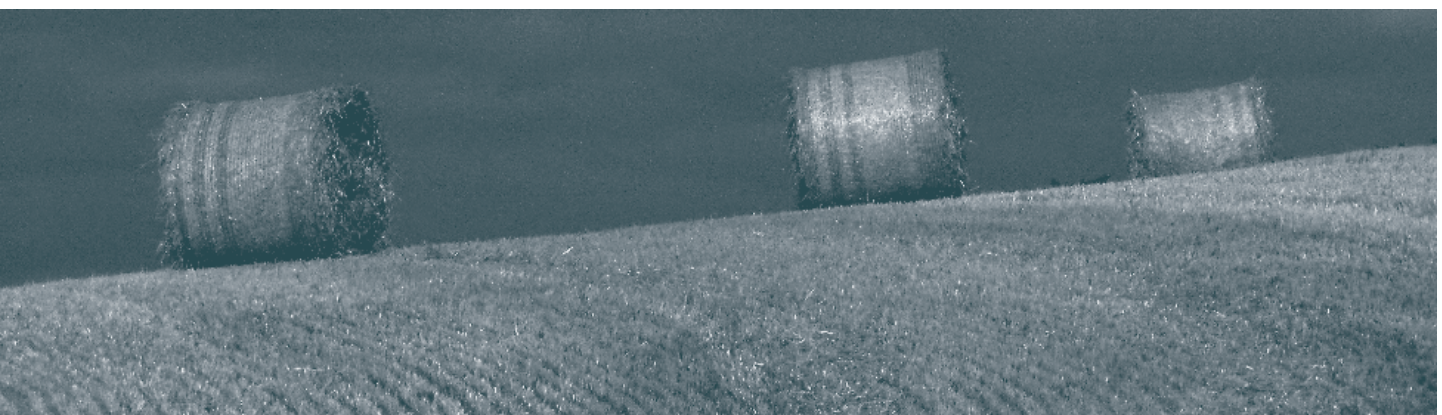
This is a continual process that reflects changes to practice, changes to legislation and development of the service.

The process of reviewing a policy document demands an integrated and co-ordinated approach from draft and review, to dissemination. Policies are progressed through the most appropriate forum for discussion.

Ten policy reviews were completed in 2017, alongside five policy document reviews. The importance of efficient data management is at the top of the agenda; even more so over the last quarter of 2017, in preparation for General Data Protection Regulation coming into effect on 25th May, 2018. Work on auditing the data that we collect and hold is underway to ensure compliance.

## Training

At least 472.5 training hours in the area of Safety Training has been accrued by Tabor Group staff across the three centres in 2017.



Training	Training Duration (hour)	Number of staff members that attended (Tabor Lodge)	Number of staff members that attended (Renewal)	Number of staff members that attended (Fellowship House)	Total number of training hours
Managing Actual and Potential Aggression © - Full course	8	4	1	0	40
Managing Actual and Potential Aggression © - Refresher course	6	8	1	5	84
Basic Life Support/ AED use	3	24	2	7	99
Occupational First Aider (Fetac Level 5) – Refresher	8	6	2	3	88
Fire Safety	1(minimum)	24	10	10	44
H.A.C.C.P. Food Safety training	2	6	0	2	16
Manual Handling	2.5	11	0	0	27.5
Children First	2	27	4	6	74

For the first time, the organisation's training plan has included an e-learning component. This is a relatively new departure from traditional training methods. The majority of staff members have now completed training in the area of Children First awareness via this medium.

Safety training is part of a rolling plan, where refresher training in the areas identified above is provided on-site.

In 2017, the organisation facilitated training in the following areas: Certificate in Supervisory Management – QQI Level 6; 'Becoming more trauma-informed'; use of the National Drug Treatment and Rehabilitation Service (NDTRS) online database with the Health Research Board (HRB); orientation programme for recently qualified counsellors that may be available for relief work at the Tabor Group, and information sessions for Continuing Care and Family Recovery

Programme facilitators.

Supervision sessions are also provided for counselling staff and for facilitators (Continuing Care and Family Recovery Programme groups).

### Risk management

Review of the register is a standing item on the monthly Health and Safety meeting's agenda, with common learnings shared between the centres.

Trends regarding specific risks are monitored closely to identify problems at as early a point as possible. In addition, there is a specific risk register for projects that are undertaken by strategic committees.

The number of Incident Report Forms (IRF) completed in 2017 is outlined in the table below. These figures show a slight decrease from 2016, which totalled IRF 73 and SA 46.

Centre	Incident Report Forms (IRF) completed	See and Act (SA) Forms completed
Tabor Lodge	37	37
Renewal	8	0
Fellowship House	22	2
<b>Total</b>	<b>67</b>	<b>39</b>

Seven reported incidents in the area of ‘Violence and Aggression’ were recorded across the three centres in 2017. This is consistent with previous years, however the teams at each centre remain vigilant in this regard.

We set out clear expectations, with anyone that engages with the service, that there is zero tolerance for violence or aggression. We also emphasise training in diffusion of potentially volatile situations. Three particularly challenging incidents that occurred in 2017 were managed very well by staff involved and reporting mechanisms were successful.

Safety audits are carried out by an independent safety expert annually to coincide with the review of the safety statements for each centre.

## Weather

The sequence of unprecedented weather systems – in particular Hurricane Ophelia that visited our shores in October – provided huge challenges to the delivery of service, especially at the more rural setting of Tabor Lodge. Staff members responded superbly to unpredictable and difficult circumstances.

We always strive to ensure that there is an inviting and homely atmosphere, conducive to creating a safe environment for recovery. This requires planning and is laid out in the rolling maintenance plans.

## Looking forward

Looking forward to 2018, three prominent areas for attention will be: Continued preparations organisation-wide for the implementation of the General Data Protection Regulations; commissioning and transfer of Fellowship House services to the new build at Spur Hill and the final run-in to the CHKS accreditation survey, scheduled for early 2019.

It is clear that there is much work ‘behind the scenes’ to ensure as much as possible that our clients’ experiences meet (and, as much as possible, exceed) the expectations they have at the outset. These changing times provide an opportunity to improve and evolve.

*Senator Frances Black visits Tabor Lodge. L-r: Joe Kirby, Cork Local Drug @ Alcohol Task Force; Pat Coughlan, Chairman of the Board; Senator Frances Black, special guest; Aileen O’Neill, Tabor Group General Manager and Mick Devine, Clinical Director Tabor Group.*









# Admissions Report

A total of 213 clients were admitted to Tabor Lodge for residential treatment of addiction in 2017. This amounts to an overall occupancy rate of 80% for the year.

Assessments at Tabor Lodge are the first face-to-face contact that clients have as they prepare to access treatment. We meet clients at their most vulnerable and very often in a place of crisis in their lives due to addiction.

There were 770 telephone referrals in 2017 and the majority of clients (448) were self-referred. There were also 26 referrals via GP, 10 via hospital, 5 via the Family Programme in Tabor Lodge and the remaining 281 from other sources, such as family members and/or other professionals.

## Appointments

There were 501 assessment appointments offered to clients in 2017, with 469 being taken up.

Of these, 316 clients attended for assessment, 57 cancelled and 96 clients with appointments did not show up on the day.

The latter is very much part of the challenges of addiction treatment, due largely to the unmanageability and unpredictability of the lives of our clients. Indeed, it is clear that the clients presenting for treatment are doing so with more complex needs and it is not at all unusual to encounter clients with dual diagnosis.



We make every effort to maintain contact with the clients who fail to show for appointments as it can be difficult for them to re-engage on their own.

Of the 316 clients assessed in 2017, 194 were offered an admission date and a further 42 were referred to our Pre-Treatment group for further support prior to admission. Feedback from clients has been highly favourable regarding the Pre-Treatment programme, with clients reporting that the support and encouragement that they received in the group was an invaluable component of their treatment.

## Finance

The financing of treatment continues to pose challenges for some clients, particularly those seeking treatment for gambling, or eating disorders.

There were 10 beds offered in compliance with National Protocols, funded by the HSE, in 2017. In line with the protocols, a client needs to be referred by an outside agency such as HSE outpatient services, community drugs workers, or homeless services - where a case manager is already in place to co-ordinate the care of the client at all stages of the treatment and recovery process. This facilitates the co-ordination of all the agencies involved with the care of the client.

This initiative provides funding for the majority of the cost of the treatment programme, with the client only having to contribute a weekly sum while resident in Tabor Lodge. These beds were in great demand, so much so that all were allocated in the first six months of the year.

## Homelessness

The issue of homelessness featured strongly for clients in 2017. We met clients who had lost accommodation due to their inability to finance same; or clients who had been asked to leave family homes and were unable to secure alternative accommodation.

This caused difficulties for clients, especially as they came to the end of a treatment programme, due to uncertainty and insecurity regarding where they were going, on leaving treatment. This added to the normal anxiety associated with leaving residential treatment.

Action 2.1.27 of National Strategy references homeless people and the need to improve capacity of services to accommodate these needs. National Protocols encourage joined-up care so that clients don't fall through cracks - but homelessness is a big crack. Tabor Group works with the HSE, local task forces and community drugs officers in administering of services to this client base.

We also work with Cork Simon Community, who apply National Protocols so a client may be case managed and referred to Tabor Lodge.

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*It is clear that the clients presenting for treatment are doing so with more complex needs and it is not at all unusual to encounter clients with dual diagnosis.*

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## Looking ahead

Admissions are increasing overall due to a recovering economy - the number of clients with private healthcare cover is increasing and more families are able to afford treatment.

Improved operation of National Protocols and greater co-operation among agencies in the field should lead to a stronger flow of clients presenting for treatment going forward.

Strategic prioritising of marketing and communications in Tabor Group is also expected to lead to an increase in occupancy.



# Tabor Lodge, Residential Treatment Centre

**T**abor Lodge is located in a rural environment, 15 miles south of Cork city, with a view over the Atlantic Ocean. It is a quiet and tranquil place that provides the safety needed for clients to begin to engage in the difficult work of coming to terms with the impact of addiction on their life and the lives of their family.

Tabor Lodge is guided by the Minnesota Model of addiction treatment in delivering its treatment programme. This model is characterised by its understanding that addiction is primarily a substance use disorder.

The primary focus of the treatment programme is to educate clients on the dynamics of this disorder as they manifest in the life of the individual. Another important focus of the treatment programme is to assist the client to develop the skills necessary to manage the disorder going forward in their lives.

The majority of those attending for treatment have family who get involved in the treatment programme. Addiction is an illness that affects the whole family, with the addicted person and family members suffering in different ways.

At Tabor Group, we offer education and practical support in a supportive and confidential environment. Being involved in a loved one's treatment is crucial in helping them understand the impact of their addiction on themselves and others; as well as supporting ongoing healthy recovery.

## Counselling

The treatment programme is delivered by a team of accredited addiction counsellors. Counselling is necessary in the treatment of the addiction as the client is expected to have developed significant defence and blocking mechanisms.

The loosening of the defensive stance and exploration of the painful consequences associated with the addiction lifestyle requires professional input. This is provided by the clinical team in the care and respect shown to clients. It is also evident in the empathic understanding demonstrated by staff.

In 2017, a core team of five addiction counsellors led the delivery of the treatment programme to the client group. Counsellors are also engaged in the primary role in delivery of assessment services, continuing care services and family services.

Other staff of different disciplines support the clinical team and play an equally important role in providing an environment where clients are well cared-for during their time at Tabor Lodge.

## Trauma Informed Practice

For some time now, clinical staff at Tabor Lodge have noted the changing profile of clients presenting for treatment; with mental health challenges and history of childhood trauma becoming more evident.

As part of the strategic response to this development, Tabor Lodge engaged with the Department of Applied Psychology at University College Cork to complete a research study on the extent of 'dual diagnosis' and 'adverse childhood experiences' within a cohort of 50 clients who presented for treatment in 2017. The most striking results are that over 40% report four or more adverse childhood experiences and over 50% show a diagnosis of mental health challenge.

In 2017, Tabor Lodge responded to the greater prevalence of clients presenting for treatment with history of childhood trauma. A training programme was devised and presented to ensure Tabor Lodge became more 'trauma informed' as an agency treating adults vulnerable to the ongoing debilitating impact of childhood trauma.

We are becoming more informed of childhood trauma as a contributing factor in development of addiction and as a hindering factor in efforts by the addicted person to manage the addiction.

The Department of Applied Psychology at University College Cork assisted Tabor Group in 2017 with this project in providing a report 'Moving Towards Trauma Informed Practice at Tabor Lodge'. It is planned that Extended Treatment Services, Continuing Care Services and Family Services will become more 'trauma informed' in 2018.

Management staff, clinical staff, catering, house-keeping, maintenance and administrative staff - as well as night nursing staff, weekend care staff, facilitators and general assistants - all played a part in delivering care to addicted people and their families in 2017. We all did so as part of a team, to the best of our ability and according to our values of respect, compassion and social justice. It is our privilege to do so and we will do so again in 2018.





*Minister Simon Coveney TD turning the sod on the new Fellowship House development, with Tabor Group General Manager Aileen O'Neill, in March 2017. Image: Darragh Kane*

# Fellowship House Men's Residence

## Extended Treatment Centre

**I**n 2017, we had 49 clients admitted to Fellowship House for extended treatment; 13 of these were referred directly from Tabor Lodge and 36 were referrals from other centres around the country.

A total of 36 completed the programme; a positive rise in the completion rate, which has increased from 56% in 2016, to 73% in 2017.

Our Extended Treatment Programme is based on the Hazelden Minnesota Model and promotes 'total abstinence'. The aim is to build on and consolidate the work of recovery which has already begun in primary treatment – even if that treatment was not in the recent past and the client is struggling to maintain sobriety.



## Client profile

The client profile did not change considerably in 2017; 74% of clients are under the age of 35 and unemployment remains high among young men at 92%. Homelessness remains alarmingly high at 63%.

Clients presenting with dual diagnosis is an ongoing issue, with 17% of clients in 2017 dealing with both an addiction and a mental health issue.

## Drug of choice

Cannabis remains very high at 90% with alcohol and Ecstasy coming a close second at 88%. The majority of clients presenting for treatment are presenting with Poly Drug Use; they will be using a cross-section of alcohol and other drugs.

## New build

We started the year with the positive news that our application for €4.8 million had been sanctioned for the construction of 31 homeless units for men in recovery at Fellowship House, Spur Hill, Togher.

Conack Construction Ltd were awarded the construction contract and went on site in mid-March. A very successful 'sod-turning' event took place with Minister Simon Coveney TD on 27th March at the site on Spur Hill; followed by an official gathering of local politicians, members of Cork County Council and many dignitaries at County Hall.

The construction was well advanced in 2017 and is on target for completion in summer 2018. Great advances have been made on the interior fit-out and design and we are very grateful to the Dalata Group for their support, in the form of significant donations of high quality furniture for the new centre.

When completed, Fellowship House will be a state-of-the-art facility and the new centre will increase the current treatment programme from 10 to 16, with a further six in supported accommodation and the remainder being housed in independent accommodation. We look forward to moving into our new home in 2018.

## Three-month residential programme

The programme at Fellowship House emphasises personal responsibility, peer support, participation in a 12-Step Programme and lifestyle changes; thus enabling the development of a contented healthy sobriety.

Group therapy, one-to-one counselling, meditation and education on relapse prevention form part of the daily schedule.

## Daily schedule

The daily programme and Solas funded Community Employment (CE) Scheme works as follows:

Residents attend a Health & Fitness Programme at the Sports Village Centre in the mornings, run by Northside Community Enterprises Ltd. This is a FETAC Level 4 course and covers: Health Related Fitness, Communications, Personal Effectiveness, Food & Nutrition.

Residents return to Fellowship House at lunch-time, where the treatment programme resumes in the afternoon and consists of one-to-one counselling, group therapy, lectures, meditation etc.

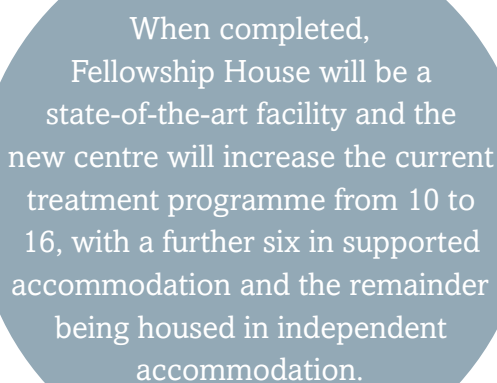
Having completed the 12-week programme at Fellowship House, residents will have the option of continuing with their CE scheme at Northside Community Enterprises Ltd.

## Independent accommodation

We provide further support in the form of private accommodation at our step-down sober house for a limited number of residents. Average stay at this accommodation is approximately three months. We also offer up to six months support to those who most need it.

## Looking ahead

We very much look forward to moving to our new home at Spur Hill. With the increase of capacity in 2018, this will bring an increase in the demand for the services. We are delighted to be at the forefront in Cork - and the wider region - in meeting the increased demand and leading services across an extended period for those who need it.



When completed, Fellowship House will be a state-of-the-art facility and the new centre will increase the current treatment programme from 10 to 16, with a further six in supported accommodation and the remainder being housed in independent accommodation.

# Fellowship House New Build 2017



Fellowship House County Hall Event



Fellowship House sod turning



Fellowship House, six months into build





# Renewal, Women's Extended Treatment Centre

**R**enewal works with women who have completed their primary 28-day treatment programme, dealing with addictions to alcohol, drugs, gambling and eating disorders. It is a 12-week residential extended treatment programme in a nurturing and homely environment.

## Client profile

In 2017, we undertook 92 assessments and admitted 46 clients, of which 25 completed the programme. Almost 60% of these clients were aged between 18 and 35.

We offer treatment at Renewal for women from all walks of life: Professional women finding themselves homeless due to addiction, women in trouble with the courts, or in prison; abuse victims, women with a history of self-harm and women with a history of violence towards themselves and others.

In 2017, all of the clients presented with a history of alcohol abuse but there was a noticeable rise in the number of young women presenting with alcohol addiction alone.

We also saw more clients with eating disorders and, based on the number of phone calls and assessments, we anticipate that we will see even greater demand from eating disorder clients in 2018.

## Background

Renewal is the only Minnesota Model extended treatment centre for women in the country and was opened in 1999.

The programme at Renewal allows the time to go through early traumas and issues, as it is a three-month residential programme. The programme consists of group therapy, lectures, one-to-one counselling and family conferences – which help the women re-connect with their families, educates families about addiction and offers them support.

We also work in partnership with Tusla - Child and Family Agency, as many women have children in care and need help re-connecting and re-building the parent/child relationship.

Past clients are invited to attend aftercare and support groups; as these ladies sometimes need extra support offered to them by a staff member who knows them well.

Renewal offers a safe, secure and homely environment, where the client learns to find routine, balance and structure - all of which are totally absent in active addiction.

## Eating Disorders Anonymous

In 2017, we started an Eating Disorders Anonymous (EDA) Group, which is more conducive to an eating disorder than Overeaters Anonymous (OA).

This group is open to both male and female clients and is also open to residents from Fellowship House and Tabor Lodge - so Renewal has opened its doors, for the first time, to men.

## Three-month residential programme

The programme at Renewal emphasises personal responsibility, peer support, participation in a 12-Step Programme and lifestyle changes; thus enabling the development of a contented healthy sobriety.

Group Therapy, one-to-one counselling, meditation and education on relapse prevention form part of the daily schedule.

## Employment scheme

Whilst in treatment, the ladies attend a community employment scheme with Northside Community Enterprises (NCE). This helps them re-integrate with the work place and develop new skills.

Many go back to school or college and some have returned to Renewal to work here, both as part of the counselling team and support staff. This provides great encouragement to the existing group, when they see others 'make it'.

## Social

There has always been a very warm and welcoming feel to the house, as has been remarked by so many that have been, or visited, here.

Senator Frances Black visited Renewal in September and spoke with the staff and clients. She showed a real interest in the women and they responded very well to her. She was happy to tell them her own life story, which the women found inspirational.



In 2017, we also started to compile a folder of recipes, as many of our residents have learned to cook here, making very healthy meals. This also spurs on those who have no interest in cooking, to at least try. This is especially good for young mothers.

Finally, the residents put huge work into staging a Christmas play every year, which is performed after Christmas Mass and before Christmas dinner at Renewal. It is always a terrific evening and so gratifying to see past and present clients doing well, with so much hope for their futures.



Renewal offers a safe, secure and homely environment, where the client learns to find routine, balance and structure - all of which are totally absent in active addiction.



# Continuing Care Programme

Completing Tabor Lodge's 28-day Residential Treatment Programme represents the beginning of the onward journey to develop a rehabilitation process on a stable footing.

The provision of Tabor Group Continuing Care support groups and adherence to a continuing care plan equips clients to continue the stabilisation process begun at the residential programme. Full recovery over the following 12-month period is a realistic target.

Of the 183 who completed treatment in 2017, all were referred to Tabor Group continuing care services. At the end of 2017, 93 of these are still attending support groups regularly; while 33 clients who were in residential treatment in 2016 were still in regular attendance at the end of 2017.

## Support groups

Clients attend support group meetings weekly in Tabor Lodge, Cork city, Dunmanway in West Cork and Midleton in East Cork. A dedicated support group for those who relapse is also provided. A women's day care programme is available for one day each week and individual support from the Continuing Care co-ordinator is available through review meetings and telephone contact.

## Extended residential care

A strong forte of Tabor Group services is its extended residential treatment programmes at Renewal and Fellowship House. The availability of these treatment programmes for those with complex needs provides a realistic possibility of full recovery from the debilitating condition of addiction. Tabor Lodge referred 40 men to Fellowship House and 19 women to Renewal for assessment of their suitability for attendance on this programme.

While there can be a waiting time for admission to Fellowship House and Renewal, clients can access sufficient supports to maintain stability while awaiting admission. These supports are provided by Tabor Group, other agencies active in the field of drug and alcohol treatment services locally and regionally, 12-Step Fellowship groups and family.

Some clients earnestly pursue their referral to Fellowship House and Renewal following relapse. Occasionally, clients will require seamless transition

to extended treatment, such is the precarious nature of their circumstances.

It was recommended to a further 11 men and nine women that they attend but they declined. However, our services remain open to them, should they reconsider. For these clients, they believe the feeling of wellness achieved following treatment in Tabor Lodge will sustain them in recovery. Unfortunately, our experience is that this is not the case where disadvantage is pronounced and the complex needs re-emerge. Some clients cite access to finance as a factor in their decision.

## Second Year Support Service

Tabor Group's Second Year Continuing Care Support Service has been offered for many years and clients who pursue this option progress to strong recovery.

In 2017, members of these groups were recruited as ambassadors for Tabor Group; providing testimony on the recovery pathway, participating in a research project and volunteering to help clients in residential treatment get to local fellowship meetings. In due course, our group facilitators will be recruited from this client group.

## National Protocols review

Co-ordinating care for a diverse group of clients with multiple and complex needs in an integrated way remains a significant challenge for Tabor Group. In 2017, Tabor Group took part in a review of Drug and Alcohol Treatment Services National Protocols, as they are practiced in the Southern Region.

Tabor Group is committed to the principles of case management, key working, integrated care planning and co-ordinated multiagency delivery of care to clients.



Clients attend support group meetings weekly in Tabor Lodge, Cork city, Dunmanway in West Cork and Midleton in East Cork.

# Family Support Programme

**A**t Tabor Group, we understand that family involvement in a person's treatment can have a positive overall outcome for everyone involved.

Through our programme of education and practical support, we encourage people to understand addiction as a family illness and encourage family members and concerned persons to establish their own recovery pathway and support systems.

## Family Day Programme

During the year, we welcomed 460 people to our weekly family day educational support programme; offering a confidential and safe place to meet others coping with a person with an addiction.

We learn time and time again how lonely and isolated people become trying to cope with addiction, so it's an important feature of the day and our ongoing support groups, to help family members recognise that they no longer need to feel alone. Family Day offers the opportunity to be directly involved in their loved one's treatment, which many family members want and need to do.

## Ongoing family support groups

Many families want to continue to access support for themselves after their loved one has completed residential treatment. In the adjustment period that follows this, the groups provide crucial support and more so, if their loved one relapses. A total of 81 attended our 12-week support programme offered in Tabor Lodge and Cork city - 17 transferred to our 52-week peer support continuing care group.

## A change of direction

2017 brought a change of direction to our programme co-ordination, when we expanded our Family Addiction Counsellor role to include the development of additional evidence-based family treatment and care programmes; as well as building formal working

relationships with local service providers and community stakeholders. In July, we appointed a new Family Services Development Officer with this broader remit.

## Pilot programme

In responding to National Drug and Alcohol Protocols 2017-2025, which highlights the need for effective interventions for families, and their central role in the recovery process, we initiated a six-month pilot programme to offer family members a full assessment and recovery care plan, with ongoing reviews similar to the service offered to residents.

We have recruited eight people to participate in a review to ascertain the usefulness of assessment and care planning in supporting family members to improve the quality of their lives and to delve deeper into the needs of family members; with a view to inform future service design and delivery. We will report on the findings of this experimental programme mid-2018.

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*“ We encourage people to understand addiction as a family illness. ”*

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## Telephone Support

Tabor Lodge offers a vital service to people whose family member is in active addiction. Telephone support, as well as one-to-one meetings, provide family members with information, intervention planning and referral advice to other agencies when necessary.

The delivery of our family support programmes would not be possible without the commitment of our facilitators who hold the groups with empathy, understanding and skill. We deeply value their experience and dedication to family recovery.







# Caroline's story

## A second chance

I am an alcoholic and an anorexic, but it was my alcoholism that drove me into treatment. More than one treatment actually, but I try not to focus on the number.

I put the drink down in January and did a three-month secondary treatment in Renewal for the second time. It was a second chance and I'm so grateful to have been given it. I needed to do it and I wanted to do it.

Alcoholism is a progressive disease and I know first-hand how rapid that progression can be. By the time I went back into Renewal I was physically, mentally, emotionally and spiritually destroyed from it. I had lost my mind, heart and soul. It literally had taken the whole of me.

But the part of me that didn't want to be dead finally had an honest desire to stop. I needed help to do that as I wasn't able to do it on my own and thankfully, I got that help in Renewal, where I felt safe and accepted.

I had to be open to receiving that help though and take on all the suggestions, not just some of them; or the ones that suited me. I had to be willing to go to any lengths to get recovery, which I was.

For me, that meant facing my eating disorder head-on and letting go of it. I had developed anorexia nearly 20 years ago, so when it comes to addiction - it was my first love. The alcoholism came later and as much as I loved drink, I loved my anorexia more.

I wasn't going to give it up without a fight. I didn't want to give it up, I had to. I'd been told time and time again that I'd have no recovery from alcoholism if I didn't deal with my anorexia. I had to stop thinking that I knew better than what the professionals were telling me because my denial, ego and self-will had me convinced that my eating disorder wasn't a big deal, it wasn't really a fully-blown one - it was only a bit of a one and I could keep it.

I think one of my biggest turning points was probably when I started to separate myself from my anorexia. I used to think we were one, that I was my anorexia and my anorexia was me. I had been told that the eating disorder had another 'voice' to my own but I didn't truly believe, let alone understand, that.

With the help of my counsellor in Renewal, along

with in-depth work in the morning group sessions, I started to figure out how to detach myself from my anorexia. I learned that, in a way, I have two brains – my anorexic brain, (which is my favourite one) - and my normal, cognitive brain. I have to constantly work on making sure my anorexic brain doesn't push itself out in front of my cognitive brain because when that happens, my thinking around food becomes distorted and I become unreachable.

So, once I began to separate myself from my anorexia I began to recognise how it presents itself to me in many guises and speaks to me in many ways. This is something that is ongoing – just when I think I know it inside out, it surprises me again.

It mostly tells me that the less I eat, the better I'll feel. That if I can maintain a rigid control over the food that goes into my mouth, it means I'm in control of my life. Now I know that really I'm not in control at all, but anorexia can be very convincing.

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*Anorexia is  
extremely seductive too,  
a bit like a bad boyfriend  
who's trying to get you  
back into bed.*

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As my counsellor pointed out to me like alcoholism, it's cunning, baffling and powerful and it tricks you into believing whatever is necessary to keep you in its grip.

It can be very high maintenance. When I'm having a good day, a few days, even a week, where I'm not obsessing about food and what to eat/not to eat, it will start calling me because I'm not giving it enough attention. And if I ignore it, it might start screaming at me to bring my focus back to it.

It's also very reactive around other people's eating disorders. Sometimes when it senses one nearby it turns into an angry, competitive, territorial dog that feels like it's coming up through me snarling that it will be bigger and better than the other eating disorder.

I hate admitting that because I think it makes me sound shallow and vain and spiteful and nasty. But then I've to remember that's not me, it's my anorexia. Anorexia is extremely seductive too, a bit like a bad boyfriend who's trying to get you back into bed.

I was told in Renewal that just like my alcoholism, it wants me dead. So that's the only bit I need to hear.

It's been said that eating disorders have nothing to do with weight. OK, it's not all about the weight for me but I'd be lying if I said I didn't want to be thin. I do, I want to be as thin as possible. But I also know that I'll never be thin enough and no matter what I look like on the outside, it won't alter how I feel on the inside. That knowledge helps me with acceptance and to stay in recovery.

I was asked what was good about recovery and I didn't know where to start. There's nothing not good about it.

Yes, it's difficult and painful and sometimes I think all the emotional stuff is going to knock me sideways, but that's part of the process, which I do trust.

Recovery is also amazing. I mainly have an amazing and amazingly simple life, which is what is recommended. After I completed my treatment in Renewal, I lived in the transition house for another few months before moving on.

I go to Renewal twice a week for Food Group and Support Group and I know I have the support there as long as I need it. I still feel safe and accepted there. I go to my aftercare and to my meetings. I have a job and friends and a solid network around me at all times. I am more than OK.

That's just the external stuff. My internal recovery is even better. The blackness is gone. I have a heart and soul.

If I could have known what it was going to feel like from the other side, I might have gotten here quicker. But that's probably the addict in me wanting things faster. Besides the 'getting there' is individual to everyone because it has to come from within. The important thing is I'm here and I hope and pray every day that I hang around.

I'm very lucky that since I had my last drink - which is a vivid, ugly memory - I've never had a compulsion for another one. I know it's just one day at a time, but when I think of a drink I can almost taste the despair.

Some days I can't bear the thought of letting go of my anorexia. It's mine and it lives in my core and the need to hold onto it can be overwhelming. But the desire to hold onto my recovery is actually greater. It's the single most important thing in my life, nothing comes before it.

# Cormac's story

## From prison to family life

I have a drink and drug problem. I started at 12 years old with LSD and magic mushrooms; E tabs at 14, coke at 17. At 16 years old, I drank every night.

I came from a dysfunctional home as both parents were alcoholics. I loved sport; it took me away from the madness that went on at home but very soon, I gave it all up for drink and drugs.

I was thrown out of school and ended up at a training centre in the city with all the troubled guys and started to get into petty crime to feed my habit. I started getting picked up by the Gardai and arrested for the night. For the next 10 years, I was in and out of jail and my addiction just got worse and worse.

I would come out of jail for a few weeks and months picking up odd jobs and not lasting too long as I became very weak and sick. I'd end up back in prison; I was in trouble for stealing and fraud – anything I could do to feed my habit.

I went to treatment for years; nuns, priests and doctors were ringing on behalf of me but I was never ready.

Coming out of prison, after two years inside, I knew the addiction was the problem. I'd come out the prison gate, swearing to myself that 'I am not going to use' but after a few hours, I'd be drinking. I couldn't deal with reality; the shame and remorse of who I was and how I had turned out.

After three days of drinking and drugging, I would often lose weight in a very short space of time. In less than one week after my release, I was ready to go back to jail again. I asked for help in prison; never got it - but I did go to AA meetings inside.

I was released in 2002 and I went to Tabor Lodge and did the primary care treatment programme. I really wanted recovery from the first day I set foot inside the door. At the end, I was in a very dark place and I knew there had to be something better than this hell on earth.

I got on very well in Tabor Lodge, I gave the programme my best shot. I met wonderful people who felt just like me and I loved being around positive people. I used to nearly cry when people would say 'Good Morning' to me, I just couldn't talk.

I finished my 28 days with the help of God, my peers and the staff. I cried when I got my key ring, just like a baby. I knew, from that day on, that this way of life was special.

I left Tabor and went to the Sisters in Blarney as I couldn't go home; with my father and brothers drinking and fighting, I knew I wouldn't last one hour. Since I came into recovery, one brother died by suicide, my father passed away and another brother is in a nursing home, in his early 40s, from addiction. So, I am blessed.

I left the Sisters, who were more than good to me. I was waiting to go to Fellowship House as I had heard about it while in Tabor Lodge and I knew it was for me; I had made up my mind, I really wanted to go there.

I arrived on a Sunday evening, settled in and felt safe right away. I had a fear of meeting new people but getting back to the house on Spur Hill and its beautiful grounds, I was really at peace with myself.

The staff were so interested in me there and they just could not do enough for me. I loved the groups every day, I learned so much about myself. I just loved being in Fellowship House every minute of every day. I never even went home on my weekends off as I didn't want to disturb the way I felt.

Even after leaving Fellowship House, every time I came up that drive on Spur Hill, I knew I was coming home. I really felt that I belonged to something very special there.

After a month of leaving, we set up an aftercare meeting, called a 'Gratitude Meeting' and is very well attended today.

I have travelled to places I dreamt about in prison. I got married, have three beautiful children and live in the country. I owe my life to Fellowship House for what it has done for me and my family.

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*I owe my life to Fellowship House for what it has done for me and my family.*

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# David's story

## A fresh start after 20 years of addiction

I started using drugs at the age of 12; drinking alcohol and smoking cannabis. It helped me manage life.

I had to live with a lot of change in my life as a young child and found it really hard to adapt and to fit in. The effects of the alcohol and cannabis helped me fit in with people, places and things.

But it also caused a lot of behaviour problems. I rebelled against adult figures in my life – parents, teachers and also guards, who were a part of my life from an early age.

My drug use progressed to harder drugs in my late teens such as Ecstasy, Cocaine and Benzos. It all became normal to me, drinking and using drugs. I committed crimes to feed what I now know was addiction and I spent time in prison but I did not know, at the time, that the way I was behaving was because the power of my addiction was controlling me and I was willing to go to any lengths to finance my using.

In my mid-20s, there became a point where I wasn't enjoying my using as much as I had previously. My first child was born and my mental health was affected. It was supposed to be the happiest time of my life but I was miserable.

I often spoke about giving up using but I had tried so many times to do it and I just could not stop. There became a point where I lost all hope and the will to live and - attempted to take my own life.

I ended up in and out of hospital for mental health issues and I blamed a lot of people for the way my life was; especially people closest to me like my partner and family members. It was only in desperation I asked myself if it could be the drink and drugs. Gambling had also become an issue in my life.

When I sat down with someone and talked about the way my life was and took responsibility for my own life and the way it had turned out because of my addiction, I was willing to get help.

It was suggested to me to try the Tabor Lodge 28-day programme for people with addiction. I contacted them and arranged an assessment. I did and completed the 28-day programme.

I learned a bit about my addiction and behaviour and felt very good in myself when I finished up at Tabor Lodge. It was suggested to everybody in the programme to go to Fellowship House, a secondary residential treatment programme that lasts 12 weeks.

I felt so good that I fooled myself into thinking that I could manage without going to Fellowship house and just attend meetings and my aftercare group. I found out the hard way after a few weeks of having no structure and routine that it was very important.

Having been a month clean after 20 years using, the world was still the same and people were affected by my active addiction. It became very challenging and the inevitable happened...I returned to what I knew and what helped me cope in the past – drinking, using and gambling.

When I picked up again, it was like I had never stopped using, but I didn't enjoy it and it brought me to my knees a lot faster. I found it really hard to stop, lost the will to live and again, made an attempt on my life.

There was so much more pain in my relapse than in my previous use; I lost a lot more emotionally and found it so hard to bounce back. But I knew one thing after nine months of misery; I needed Fellowship House.

It was exactly the right place for me at that point in my life. The structure and routine was what I needed; but also the counselling, group therapy and focusing on myself for three months. This was done while also living my life at the same time, out interacting with people and fitting back into society – at a slower pace.

When you start at Fellowship House, you also start on a Community Employment Scheme outside of the treatment centre. I used the gym Monday-Friday and found it really enjoyable. While on the CEI, I would arrive back each day, have lunch, go to group work in the afternoon, or one-to-one counselling in the evening, have dinner and head off to an AA or NA meeting with my peers and return for 11pm.

Every fourth weekend, I went home and returned on the Sunday evening. There were days when I found it tough and lost belief in myself but my counsellor would encourage me and believed in me until I could believe in myself. It really helped get me through the hard days.

I have a good life today. I went back to education, am employed and a father to two children. My life has transformed and I will forever be grateful to Tabor Lodge and Fellowship House.

# Appendix 1

## Tabor Lodge statistics

At a glance



Assessment & Admission 2017	No of Clients	% of Clients
Assessments	316	
Admissions	213	67%
Completions	183	86%

Previously Treated Status	No of Clients	% of Clients
Never Treated	126	59%
Total Previously Treated	43	20%
Treatment Status Unknown	44	21%

Gender Profile	Total	% of Clients
Male	143	67%
Female	70	33%

Specific Drug of Choice	No of Clients	% of Clients
Opiates	18	8%
Cocaine	23	11%
Cannabis	9	4%
Alcohol	138	65%
Stimulants	3	1%
Hypnotics & Sedatives	9	4%
Other Substances	1	0%
Other Problems - Gambling/Spending	12	6%

Main Reason for Referral	No of Clients	% of Clients
Alcohol	138	65%
Drugs	63	30%
Gambling	10	5%
Food	2	1%

Age Profile - Total	No of Clients	% of Clients
18-24	23	11%
25-34	70	33%
35-44	64	30%
45-54	34	16%
55-64	17	8%
Over 65	5	2%

Age Profile - Male	No of Clients	% of Clients
18-24	20	14%
25-34	48	33%
35-44	46	32%
45-54	21	15%
55-64	4	3%
Over 65	4	3%

Age Profile - Female	No of Clients	% of Clients
18-24	3	4%
25-34	22	31%
35-44	18	26%
45-54	13	19%
55-64	13	19%
Over 65	1	1%

Accommodation - Living with whom	No of Clients	% of Clients
Alone	42	20%
Parents or Family	80	38%
Alone with child	8	4%
Partner Alone	22	10%
Partner and child	45	21%
Friends	1	0%
Other	11	5%
Not Known	4	2%

Accommodation - living where	No of Clients	% of Clients
Stable accommodation	201	94%
Institution (e.g. prison, clinic)	1	0%
Homeless	3	1%
Other unstable accommodation	5	2%
Not Known	3	1%



<b>Employment Status</b>	<b>No of Clients</b>	<b>% of Clients</b>
Employed	73	34%
Unemployed	113	53%
Student	2	1%
Housewife/husband	6	3%
Retired/unable to work/disability	16	8%
Other	2	1%
Not Known	1	0%

<b>Source of Referral</b>	<b>No of Clients</b>	<b>% of Clients</b>
Self	105	49%
Family	52	24%
Friends	6	3%
Other Drug Treatment Centre	10	5%
General Practitioner	14	7%
Social Services	11	5%
Court/Probation/Police	4	2%
Outreach Worker	2	1%
Employer	4	2%
Mental Health Professional	5	2%

<b>Highest level of education completed</b>	<b>No of Clients</b>	<b>% of Clients</b>
Primary Level incomplete	6	3%
Primary Level	18	8%
Junior Certificate	73	34%
Leaving Certificate	82	38%
Third Level	31	15%
Not known	3	1%

<b>Admissions by County</b>	<b>No of Clients</b>	<b>% of Clients</b>
Cork	181	85%
Kerry	14	7%
Tipperary	3	1%
Waterford	4	2%
Limerick	2	1%
Dublin	3	1%
Kildare	2	1%
Rest of Ireland	4	2%

# Appendix 2

## Fellowship House statistics

### At a glance



Assessment & Admission 2017	No of Clients	% of Clients
Assessments	99	
Admissions	49	49%
Completions	36	73%

Age	No of Clients	% of Clients
18-24	21	43%
25-34	15	31%
35-44	11	22%
45-54	2	4%
Over 55	0	0%

Accommodation - Living where	No of Clients	% of Clients
Homeless	31	63%
Own Home	0	0%
With Partner/Family	17	35%
Renting	1	2%

Marital Status	No of Clients	% of Clients
Single	43	88%
Married	0	0%
Partner	5	10%
Seperated	1	2%

Highest Level of education	No of Clients	% of Clients
Primary Level	1	2%
Junior Certificate	18	37%
Leaving Certificate	30	61%
Third Level	0	0%

Background Issues 2017	No of Clients	% of Clients
Family History of Addiction	30	61%
Court Contact/Probation	31	63%
Self Harm	22	45%
Abuse (Physical, Emotional, Sexual)	27	55%
Psychiatric History	20	41%
Medication	14	29%
History of Violence	24	49%

Specific Drug of Choice	No of Clients	% of Clients
Alcohol	43	88%
Ecstasy	43	88%
Cannabis	44	90%
Cocaine	42	86%
Prescribed Medication	36	73%
Heroin	13	27%
Methadone	9	18%
Speed	36	73%
LSD	28	57%
Gambling	11	22%
Other/Headshop	23	47%
Food	5	10%

Employment Status	No of Clients	% of Clients
Employed	4	8%
Unemployed	45	92%

Source of Referral	No of Clients	% of Clients
Tabor Lodge	13	27%
Talbot Grove	10	20%
Hope House	1	2%
Aislinn/Aiseiri	11	22%
Self Referral/Counsellor	3	6%
Cuan Mhuire/Fernanes	0	0%
Bushy Park	5	10%
Bruree	6	12%



Admissions by County	No of Clients	% of Clients
Cork	21	43%
Kerry	8	16%
Limerick	1	2%
Clare	4	8%
Waterford	2	4%
Tipperary	1	2%
Mayo	1	2%
Dublin	4	8%
Galway	1	2%
Other Counties	6	12%

## Appendix 3

### Renewal statistics

#### At a glance



Assessments Undertaken 2017	No of Clients	% of Clients
Assessments	92	
Admissions	46	50%
Completions	25	54%

Age	No of Clients	% of Clients
18-24	13	29%
25-34	14	30%
35-44	11	24%
45-54	5	11%
Over 55	3	6%

Marital Status	No of Clients	% of Clients
Single	34	74%
Married	4	9%
Partner	0	0%
Seperated	6	13%
Divorced	1	2%
Widowed	1	2%

Employment Status	No of Clients	% of Clients
Employed	1	2%
Unemployed	45	98%

Accommodation - Living where	No of Clients	% of Clients
Homeless	12	26%
Own Home	5	11%
With Partner/Family	18	39%
Renting	9	20%
Council	2	4%

Highest Level of education	No of Clients	% of Clients
Primary Level	1	2%
Junior Certificate	14	30%
Leaving Certificate	15	33%
Third Level	16	35%

Background Issues	No of Clients	% of Clients
Family History of Addiction	35	76%
Court Contact/Probation	12	26%
Self Harm	28	61%
Abuse (Physical, Emotional, Sexual)	26	57%
Psychiatric History	16	35%
Medication	22	48%
History of Violence	30	65%

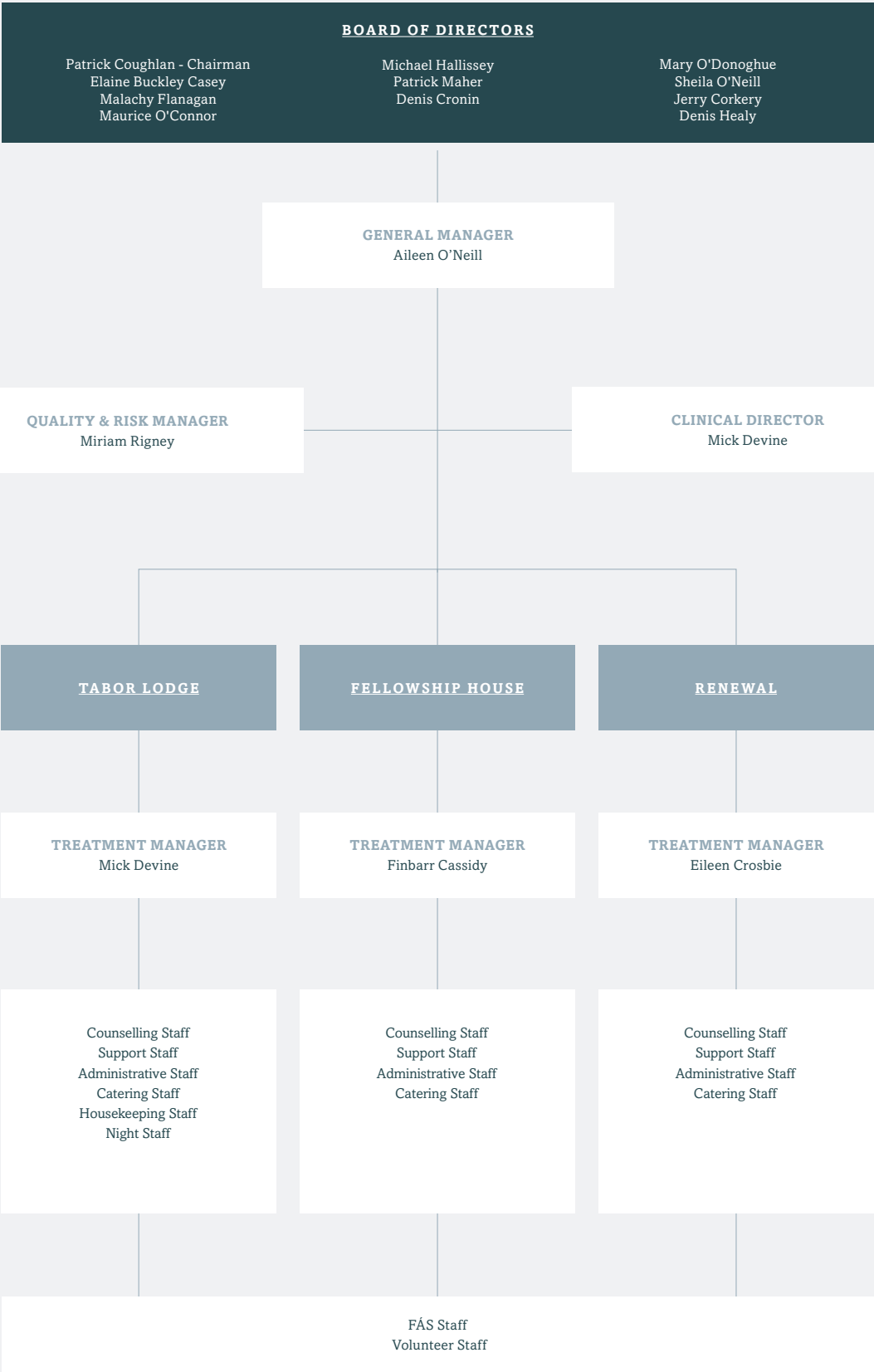
Specific Drug of Choice	No of Clients	% of Clients
Alcohol	46	100%
Ecstasy	21	46%
Cannabis	31	67%
Cocaine	26	57%
Prescribed Medication	24	52%
Heroin	7	15%
Methadone	3	7%
Speed	15	39%
LSD	6	13%
Gambling	2	4%
Food	14	30%

Clients with Children	No of Clients	% of Clients
One or more children	22	48%
No children	24	52%

Source of Referral	No of Clients	% of Clients
Tabor Lodge	8	17%
Talbot Grove	7	15%
Hope House	6	13%
Aislinn/Aiseiri	5	11%
Self Referral/Counsellor	1	2%
Cuan Mhuire/Fernanes	10	22%
Bushy Park	4	9%
Rutland	1	2%
Other	4	9%

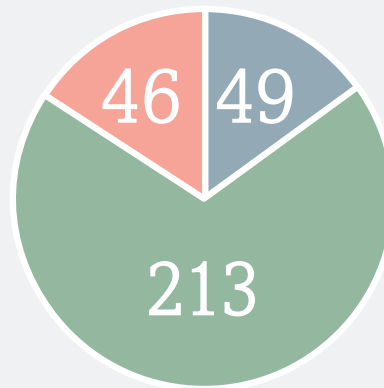
Admissions by County	No of Clients	% of Clients
Cork	16	35%
Kerry	3	7%
Limerick	3	7%
Clare	1	2%
Waterford	2	4%
Tipperary	1	2%
Mayo	5	11%
Dublin	7	15%
Galway	2	4%
Other Counties	6	13%





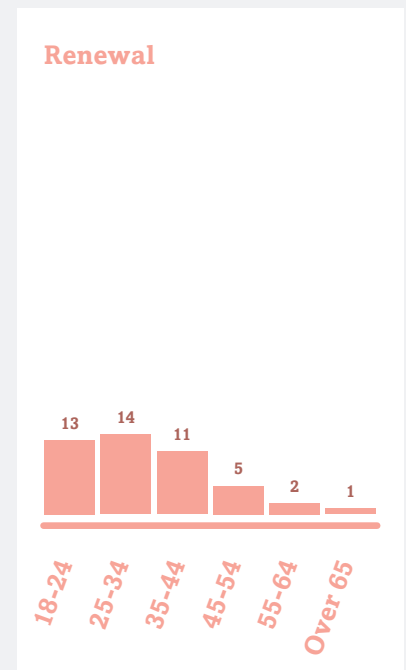
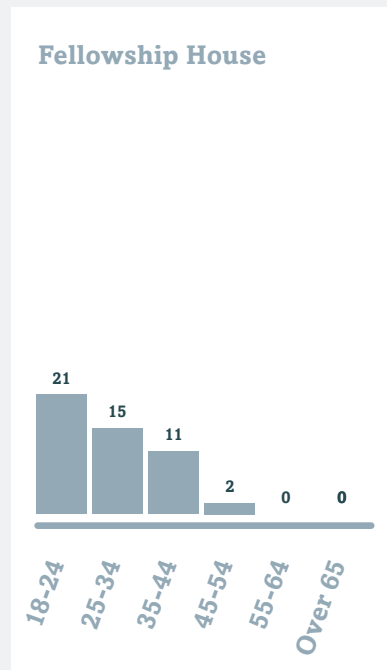
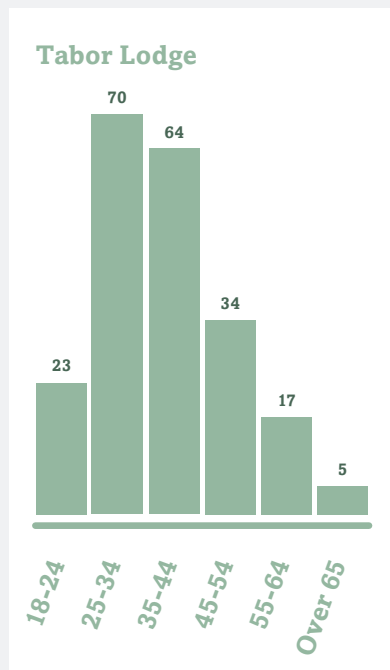
# Tabor at a Glance

Tabor Group provided treatment for 308 people in 2017







Tabor Lodge  
Renewal  
Fellowship House


## Age Profile at Each Facility




## Treatment Programme Includes:

					
<b>Education</b>	<b>Accommodation</b>	<b>Group Therapy</b>	<b>one-to-one counselling</b>	<b>Meditation</b>	<b>Three Meals</b>

460 people attended our weekly Family Day educational support programme in 2017.



There are 16 acres of scenic woodlands at Tabor Lodge that residents can use for nature walks and meditation.



PRIMARY  
RESIDENTIAL  
TREATMENT



Ballindeasig,  
Belgooly, Co Cork  
Tel: 00 353 21 4887110  
Fax: 00 353 21 4887377

MEN'S EXTENDED  
RESIDENTIAL  
TREATMENT



Spur Hill, Doughcloyne,  
Togher, Cork  
Tel: 00 353 21 4545894  
Fax: 00 353 21 4344471

WOMEN'S EXTENDED  
RESIDENTIAL  
TREATMENT



Shanakiel,  
Blarney Road, Cork  
Tel: 00 353 21 4300844  
Fax: 00 353 21 4391395

CRO NUMBER  
311070



REGISTERED CHARITY  
NUMBER  
20042127

REGISTERED OFFICE  
"Renewal", Shanakiel,  
Blarney Road, Cork.

**Need help with an addiction?**

Call us in confidence on:

**021 4887110**

[www.taborgroup.ie](http://www.taborgroup.ie)

