



ANNUAL
REPORT
2015





TAVOR LODGE
Primary Residential Treatment



FELLOWSHIP HOUSE
Men's Extended Residential Treatment



RENEWAL
Women's Extended Residential Treatment



ANNUAL REPORT 2015

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MISSION

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

PHILOSOPHY

At Tabor Group we believe that addiction is a chronic, progressive, primary disease that cannot be cured but those who 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 Twelve Step Programmes.

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

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

Chairman's Report

For over 26 years, the Tabor Group has strived to provide the highest quality residential treatment for those suffering with addictions. In the last few years, the numbers of people presenting for treatment has been increasing and our services have been in great demand. Additionally, we have seen an increase in clients with poly-drug use and dual diagnosis of mental illnesses, and the ever challenging vie for funding, yet the Tabor Group continues to excel at providing successful treatment outcomes and is adapting to current challenges. Steered by our dedicated Board, Tabor Group has faced considerable adversity; however with their guidance and expertise, we are positive in our outlook into the coming years.

We continue to secure considerable funding from the Health Service Executive (HSE) for our ongoing services, as well as funding from the Departments of Justice and Law Reform through the Probation Service and the Department of Environment through the Local Authorities. We are most grateful for their ongoing commitment towards our treatment centres. Our relationship with all of them remains strong and we will continue to collaborate with them to ensure our services are effective and affordable to all people seeking treatment for their addiction.

We still have in place the approved funding from the Department of Environment with regards to the new Fellowship House development. While our plans for this facility are behind schedule, with very little progress during 2015, we anticipate the completion of the building in 2017. The Sisters of Mercy have shown utmost generosity in letting us occupy St Columba's Convent since February 2015 during this process. The staff at Fellowship House have adapted well to their temporary residence and I thank them for their patience and resilience. I am confident, along with the Board, that our new facility will make huge strides in our ability to treat more clients effectively. Our plans in 2016 are to submit development proposals for the site at Renewal to the Department of Environment.

Our 5 year Strategic Plan is a very comprehensive strategy which was compiled with input from many

staff and Board members. This document will steer us into 2020 with appropriate targets and objectives and we are optimistic and welcoming of this guidance. Critical areas of the strategy are aimed at developing the clinical service provided by Tabor Group and aligning ourselves within the new National Drugs Strategy, and implementing a marketing and communications strategy to promote the work done by Tabor Group. Both of these initiatives will ensure Tabor Group maintains its reputation of a leading provider of addiction treatment in Ireland.

I wish to thank all who have supported the Tabor Group in one way or another—for those that give financially, those that give their time and expertise, and those that keep us in their thoughts - we are sincerely grateful and will continue to excel in our work. To the General Manager, the staff and the volunteers, please accept our gratitude for the effort you put into your daily work. Your dedication is the reason Tabor Group is a success and I value each and every one of you for your contribution to the company.

In early 2015, a former director – Donal Mc Carthy – passed away. Donal always kept the finances of the organisation under close scrutiny at all meetings and was a committed director. Ar dheis Dé go raibh a h-anam dílis.

At the 2015 Annual General Meeting, changes to the Board of Directors took place with a new director joining and a number of directors retiring. I wish to convey my sincere thanks to them for their expertise, diligence, commitment and time and, in particular, to those who served many years as directors. I wish them all well in their chosen paths.

Finally, I would like to thank my fellow Board who provide such extensive expertise and guidance voluntarily. It is a delight to chair this group of dynamic and dedicated people and an honour to serve on the Board helping those overcome their struggle with addiction each year.

Pat Coughlan

Chairman of the Board of Directors





General Manager's Report

2015 was a significant year in terms of stabilisation of bed occupancy and financial status of the organisation. More positive developments took place in the Tabor Group with key new appointments to address gaps in finance, marketing and HR. At the beginning of the year, the first Strategic Plan for the organisation was finalised, setting out objectives and priorities for a 5 year period, and throughout the year work went in to put in place important foundations to facilitate the plan's implementation.

Because of the deteriorating premises at Spur Hill, the services of Fellowship House relocated to a property owned by the Sisters of Mercy in Wilton in February. Services transferred seamlessly and huge credit is due to the staff who facilitated this without complaint. Unfortunately, the new development at Fellowship House suffered further setbacks, with a new planning permission application necessary in February, due to the onerous conditions attached to the permission which had been granted the previous November. The new planning application however, which was granted in September, would provide us with a more manageable project in the long term with major changes to the waste and water treatment systems.

Other important external developments took place during the year which brought more transparency to the landscapes of charity regulation and political engagement, with the establishment of the Register of Charities and the Lobbying Act 2015. We welcome these developments which serve the public well in providing information and assurances of adherence to standards.

The Tabor Group is a member of the association ATCI (Addiction Treatment Centres of Ireland) and in June, this group and a wider representation of the voluntary sector treatment providers met with Minister Aodhán Ó Ríordáin, T.D. Minister of State at the Department of Justice and Equality and Arts, Heritage and the Gaeltacht with special responsibility for Equality, New Communities and Culture and Drugs Strategy. The discussion included financing in the sector, the new Substance Misuse Strategy, the

operation of the Task Forces and structures required to implement specific strategies including prevention and treatment.

In the same month, we were advised by the HSE that they had secured a new funding stream to address, in a targeted way, the financial barrier that some people experience which precludes them from accessing residential treatment. This funding was received late in the year and proved to significantly address the burden that the organisation has carried for the last several years in providing treatment to those who cannot afford the full cost. The trend therefore of deficits that the company has experienced in recent years was turned around, primarily through this funding, but also with increased occupancy at Tabor Lodge.

In August, we engaged the services of a professional accountant to work with the organisation on a monthly basis in advancing the internal financial audit and training function. In November, a full-time Communications and PR manager was appointed after a Communications Plan was developed with the assistance of a local PR firm. In December, we began to work with a HR Consultant to overhaul our human resources policies and procedures and to undertake audits and reviews of specific areas such as contracts of employment and performance review. All of these developments will progress throughout 2016 and beyond, and provide the necessary competencies and foundations for the implementation of the Strategic Plan for the organisation.

Overall, I believe that the changes, developments and stabilisation that occurred in 2015 signify a positive turnaround both financially and professionally for the organisation, and with the implementation of the Strategic Plan from 2016, the organisation can look forward to investing in its growth and sustainability. With the continued support and loyalty of the Board and the staff and volunteers, the organisation can go from strength to strength.

Aileen O'Neill

Tabor Group General Manager

Clinical Director's Report

The residential treatment episode at Tabor Group is designed to help people stabilise from the impact of the addiction and to help them gain insight into how it is active in their life. The aim is for the person to manage the addiction thus rendering it inactive or in remission.

Tabor Group's Strategic Plan Objective 1 is to develop the treatment programme. In 2015, this development took the form of identifying complex factors that inhibit success for patients in managing addiction. Many patients attend who have mental health challenges in addition to addiction. Anxiety, depression, as well as personality disorders all make the matter of managing the addiction more difficult and this dual diagnosis complicates the matter. The person may inadvertently become addicted to a substance they are using to manage the pain of a mental health

issue. The staff have increased their capacity to work with this patient group with ongoing training, and more training here is to follow in 2016. The interagency working with mental health services developed in 2015 in so far as referrals became more formalised. Procedures for working with hospital and community based mental health personnel and crisis nurses ensure improvement of quality of care and we look forward to continue to work together in 2016.

Staff attended a training workshop hosted by HSE Keltoi Addiction and Trauma Treatment Centre on addicted people with a history of trauma. This training helped us identify the impediment caused by traumatic events to the successful management of addiction. Traumatic historical events can range from childhood negligence due to a parental addiction, childhood sexual abuse, compli-

cated grief, and other traumatic events. Such events overload the person's normal coping mechanisms and incapacitate their efforts to manage addiction.

Alcohol Forum's training helped us identify the role of brain injury in addicted people and its role in relapse. Excessive and prolonged alcohol and drug abuse causes injury to the brain. In addition, injury can also happen due to accidents and violence that is a regular occurrence, particularly with young men active in addiction. This cognitive impairment can hinder the person's ability to come to terms with the addiction and manage it effectively. Both brain injury and trauma can render many addicted people vulnerable and disadvantaged when it comes to succeeding in treatment. Tabor Group seeks to provide the comprehensive care needed for them to succeed in managing their addiction.



Alcohol

Alcohol remained by far the most popular 'drug of choice' among addicted people attending for treatment services in Tabor Group again in 2015. Alcohol Action Ireland reports that 88 deaths every month in Ireland are directly attributable to alcohol; 1,200 cases of cancer are related to alcohol use in Ireland each year; and one in three road crash deaths are alcohol-related. Overall, it is estimated that there are 70,000 alcohol dependent people in Ireland and nearly 110,000 children are at greater risk with claims that parental alcohol use has a negative effect on their lives. Despite this, alcohol is not yet integrated into Ireland's Drug Strategy and has remained part of an 'interim' strategy. As a result of this there is no proper treatment infrastructure in place to provide treatment to alleviate some of the harm caused by alcohol in our society.

Clinical Governance

Treatment programmes were delivered in Tabor Group by accredited addiction counsellors. The ratio of counsellor to patient is 1:4. This ensures a high quality of individualised care to patients. All the clinical work was supervised by accredited senior supervisors and we are grateful for the support for our work provided by the psychotherapy community in Cork. All counsellors employed by Tabor Group were accredited by Addiction Counsellors of Ireland (ACI) or equivalent.

Much of the work of Tabor Group is delivered in partnership with agencies in the community. This work is coordinated by the Cork Local and Southern Regional Drug and Alcohol Task Forces. The treatment and rehabilitation committee of the task forces coordinate the delivery of overall care and Tabor Group is represented on this committee.

Research

Based on data collected since 2013, two research reports were produced providing evidence for the efficacy of the treatment provided by Tabor Group. The first of these reports was produced in 2014 and the second in 2015. Based on an original cohort of 150 patients, 67 were interviewed 18 months following their discharge from the residential programme at Tabor Lodge. From this, 53 participants reported significant increases in 'quality of life' and significant decreases in their alcohol and drug use. An economic evaluation report will be produced in 2016 based on an analysis of this data. We appreciate the partnership developing with the Department of Public Health and Epidemiology in University College Cork which allows Tabor Group makes a real contribution to the 'evidence base' for addiction treatment nationally. Tabor Group Strategic Plan 2015 – 2019 recognises the importance of a Research Strategy to guide our research projects.

Revitalisation

2015 ended with some positive notes.

Firstly, additional funding was allocated to provide treatment for patients unable to afford costs. Such funding infrastructure was recommended in the MTC Review of Tier 4 HSE Funded Residential Rehabilitation Services in 2011. This allocation marks a beginning in providing the treatment infrastructure required for proper care of the addicted person. Providing such infrastructure was the intention of Action 32 of Ireland's National Drug Strategy (interim) 2009 – 2016.

Secondly, a review of this national strategy was announced and a consultation process was set in motion. This process is accommodating input from the voluntary treatment sector in Ireland. The opportunity to influence this process is welcome.


Thirdly, the voluntary treatment sector strengthened its association towards the end of 2015. Revitalisation of the field of alcohol and drug treatment is certainly needed as much momentum has been lost in the lifetime of the current strategy due to economic circumstances in Ireland. The addicted person has felt the brunt of cuts as funding for treatment services was reduced and in many cases put beyond their reach. It is hoped this matter can be addressed in 2016 and in the lifetime of the new strategy.

Mick Devine

Tabor Group Clinical Director

Quality & Risk Report 2015

There have been reviews on 11 policies over the last 12 months.



The areas of quality and risk management are foundational for all aspects of service delivery within the organisation. Throughout the last few years there is a heightened awareness amongst staff members of the procedures that are in place to ensure safe, quality service provision.

ACCREDITATION

All three centres have maintained their accreditation with CHKS. The end of 2015 saw the start of a new accreditation process which will culminate the beginning of 2016 with a comprehensive audit which will assess clinical services, leadership and governance, risk management, service user interaction and facilities management to mention some areas, and every member of the organisation has the opportunity to be involved in the accreditation process.

QUALITY

Quality shows itself in abundance at each centre and throughout the organisation in the little things that make Tabor Group a success. In a more formal way, quality is an agenda item at all of the meetings that occur.

POLICY DEVELOPMENT

Policy review and development is a continuous process across the organisation to ensure that the service delivered is in line with best practice and to reflect changes in legislation and in the evolving environment within which the service operates. To this end, there have been reviews on 11 policies over the last 12 months.

A significant body of work was commenced in the final months of 2015 to review the Human Resources policies and procedures of the organisation. This was done in consultation with staff representatives from the three centres and culminated in the creation of a new employee handbook.

TRAINING

The main objectives that were identified in the training plan for 2015 were achieved and focused on health and safety training. The mandatory training for all staff continues on a roll over basis.



Training	Tabor Lodge	Renewal	Fellowship House
Occupational First Aid (FETAC Level 5)	7	4	4
Basic Life Support/ AED use	22	9	9
Manual Handling	11	0	0
M.A.P.A.	7	2	2
Fire Training	25	9	10
H.A.C.C.P. Food Safety Training	6	2	3
Display Screen Equipment Training	7	2	pending

CONTINUOUS PROFESSIONAL DEVELOPMENT

Monthly supervision sessions with a registered supervisor are provided for all members of the counselling team. In addition to this, learning needs in specific areas are identified in conjunction with staff members. In 2015, training was delivered in the area of Eating Disorder management in an addiction treatment setting, care planning, and mental health awareness. Training in the area of mental health and dual diagnosis within addiction treatment is to continue in 2016.

Staff members from all areas also attended information sessions of the Safeguarding Vulnerable Persons at Risk of Abuse policy (HSE) and on documentation and record keeping.

AUDIT

An audit programme is agreed at the Clinical Governance meeting early each year. Audits of elements of the service are undertaken and registered by staff members working in the areas.

In 2015, the treatment team at Tabor Lodge agreed a set of Clinical Standards for elements of

the treatment programme. Each member of the treatment team carried out an audit on a specific standard (s) and reported the findings to their colleagues. Changes to practice ensued from the initial audits to improve service delivery.

There is an increasing awareness of the importance of measuring relevant data and how this is essential to improve service provision. Clinical audit is recognised as a valuable component of clinical practice and is recognised as such in allocation of CPD points.

RISK MANAGEMENT/ HEALTH AND SAFETY

Risk assessment and management is a part of the day to day operations of the service. This applies to all levels of risk across varied elements of the service. Over the past number of years, documentation of risk has become more embedded in the culture of the organisation. A 'no-blame' culture is encouraged as is the recording of incidents and near-misses.

Miriam Rigney

Quality and Risk Manager

Centre	Incident Report Forms	See and Act Forms	Risk Assessment Forms
Tabor Lodge	51	36	6
Renewal	6	0	2
Fellowship House	9	2	3
Total	66	38	11





A 'no-blame' culture is encouraged as is the recording of incidents and near-misses



Tabor Lodge, Primary Residential Treatment Center

Tabor Lodge, our centre for primary treatment, aims to provide care and support in a safe environment to a vulnerable population while they come to terms with the impact of addiction on their lives. Tabor Lodge is often the first port of call for those seeking treatment for their addiction and provides a 28-day residential programme which follows the Hazelden treatment model. Each year we treat hundreds of people suffering from addictions to drugs, alcohol, gambling and food and in 2015 we had an occupancy rate of 82%, 6% higher than 2014. There is a growing demand on our services and often clients are presenting with more complex issues putting a great pressure on our staff. Alcohol continues to be the predominant drug of choice for clients attending Tabor Lodge with 75% of residents stating that is their main issue, however many of the clients will also present with a history of poly substance use. Often, patients are challenged by other health care issues in addition to their addiction such as brain injury, mental health conditions, history of trauma, or tendencies towards self-harm or suicide. They have complex needs and can be significantly debilitated, and often are not suitable or have been unsuccessful in other attempts at treatment. Tabor Lodge provides specialised residential counselling or therapy, and education to help equip them with the insight, skill, and know-how to manage their addiction successfully and provide safe pathways back into their community by linking them with continuing care managers and outpatient programmes.

In 2015, 218 people were admitted to Tabor Lodge 28-day residential programme for treatment of the addiction. In most cases a family member of the person concerned referred directly to Tabor Lodge, however

people were also referred by external sources including GPs, hospitals, Health Service Executive outpatient treatment services, social services, and Probation services. Without referrals from these sources Tabor Lodge could not function and we remain grateful for the strong working alliances that have developed.

194 people completed the residential treatment programme in 2015 and were discharged into a continuing care programme. For geographical reasons, 31 of these were referred to a continuing care programme delivered by another agency. Of the remaining 163, 123 were in regular attendance with our continuing care services. Tabor Lodge lost contact with 40 people.

In the case of 80 patients, it was clear that extended care was needed and it was recommended that they attend Fellowship House or Renewal- 45 men to Fellowship House and 35 women to Renewal. By the end of 2015, 12 of these were admitted to the programme in Fellowship House and 10 to the Renewal programme. Less than 33% of those who needed the extended care availed of it. There are a variety of reasons for this including timing, affordability, motivation, and the inability to remove themselves from their family life for a further 3 months.

Tabor Lodge is confident the occupancy level for 2016 will be maintained, if not increased, and the efficacy of our services and programmes provided will continue to make positive impacts on our clients.

Mick Devine

Tabor Lodge Treatment Manager

194 people completed the residential treatment programme in 2015

Below are our main findings from our activities in 2015. Details to support these can be found in Appendix 1.

ASSESSMENTS AND OCCUPANCY

In 2015, 565 assessment appointments were available and 536 appointments were made. 377 of these appointments were filled with attending clients. Of those 377, 218 people were admitted into the 28-day programme. Tabor Lodge maintained an 82% occupancy throughout 2015, a slight increase from 79% in 2013 and 76% in 2014.

REASONS FOR REFERRALS

Alcohol is once again the main reason for treatment with 75% residents stating drinking was their main issue. Cannabis, opiates and benzodiazepines affect 17% of residents.

AGE OF RESIDENTS

Tabor Lodge residents have a large and equally spaced range of ages. 28% of residents are within 20-29 years of age. 50% of residents range between 30-49 years of age. 22% of residents were over the age of 50. This reflects a slightly higher age grouping than the Extended

Treatment centres but is similar to previous years at Tabor Lodge.

ACCOMMODATION STATUS

34% of residents state they live with family or parents, followed closely by residents who live with a partner (with or without children). 4% residents stated they were homeless.

EMPLOYMENT STATUS

Over half the residents in 2015 were unemployed, up 3% from 2014. 32% are in paid employment.

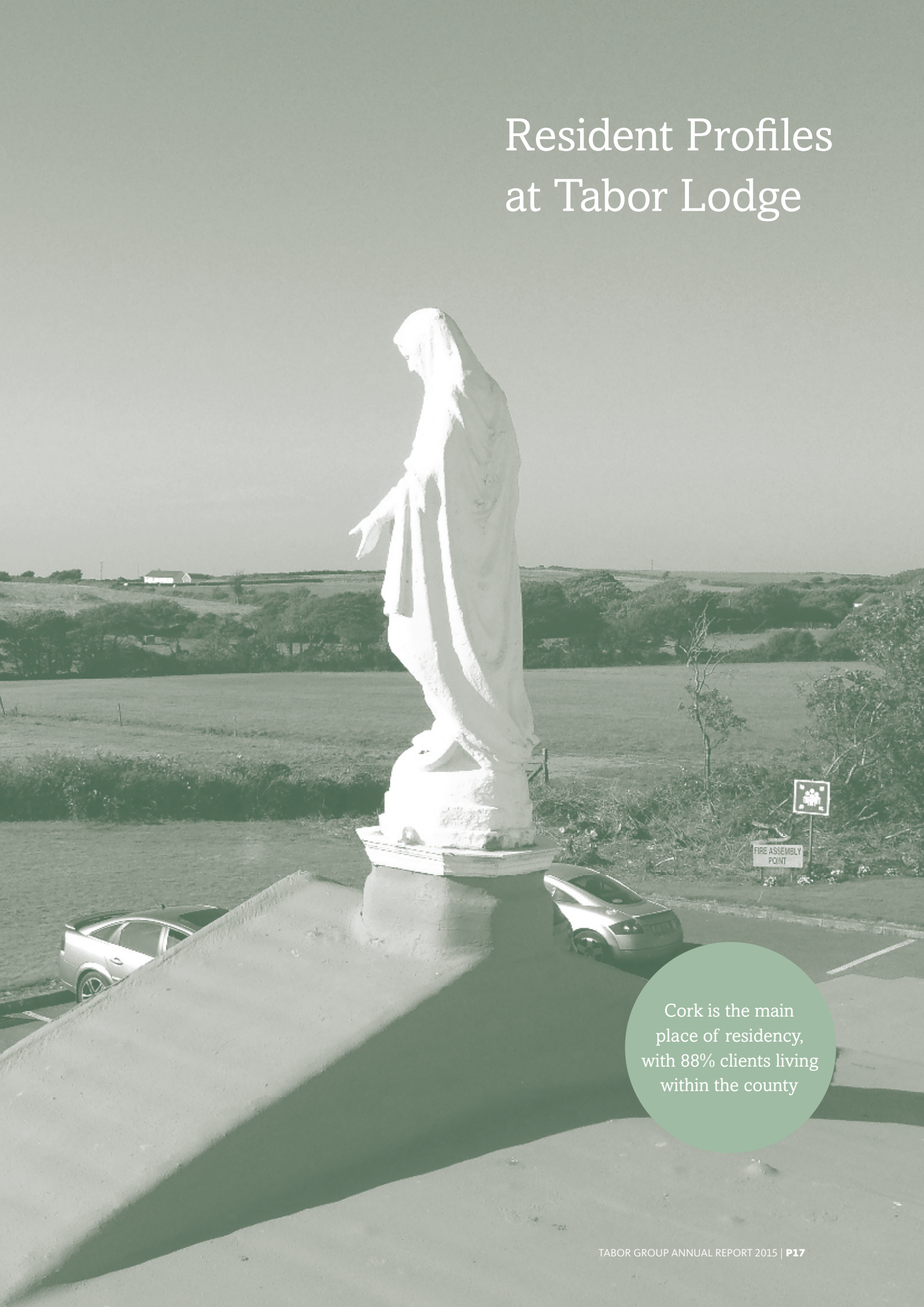
EDUCATION LEVELS

Education levels remain consistent with previous years, with roughly 44% receiving up to Junior Certification or less, 33% completing Leaving Certification and 18% completing 3rd level or higher.

AREA OF ORIGIN

Cork is the main place of residency, with 88% clients living within the county. Kerry, Limerick, Clare and Waterford are also featured. We hope to further expand our client base throughout 2016.

Resident Profiles at Tabor Lodge



Cork is the main place of residency, with 88% clients living within the county

A Journey Out of Addiction, John's Story

Growing up, my main addiction issues were primarily drugs, particularly uppers such as cocaine, speed, ecstasy. As well as this, I had also been drinking and smoking weed/hash from a young age. When the head shops opened around 2008/09, my using became completely out of control. The drugs that were sold in the shop were stronger and cheaper than anything I had come across before and the need to get high became an everyday thing. I found myself unable to function without the drugs – I needed them for work, to go to town, to be around family and friends. In the end, I was completely powerless over using – the cravings became worse and the anxiety that I felt when I couldn't get drugs made life miserable; the only thing that would take it away was more drugs.

One major reason I ended up in treatment was because I got caught selling drugs and had court cases pending. I was thrown out of home, told to resign from my job and had nowhere to go. My life had fallen apart so many times before that but I was not willing to accept or take responsibility for my actions. I was also not willing to accept that drugs were my problem. The denial around my using was very strong and I had the idea in my head that drugs were the solution to my problems rather than my problem. It was only after I got into treat-

ment, not before, that I accepted that I was an addict and that I could never use drugs successfully again.

I chose Fellowship House as it was suggested to me by my councillor in primary treatment. I knew that if I had gone back to where I was from I wouldn't stay clean. I needed the extra treatment and time before I felt confident enough to go home. One of the most appealing things about Fellowship House was that I would have the evenings to myself to go to meetings or meet people for coffee, etc. and also we got to go to the gym everyday as part of a course which was something I enjoyed doing.

I was in my first meeting and the identification I got inside the room blew away any denial I had about my addiction. I could identify with every speaker as if they were telling a part of my own story and that identification led to the start of admitting and accepting that I had a problem. Once I was able to do that I was shown a new way to live. The goals group was particularly beneficial as this allowed my peers in the group to point out potential areas that I needed to work on in my recovery and create goals on how this may be achieved. For the first time in my life, I was able to picture a life without drink and drugs. I found out that I had a disease that I was not responsible for, but that I had a recovery that I

was responsible for maintaining. The maintenance of my recovery is down to my own actions, keeping my thinking positive and doing the next right thing. I know today I have to live my life by the guidelines set out by the programme. Generally, when I do that I know that I will be OK.

My family were a constant support to me since I got clean and once I made the decision to get clean my whole family rallied around me. I found this to be very important as it showed me that I had something to stay clean for-- that giving up drugs would not be all about loss and that I would actually be gaining the love and respect of my family. My dad is a recovering addict so I found it useful to be able to go to him for advice on any issues I was having in recovery and he was able to share his experiences with me. In addiction, all my relationships had turned toxic. Today, my life is completely different – I have open and honest relationship with my friends and family, I don't need to constantly lie about what is going on in my life and the weight of addiction has been lifted off my shoulders.

After going through Fellowship House I realised the benefits of sharing what was going on for me and how it could help me. Now, I will take all the help that is available to me and that process of asking for help began in Fellowship House.


Today, my life is completely



different to the life I had in addiction. After coming into recovery I was able to go back to university and complete a degree in Economics. Afterwards, I went on to complete a Masters in Economics and recently was awarded an academic scholarship to carry out doctoral research in the same discipline. Initially, I would not have gone back to college without the encouragement of my counsellor in Fellowship House.

At the beginning of recovery, I was told that I had to go on blind faith that things would work out. Today, that faith has been strengthened

and I know that with the support of meetings, family, friends and a Higher Power I can have a life beyond my wildest dreams. In recovery, I have been able to do all the things I always wanted to do but never could. When I was in Fellowship House, my counsellor told me that if I stayed clean I could do anything I wanted in my life and today that promise is being realised. I believe 100% that if I keep following the programme and doing what has been suggested, my life will continue to get better and the gifts of recovery will continue to be delivered a day at a time.



I can have a
life beyond my
wildest dreams

Admissions

The Admissions Manager in Tabor Lodge is often the very first contact for a client seeking assistance for their addiction. In reaching out and making that phone call, the client may be unsure as to what exactly they are looking for regarding treatment and are often in a state of distress. It is the role of staff to respond in a soothing and caring manner which instils reassurance and a confidence within the client. At the initial contact, information is taken with particular emphasis on any acute difficulties such as medical, mental health or legal issues which may require the client's attention prior to attending for assessment. Obtaining this information is vital in order to pave the way for a smoother assessment and subsequent admission to Tabor Lodge.

In 2015, there were 565 appointments for assessment available to clients following telephone contact with Tabor Lodge. Of the 565 appointments offered, all but 29 were filled. In all, 377 clients attended for assessment appointments, 69 people cancelled appointments and 95 did not show up. In the event of a client not showing up on the day, every effort is made to contact them to see if an alternative appointment could be arranged for them.

Many of the clients who attend for assessment are self referred, while others may be referred by family, GPs, hospital, or via social or probation services.

Typically an assessment appointment will last for 1-2 hours. In that time a full history is taken and the treatment programme is explained including the financial details. Clients are encouraged to attend with a family member who is then included in part of the assessment process. Details of the proposed treatment plan along with details of our Family Programme are discussed with both client and family. This is important as having family involved in treatment greatly enhances the clients' chances of a successful recovery. It also offers the family the opportunity to access education and support for themselves as Tabor Lodge recognises addiction as an illness that affects the entire family, not just the individual.

At the time of assessment, the main goal is to arrive at a suitable outcome for the client and an initial treatment plan is put in place. Of the 377 clients who attended for assessment, 203 were offered an admission date which typically occurred within 1 week of assessment. As we do not have detoxification facilities in Tabor Lodge, we often facilitate a community detoxification with the client's GP; this can extend the time between assessment and admission.

A further 52 clients were referred to our twice weekly Pre Treatment group held in Cork city. A referral to Pre Treatment will occur where a client needs ongoing support and assessment, or an extended detoxification programme prior to admission into Tabor Lodge. Usually clients will attend Pre Treatment for up to 4 weeks but this can vary from client to client.

There are occasions where a conclusive outcome cannot be reached at the time of initial assessment and on-going contact is necessary. This can occur where a medical or psychiatric report is required prior to admission, or in other cases it can be due to financial issues which the client needs to resolve. Indeed, there are instances where the client, while clearly in need of treatment, is not able or willing to make that commitment at the time of assessment. This ongoing contact applied to 102 clients in 2015. While this is a very necessary part of dealing with clients prior to residential treatment entry, it can be lengthy and time consuming, and despite best efforts, not all of this group will eventually be admitted to treatment.

Overall, 2015 proved to be a very busy year in Tabor Lodge with both clients and their families making contact in times of crisis and distress looking for assistance and guidance. In many cases that assistance cannot come rapidly enough for them in their state of urgency. It is important that we continue the work of offering the assistance and support that clients are seeking, working at all times to make them aware of the services available in Tabor Lodge as they embark on their journey of recovery from addiction.



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Continuing Care Programme

The Continuing Care Programme is an integral part of the continuum of care delivered by Tabor Lodge following the 28-day residential treatment. The programme provides a continuation of treatment and support while the client learns to cope with the demands of day-to-day living. It involves participation in a weekly group meeting and commitment to an individualised care plan over a period of 12 months with an option of a second year of support.

Regular review meetings with the Continuing Care team take place during the year to support the patient in their early recovery. These support meetings include reviewing how the care plan is working and updating it if required, helping the patient take the necessary steps in taking responsibility for their lives, and recognising and managing early relapse warning signs.

Patients who attend the Continuing Care Programme will have agreed a Continuing Care plan with

their case manager prior to leaving the residential phase of treatment. This plan addresses the goals and needs of the patient which are to be worked on to stabilise recovery. Financial pressure, mental health, trauma, education, housing, unemployment, legal issues, poverty and poor family relationships are some of the struggles that can block someone's recovery in the early stages so the care plan is vital to assist and steer them towards the recovery process and connect them with necessary services.

Tabor Lodge offers Continuing Care at various venues in the city and county. Our West Cork group has decreased in numbers again this year by 12% to 302, due to fewer referrals from the region. Similarly, our East Cork group has also decreased by 11% due to the same reason. Our City groups attendances remain steady with attendances of 2,607 and our Tabor Lodge attendances has shown a 20% increase to 1,081 as patients are requesting to remaining con-

nected to the centre weekly.

A major strength of the programme is our volunteers who facilitate our Continuing Care groups and who show continual commitment to the organisation. Some of them, having come through treatment or our Family Programme themselves years before, continue to show leadership, inspiration and good role modelling to those at a vulnerable stage in their lives. Our volunteers attend supervision every six weeks and have attended training in Gambling Addiction, Group Therapy, Family and Addiction, and Eating Disorders. They give their time and expertise generously and display energy and enthusiasm to their role in the organisation.

One area that we hope to work on in 2016 is having a city centre base where the Continuing Care programme could develop further. This has been highlighted in the Strategic Plan and we are enthusiastic about its future potential growth.



TESTIMONIAL

'I felt that my Continuing Care group helped me through the ups and downs, my group gave me honest feedback and I was able to open up about issues I couldn't anywhere else; the facilitators were amazing and kind.' Angela

MULTI-AGENCY APPROACH

Tabor Lodge staff are key professionals in treating addiction and providing support for families in crisis. We also work in conjunction with other agencies to support those families who are vulnerable and have greater needs i.e., addiction, financial, housing, relationship, parenting, education, legal, and other difficulties. This type of multi-agency approach with shared care planning is very beneficial in helping people throughout their recovery journey. Other agencies we work with include social work, family welfare, child protection, community drugs workers, Traveller Visibility Group, Employer Assistant Personnel, line managers, Probation officers, Cork Mental Health Services, prison services, homeless agencies, and counselors. With all professionals connected with the client and family, we can better facilitate quality treatment and services during the client's recovery.

SECOND YEAR PROGRAMME AND EXTENDED TREATMENT

Having completed the 52-week programme there is an option of a second year of Continuing Care to further develop recovery skills. We

often recommend a further year of group therapy as the first year consists of working recovery plans and stabilizing recovery, while the second year is a more enriching experience that facilitates exploring behaviour patterns, resolving relationship difficulties and strengthening the insights learned in the first year.

The Continuing Care coordinator works closely with our extended treatment centres, Fellowship House and Renewal. These centres are particularly useful for those who are poly addicted and who need additional support in a safe environment to develop the social skills necessary for good rehabilitation from addiction. The Continuing Care team work with these patients to help ensure a smoother transition back into the local community. In 2015, some patients who completed Extended Treatment returned to Tabor Lodge to share their experiences and to encourage others to take this option and commit to their recovery.

TESTIMONIAL

'I am sober today because of the Continuing Care Programme and the support and check in meetings, of that I am sure I'll be forever thankful.' Emma

12 WEEK RECOVERY PROGRAMME

12 Week Recovery Programme is offered to those following two or more relapses and who need more support to relearn the mechanics of recovery and get back on their Continuing

Care Plan. This programme addresses the relapse process and re-educates those individual signs and triggers that lead them back to addiction. There were 251 attendances this year which shows a decrease of 36%.

WOMEN'S CONTINUING TREATMENT PROGRAMME

This programme is designed for women vulnerable to relapse after completing the residential phase of treatment. It is a one year Programme consisting of 12 weekly Fridays and one monthly Friday for the further 9 months.

The Programme provides a base for women to discuss issues that might be sensitive to them in an open and supportive space. Meditation, group therapy and workshops on relapse and confidence building are provided and enable women to explore their behaviours that are conducive to recovery and help them make positive changes for themselves and their families.

TESTIMONIAL

'When I came out of Tabor Lodge I felt very alone even though that was not the truth. The women's group afforded me a place where I could feel safe and supported.' Ann Marie

Family Support Programme

In 2015, a total of 482 family members attended Family Day

2015 was another busy year for the Tabor Lodge Family Support Programme. It has been our experience at Tabor Lodge for many years, that when a family is affected by addiction, then the whole family can benefit from support. The types of supports that have been shown to help are education, one-to-one support and peer support groups, all of which are provided through the Tabor Lodge Family Support Programme.

FAMILY DAY AT TABOR LODGE

At Tabor Lodge, we understand the value of involving family members in their relatives treatment. In 2015, a total of 482 family members attended Family Day, giving them the opportunity to be directly involved in their relatives treatment while also receiving appropriate education and support for themselves. By learning about addiction and how families tend to be affected, participants at Family Day are empowered to make more informed choices in their lives as they learn how to respond more effectively to addiction and early recovery. Just as we encourage those in treatment to make positive changes to improve the quality of their lives, our hope is that their families will also embrace this idea of positive change for themselves.

TESTIMONIALS

"I would like to say that myself and my family got a lot more out of the family day than we ever imagined and it made an unbearable situation not only bearable but very manageable. I have learned so much about myself and addiction."

"Family day was very helpful, beneficial and informative. I've learned about addiction, more about my family and how better to deal with the effects of addiction on me."

ONGOING FAMILY SUPPORT

Many families decide to continue to access support for themselves after their relative has completed their treatment and in 2015, a total of 116 people attended our 12-Week Family Support Programme which is available in Tabor Lodge and also in Ennismore Retreat Centre in the city. 30 people who completed the Family Support Programme decided to remain engaged with Tabor Lodge by attending a Continuing Care Group.

Tabor Lodge also endeavours to provide support to those families whose relative is still active in their addiction. This is provided by means of telephone support, information provision, and one-to-one counselling. In 2015, there was an increase in those seeking support for the first time and those returning for support having previously engaged with Tabor Lodge. The Family Programme Coordinator had 105 one-to-one counselling or review sessions with family members in 2015 as opposed to 47 the previous year.

VOLUNTEERS

Of course, the delivery of the Family Support Programmes would not be possible without the commitment of the volunteers who facilitate the various groups. The Family Support Programme depends on the dedication of 8 volunteers and Tabor

Lodge very much values the diversity of experience that each brings with them to the organisation.

OTHER DEVELOPMENTS IN 2015

There is an increasing body of research now informing the delivery of the most effective ways of supporting families that are affected by addiction. In July 2015, the Family Programme Coordinator attended a two day workshop in the 5-Step Method, which provides a structured framework for supporting such families. This training was organised by the National Family Support Network and the Family Programme Coordinator has since delivered a presentation of the core concepts of the 5-Step Method to the clinical staff at Tabor Lodge. This training has allowed the development of Tabor Lodge's Family Support Programme to be informed by the most current international research findings.

A review of the volunteer policy is underway at present and in December 2015, a meeting was held with the relevant volunteers of both the Family Programme and the Continuing Care Programme to invite their participation in this process.

Tabor Lodge remains committed to involving families in their relatives treatment while also supporting them as service users in their own right. Tabor Lodge also remains committed to developing and maintaining services that can most effectively support families that are affected by addiction, whether or not their relative is ready to get help for themselves.

Fellowship House, Men's Extended Treatment Centre

We look back on 2015 as a year of changes and adjustments, and also look forward to 2016 with great hope and excitement for the future. 2015 was once again a very challenging year with a consistently high occupancy level (92% average for the year) and clients presenting with complex issues and needs, but even more so due to the fact that we had to move off-site to a new venue. In February 2015, we relocated from Spur Hill, Toghler to temporary premises at St. Columba's Convent, Wilton. This was necessary to facilitate the proposed construction of the new 31 bed development which was due to commence construction in mid-summer 2015. Due to various planning delays, this construction did not start but is currently undergoing the tendering process with the expectation that construction will commence in early spring of 2016.

This new €4.7 million development is to be built on our 2.5 acre site at Spur Hill, overlooking the south side of Cork City. This facility will increase our capacity from 10 residents in our 12-week programme to 16, with an additional 15 units of accommodation for men who have completed the programme but require a Step-Down model of independent living while having access to ongoing support and care. This new building project will help to address both the growing addiction issue as well as the increasing homelessness issue in Cork.

When complete, Fellowship House will be one of the most modern facilities of its kind in the country. It will be unique because of its approach to providing the Step-Down Support over an extended period of time all on one site.

The aim of the programme at Fellowship House is to build on and consolidate the work of the recovery programme which has already begun in primary treatment. The programme emphasises personal responsibility, peer support, lifestyle changes and participation in the Twelve Step Model.

Throughout the 12-week treatment, men will use group therapy, one-to-one counselling, meditation and education to help them continue a healthy sobriety. The aim of the programme is to integrate them back into their community by:

- Improving their self-esteem and establishing a new model of living
- Developing new recreational skills and a sober support system
- Recognising relapse warning signals and how to handle them
- Restoring and rebuilding family relationships

Another key area for residents' growth is through the CE Scheme that the men attend for 19.5 hours each week. Residents participate in a Health & Fitness Programme run by North Side Community Enterprises, Ltd. This is a FETAC Level 4 Course and covers health related fitness, communications, personal effectiveness, and food and nutrition. Once the 12-week treatment programme at Fellowship House is complete, men have the option of continuing with their CE scheme.

For men who have difficulty finding accommodation after the 12-week programme is finished, we offer further support in the form of private accommodation at our Step-Down Sober House. Up to 5 men can reside there for an additional 3-4 months. Fellowship House is about 'A Chance to Change'.

Finbarr Cassidy

Fellowship House Treatment Manager

2015 was once again a very challenging year with a consistently high occupancy level





- THE TWELVE STEPS
1. We admitted we were powerless over alcohol—that our lives had become unmanageable.
 2. Came to believe that a Power greater than ourselves could restore us to sanity.
 3. Made a decision to turn our will and our lives over to the care of God as we understood Him.
 4. Made a searching and fearless moral inventory of ourselves.
 5. Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.
 6. Were entirely ready to have God remove all these defects of character.
 7. Humbly asked Him to remove our shortcomings.
 8. Made a list of all persons we had harmed, and became willing to make amends to them all.
 9. Made direct amends to such people wherever possible, except when to do so would injure them or others.
 10. Continued to take personal inventory and when we were wrong promptly admitted it.
 11. Sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His will for us and the power to carry that out.
 12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs.

The 12 Step Program
for
Addiction
A.A. Meetings
N.A. Meetings
O.A. Meetings
Serenity Prayer
Be Sober.

Resident Profiles at Fellowship House

Below are our main findings from our activities in 2015. Details to support these can be found in Appendix 4.

ASSESSMENTS AND OCCUPANCY

For the past few years we have seen a slight increase in demand. 94 assessments took place in 2015 which is nearly 9% higher than last year. 51 residents (54%) took up the offer of treatment and 76% of those completed the treatment which is 2% up on last year. The occupancy figure for the year was 96%. Occupancy at Fellowship House has routinely been in the 90s which highlights the need for the increased services the new facility will provide.

DRUG OF CHOICE

Alcohol still remains the main drug of choice at 90% with cannabis at 90% and ecstasy at 86%. The use of cocaine at 86% shows a 3% increase. There has also been a 10% increase in the use of heroin at 35%.

AGE OF RESIDENTS

Fellowship House maintains the youngest population of residents between the three facilities. 59% are in the age group 18-24. 82% of residents are under the age of 34. This has remained consistent over the last few years, with just a slight increase in the lower age group.

ACCOMMODATION STATUS

Homelessness continues to creep up over the years to the present rate of 78%. Men are required to find suitable accommodation after the programme and many of them, due to family history of addictions or drug debts cannot return to their home. The extra accommodation we provide at our Sober House, and the additional housing units that will be created with the new facility help address this issue.

SOURCE OF REFERRAL

While we accept any client over 18 that has completed a residential treatment programme, 80% of referrals came from the three main treatment centres who provide the Hazelden Minnesota Model of Treatment, namely Tabor Lodge 37%, Aislinn 27%, and Talbot Grove 16%.

EMPLOYMENT STATUS

Unemployment continues to remain high at 94%, a slight decrease of 2% on last year. Residents can avail of a free career guidance and life counsellor who visits Fellowship House twice each month to help highlight pathways for the men to continue on with their education or follow a certain career.

MARITAL STATUS

The vast majority of men presenting for treatment are single, often with little family support. 90% have stated they are single. We encourage family participation and the residents are free to meet family or friends outside the programme which often helps the success of their recovery.

EDUCATION LEVEL

82% of residents have some degree of second level education, with 12% having 3rd level.


BACKGROUND ISSUES

Residents can come from a complex background. The incidents of self-harm have increased by 12% to 47%. There has been an alarming 34% increase in the reporting of abuse from 27% to 61% in the past year.

94 assessments took place in 2015 which is nearly 9% higher than last year.

Renewal, Women's Extended Treatment Centre





Renewal is the only centre that provides the Extended Residential Treatment programme for women in Ireland suffering from addictions to substances, gambling or food. It was opened in 1999 so women could have a place to further their recovery outside of the family home, where often the addiction issues first occurred. The nurturing and homely environment at Renewal offers women who have completed Tier 4 primary treatment an additional 12 weeks of comprehensive treatment involving group therapy, lectures, and one-to-one counselling. It also gives a prolonged introduction to 12-Step meetings and sponsors which allows the women to build a support system before she leaves the treatment setting.

After-care is an important part of the Renewal ethos. Our staff keep in touch with the women through monthly After-care meetings plus a weekly support group, and we continue to see women on a one-to-one basis if required. This after-care service also offers family conferences and continued help with issues around children, social workers and courts. Staff at Renewal work closely with Family Services in the event that a client has dependent children and put emphasis on restoring and rebuilding familial relationships.

Should they need further treatment and support after the 12-week programme at Renewal is finished, some women may move to our accommodation at Shanakiel Park for a further 12 weeks.

While in treatment at Renewal, the women are placed on a Community Employment scheme which helps them reintegrate them back into the workplace. The women attend the work course 19.5 hours each week which introduces them to new opportunities that they can pursue when treatment is finished. We hope in 2016 to further expand the opportunities the women can take advantage of to help them reintegrate into their community and family life. We are exploring ways to incorporate life skills like cooking classes and regular exercise into their routines and expand more holistic areas of treatment such as music, movement or art. These approaches will enrich the women, aiding in their recovery process in and out of the Renewal programme.

Eileen Crosbie

Renewal Treatment Manager



Resident Profiles At Renewal

Below are our main findings from our activities in 2015. Details to support these can be found in Appendix 5.

OCCUPANCY

79 women attended for assessment at Renewal in 2015 and of these, 47 were admitted. At 94%, bed occupancy in Renewal remains very high. Both primary centres and outreach agencies refer women to Renewal and we continue to have waiting lists for admission. 62% of clients admitted in 2015 fully completed their treatment.

REASONS FOR REFERRALS

Alcohol has always been and still remains the biggest need for treatment in Renewal. Over the last number of years there has also been a noticeable increase in the use of prescribed medicines, which may not appear at initial assessment, but are unearthed throughout treatment. Renewal has also seen a noticeable increase in 2015 in the number of clients presenting with gambling problems.

AGE OF RESIDENTS

The age group with the largest admittance to Renewal in 2015 was the 18-24 year age group but there was a marked increase in the numbers in the 45-54 age group up from 9% in 2014 to 26% in 2015.

ACCOMMODATION STATUS

A lot of women attending Renewal are living at home with family but in many cases this is not a healthy environment as family members may be drinking or using drugs and often there would be violence in the home. The highest reported accommodation arrangement is "living with family" and although this may appear positive, the reality of what "home" is would not be good.

NUMBER OF CLIENTS WITH CHILDREN

Of the 47 clients admitted to Renewal, 19 or 40% had one or more children. While in treatment, children of clients are either placed in foster care or with family members. This situation places added pressure on clients as they must interact with social workers during their treatment programme and go through many traumas at the consequences of placing children in foster care. This is always difficult for staff as well as the mothers, as the client must take ownership and be responsible for the consequences of their drink, drug use, etc. on their children

EMPLOYMENT STATUS

The majority of Renewal's residents, 87%, would not be in paid employment. Participating in

the CE Scheme helps the women financially and also offers unique opportunities for training and future employment. This scheme can continue for a period of up to two years which gives the clients a good opportunity to retrain and re-join the workforce. Through the CE Scheme, clients have had the opportunity to become fitness instructors, childcare workers, administration workers, florists, catering assistance, or to return to further education.

AREA OF ORIGIN

Most admissions to Renewal in 2015 were women from Cork with 45% residing there. Kerry is the second highest percentage with nearly 15% of women residing there, then Limerick and Dublin. As Renewal provides the sole Extended Residential Treatment Programme in the country for women, we receive clients from all of the treatment centres in the country.

RESIDENT DRUGS USE PROFILE

At initial assessment, we gather data about drug use but throughout treatment it very often transpires that painkillers or benzodiazepines are often taken also but not initially stated. Since they were prescribed by a doctor, clients can deem these as harmless and not report them at the start of treatment. This would be quite a typical find for us at Renewal. Benzodiazepines are also showing up more in

the younger age group whereas a few years ago it would have been the older age profile.

RESIDENTS USE OF MORE THAN ONE DRUG

Most of our clients are poly-addicted and being an alcoholic alone would be very much the exception to the rule. Alcohol and painkillers, alcohol and benzodiazepines and most street drugs (i.e. marijuana, ecstasy, cocaine and heroin, etc.) are reported by clients.

TESTIMONIALS FROM RENEWAL WOMEN'S RESIDENCE

"I can't thank you enough for all you have done for me over the past three months. They really have been the most important months of my life. What a relief it is to know all I know now. I am in absolute awe of you guys and I hope you realise my level of gratitude. I am so far from the person I was and I have you to thank for that."

"Thank you for your gift to me ... my life back"



The age group with the largest admittance to Renewal in 2015 was the 18-24 year age group

Tabor's Continuing Care, Rob's Story

I ended up in treatment in Tabor Lodge because of a drug problem that I developed as a young child which quickly spiralled out of control. By the time I was 13 I was addicted to drugs and couldn't see anyway out until I decided to go to Tabor Lodge to keep my family happy. At this stage I also had two children and another child on the way with my ex partner. I suppose Tabor Lodge opened my eyes to the damage I was causing to myself and my family. But I didn't fully accept that I had a problem with drink and only lasted six weeks after getting out of Tabor Lodge and went back on the drink which soon led to the drugs and I was back to square one. I stopped contact with my case worker down there even though she kept ringing me and offering me help, but I was too messed up at the time!! I suppose I definitely needed then to be put into a residential treatment and to just be away from people, places, and things associated with my addiction. But as soon as I left, I went back to old friends and that's how I relapsed. So when I did relapse, I stayed in addiction for another two years!! I had an incident then when my youngest child was in hospital and I was taking prescription drugs there, and the social services then got involved in my life. I soon realised that I needed to go somewhere again and I phoned Tabor Lodge to see if they could recommend anything for me. I was still under their care and my case worker, who has helped me all the way no matter what, recommended that I start a relapse prevention group which was twelve weeks long while I was waiting for a place in Fellowship House. Nine weeks into my relapse prevention course a bed came up for me!! I was a month clean before I went in and thought I knew everything but, by God I didn't!! It was only

starting for me. I was given a brilliant counsellor and started the ball rolling on my three months residential treatment. While I was there I got granted supervised access to see my children on my weekend home which really motivated me to continue the treatment and push myself to give it my all. After the three months was up, I got offered a place in a sober house where I stayed for seven months.

Treatment was really hard, dragging up my past and the stuff that I had done to fund my habit, but also the stuff that was done to me, and it just showed me that no matter what, there is a way out even if you are at rock bottom. Sure, then the only way is up. I have come from a very dark, lonely place- been hospitalized, homeless, lonely, afraid and completely desperate, and found help. Now granted, it was fairly costly to go through the treatment that I have been in, but I can't put a price on a life and they didn't just help me save my life, they also saved my kids' lives.

I am twenty months clean since coming out of treatment. I work on a CE scheme which I really enjoy. I have my kids full time at the moment and I'm gradually building a relationship with them and with the people around me. What I have been given is priceless- a bit of peace of mind to watch my kids grow up and also build bridges with people I never thought I could. I continue going to my after-care every week and as soon as my year is finished then I will do another year too. The support networks that I have been given, and that I also worked really hard for, are massive. My life has drastically changed since I decided to seek help and I couldn't state even how much the services have helped me. I hope you enjoyed reading this and it's been my pleasure to write it.



Appendix 1

TABOR LODGE STATISTICS

Previously Treated Status	No of Clients	% of Clients
Never Treated	122	56%
Total Previously Treated	87	40%
Treatment Status Unknown or Not Applicable	9	40%

Gender	Total	% of Clients
Male	134	61%
Female	84	39%

Age	No of Clients	% of Clients
20-24	27	12%
25-29	32	15%
30-34	31	14%
35-39	24	11%
40-44	32	15%
45-49	23	11%
50 years or over	46	21%

Accommodation - living with whom	No of Clients	% of Clients
Alone	45	21%
Parents or family	71	33%
Alone with child	12	5%
Partner alone	21	10%
Partner and child(ren)	47	22%
Friends	5	2%
Other	14	6%
Not known	3	1%

Accommodation - living where	No of Clients	% of Clients
Stable Accommodation	202	93%
Institution (e.g. prison, clinic)	2	1%
Homeless	8	4%
Other unstable accommodation	4	2%
Not known	2	1%

Employment Status	No of Clients	% of Clients
In paid employment	69	32%
Unemployed	117	54%
FÁS scheme or other training course	1	1%
Student	4	2%
Housewife/husband	10	5%
Retired/ unable to work/ disability	13	6%
Other or not known	4	2%

Highest level of education completed	No of Clients	% of Clients
Primary level	23	11%
Junior Certificate	72	33%
Leaving Certificate	72	33%
Third level	39	18%
Still in fulltime education	4	2%
Not known	8	4%

Reason for Referral - Detail	No of Clients	% of Clients
Opiates	12	6%
Ecstasy	1	1%
Cocaine	7	3%
Benzodiazepines	11	5%
Cannabis	14	6%
Alcohol	163	75%
Other substances	2	1%
Other Problems (incl. Gambling, Spending, Eating, Gaming, Porn, Sex)	8	7%

Source of Referral	No of Clients	% of Clients
Self	71	33%
Family	49	22%
Friends	4	2%
Other drug treatment centre	18	8%
General practitioner	26	12%
Hospital/medical agency excluding A&E	7	3%
Social services	13	6%
Court/probation/police	6	3%
Outreach worker	7	3%
Employer	5	3%
Mental Health Liaison Nurse at A&E	4	2%
Mental Health Facility (including Psychiatrist)	5	3%
Not known	3	1%

County of Residence	No of Clients	% of Clients
Clare	3	1%
Dublin	2	1%
Kerry	16	7%
Limerick	4	2%
Meath	1	1%
Cork	188	86%
Tipperary	1	1%
Waterford	3	1%

Appendix 2

CONTINUING CARE PROGRAMME STATISTICS

Reviews	476
Case Conferences	68
Tabor Lodge Groups	1,081
Cork City Groups	2,607
West Cork Groups	302
East Cork Group	574
Second Year Groups	632
Recovery Programme	251
Women's Day Care Programme	575
Calls	2,610
Emails and Texts	2,591
Total Contacts	11,908

Appendix 3

FAMILY PROGRAMME STATISTICS

Tabor Lodge Family Programme 2015 Activities						
Part of Programme	4-Week Programme	12-Week Programme	Continuing Care	Telephone Calls	One-to-One Meetings	Team Supervision
Number of people or sessions	482 People	116 People	30 People	942 Calls	105 Meetings	9 Meetings

Appendix 4

FELLOWSHIP HOUSE STATISTICS

Age	No of Clients	% of Clients
18-24	28	59%
25-34	11	23%
35-44	8	16%
45-54	1	2%

Marital Status	No of Clients	% of Clients
Single	46	90%
Married	1	2%
Partner	3	6%
Separated	1	2%

Employment Status	No of Clients	% of Clients
Unemployed	48	94%
Employed	3	6%

Education Level	No of Clients	% of Clients
Primary	3	6%
Junior Cert	20	39%
Leaving Cert	22	43%
3rd Level	6	12%

Literacy	No of Clients	% of Clients
Excellent	0	0%
Good	47	92%
Fair	3	6%
Poor	1	2%

Housing Status	No of Clients	% of Clients
Homeless	40	78%
Own Home	2	4%
With Partner/ Family	5	10%

Treatment Centre Referred	No of Clients	% of Clients
Tabor Lodge	19	37%
Talbot Grove	8	16%
Aislinn	14	27%
Cuan Mhuire	1	2%
Hope House	1	2%
Self Referral	3	6%
Aiseiri	4	8%
St. Francis	1	2%

Assessments	94 total	
Admission	51	54%
Completions	39	76%

Background Issues	No of Clients	% of Clients
Family History of Addiction	22	43%
Court contact	18	35%
Probation	15	29%
Self Harm	24	47%
Abused	31	61%
Psych History	12	24%
Medication	20	39%
History of Violence	28	55%

Appendix 5

RENEWAL STATISTICS

Treatment Centre Referred	No of Clients	% of Clients
Tabor Lodge	14	30%
Talbot Grove	6	12%
Hope House	19	40%
Aislinn	1	2%
Self/Counsellor	1	2%
Aiseiri Cahir	0	0%
Cuan Mhuire	2	4%
Bushy Park	1	2%
Aiseiri Wexford	1	2%
Rutland	1	2%

Assessments Undertaken 2014	No of Clients	% of Clients
Assessments	79	-
Admissions	47	61%
Completions	29	62%

Age	No of Clients	% of Clients
19-24	13	28%
25-34	10	21%
35-44	9	19%
45-54	12	26%
55-64	3	6%
Over 65	0	0%

Marital Status	No of Clients	% of Clients
Single	32	68%
Married	9	20%
Separated	3	6%
Divorced	1	2%
Widowed	2	4%

Housing Status	No of Clients	% of Clients
Homeless	13	28%
Own Home	11	23%
With Family	15	32%
Renting	6	13%
Council	2	4%

Employment Status	No of Clients	% of Clients
Unemployed	41	87%
Employed	6	13%

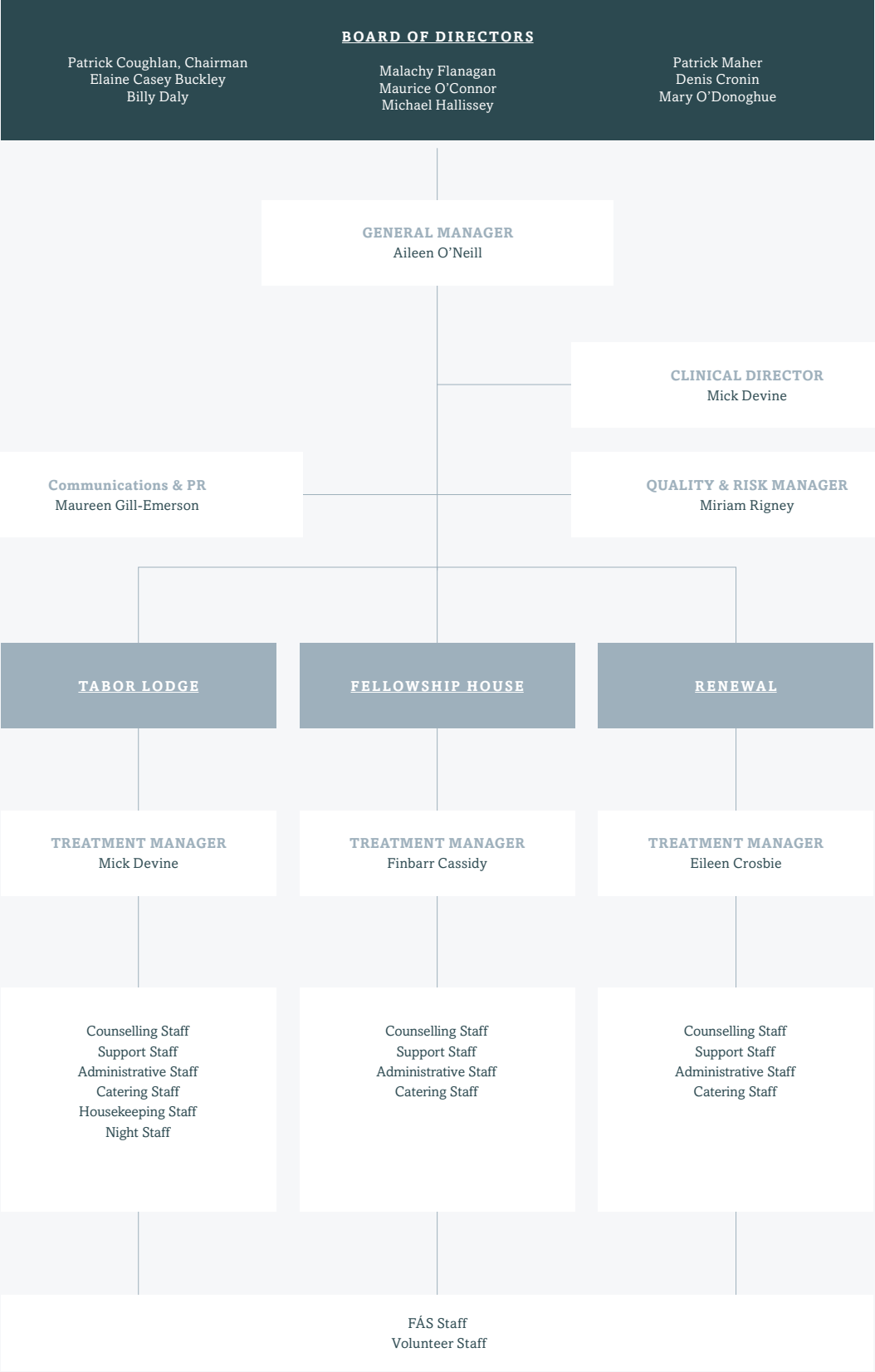
Education Level	No of Clients	% of Clients
Junior Certificate	10	21%
Leaving Certificate	13	28%
3rd Level	24	51%

Background issues	No of Clients	% of Clients
Family History of addiction	31	66%
Court contact /Probation	9	19%
Self Harm	20	43%
Abuse:(Physical, Emotional, Sexual)	22	47%
Psychiatric History	25	54%
Medication	30	64%
History of violence	20	49%

Drug of Choice	No of Clients	% of Clients
Alcohol	41	87%
Ecstasy	19	40%
Cannabis	26	55%
Cocaine	23	49%
Prescribed Medication	22	47%
Heroin	4	9%
Methadone	8	17%
Speed	16	34%
LSD	12	26%
Gambling	3	6%
Food	15	32%

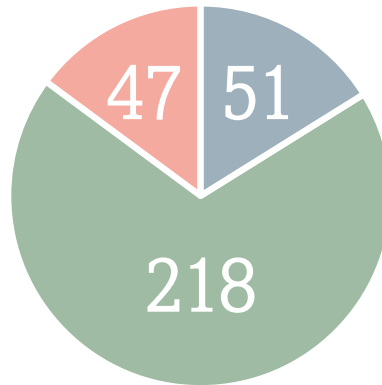
Clients with Children	No of Clients	% of Clients
One or more children	19	40%
No children	28	60%

Admissions by County	No of Clients	% of Clients
Cork	21	45%
Kerry	7	15%
Mayo	2	4%
Other Counties	6	13%
Limerick	6	13%
Dublin	3	6%
Wexford	2	4%



Tabor at a Glance

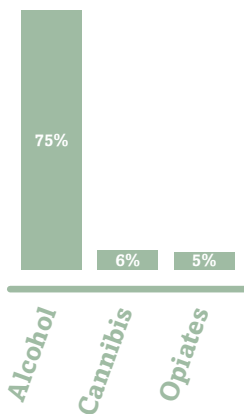
Tabor Group provided treatment for 316 people in 2015



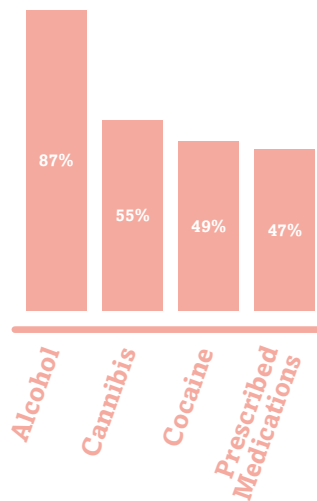
Tabor Lodge
Renewal
Fellowship House

DRUG OF CHOICE AT EACH FACILITY

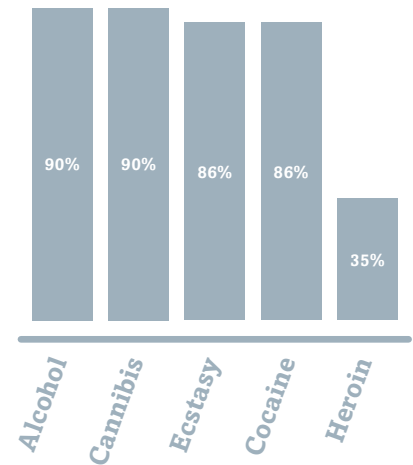
Tabor Lodge



Renewal



Fellowship House



Cost of 1 day of treatment at Tabor Lodge = €220 includes:



Three hot meals



Accommodation



Group Therapy



one-to-one counselling



Meditation



Education

Family Day—482 concerned family members attended Family Day



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





Tabor
LODGE

**PRIMARY
RESIDENTIAL
TREATMENT**

Ballindeasig,
Belgooly, Co Cork
Tel: 00 353 21 4887110
Fax: 00 353 21 4887377
taborlodge@eircom.net



FELLOWSHIP
HOUSE

**MEN'S EXTENDED
RESIDENTIAL
TREATMENT**

Spur Hill, Doughcloyne,
Togher, Cork
Tel: 00 353 21 4545894
Fax: 00 353 21 4344471
fellowship@eircom.net



Renewal

**WOMEN'S EXTENDED
RESIDENTIAL
TREATMENT**

Shanakiel,
Blarney Road, Cork
Tel: 00 353 21 4300844
Fax: 00 353 21 4391395
renewal@eircom.net



TABOR
GROUP

CRO NUMBER
311070
CHY NUMBER
13475

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

Need help with an addiction?

Call us in confidence on:

021 4887110

www.taborgroup.ie