



TABOR

GROUP

ANNUAL
REPORT

2018



TABOR LODGE
Primary Residential Treatment



TABOR FELLOWSHIP HOUSE
Secondary Residential Treatment Centre



TABOR RENEWAL
Secondary Residential Treatment Centre



ANNUAL REPORT 2018

Contents

Mission, Philosophy & Values	04
Chairman's Report	05
CEO's Report	08
Clinical Director's Report	10
2018 A Milestone Year	13
Operations, Quality & Risk Report	14
Michelle's Story	16
Sarah's Story	18
Appendix 1	21
Tabor Group Financial Statement	24
Appendix 2	25
Appendix 3	27
Tabor Group at a Glance	30
Tabor Group Organisational Chart	31

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 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.

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.

Chairman's Report

2018 was a year of significant change for Tabor Group. June marked the long-awaited opening of the new, state-of-the-art, Tabor Fellowship House facility at Spur Hill. Minister Catherine Byrne, who visited us in October, was immediately struck by the welcoming and homely environment which has been created there, affording those availing of the services a better chance of recovery. The new facility not alone sets a benchmark nationally for the treatment of addictions, but it sets the standard to which the Group aspires to when advancing with the upgrading or replacement of our other facilities in the coming years.

Tabor Fellowship House will always be associated with the late Finbarr Cassidy who passed away, much too soon after his retirement, early in 2019. Finbarr worked tirelessly for the group and in particular for his beloved Tabor Fellowship House, many of whose clients will be forever grateful to him and who held him in such high esteem.

2018 also saw the departure of my predecessor as Chairman, Pat Coughlan, who gave such long and committed service to the Board and who championed the Tabor Fellowship House project over many years. Stepping into Pat's shoes has been a daunting experience and I would like to express my personal gratitude to him for the courtesies shown to me since I joined the board in 2017, and in particular for the guidance and advice which he gave me and the experience which he shared during my term as Vice Chairman.

In May, our General Manager, Aileen O'Neill, moved on after giving such sterling service to Tabor Group and to whom the Board is deeply grateful for her courtesy, her diligence and her professionalism. The delivery of the Group's first Strategic Plan was a particular noteworthy achievement of which she can be justly proud.

The Board is also very grateful to Tom O'Dwyer, who not alone assisted us greatly in the recruitment of our new CEO, but also stepped in as Interim CEO over the summer period pending Niall's arrival in September. He was of great assistance to the Board in managing change at what was a critical time for Tabor Group. The transfer to and commissioning of the new Tabor Fellowship House facility was a major undertaking, but Tom's experience was a huge comfort to the Board. He also worked in sowing the seeds for



an integrated group approach between Tabor Lodge, Tabor Fellowship House and Tabor Renewal.

In September, we welcomed our new CEO, Niall O'Keeffe, who has enthusiastically embraced the objectives and strategies set in place by our predecessors. Niall's background is in leading co-operative housing, social enterprise and community initiatives generally in the not-for-profit sector.

Conscious of the need to strengthen the management and executive functions within Tabor Group and in the context of an expanding client base, the Board also recruited an Operations Manager, John Calnan, to assist in the Finance, Human Resources and Administration Functions. John brings a wealth of relevant experience and expertise to the Management Team.

A more integrated approach to the functioning of the individual units within Tabor Group enables our Clinical Director, Mick Devine, to have better oversight throughout the group. As 2018 ends and continuing into 2019, Mick and his team are being joined by new counsellors and other clinical related personnel.

This re-organisation is driven by our desire to

improve the quality of our services and to improve the chances of recovery of those who avail of our services. Our raison d'être is to offer hope, healing and recovery to addicted people and their families through an integrated and caring service. We strive to ensure that our values of Respect, Compassion, Social Justice, Excellence and Team are embedded in all our services and dealings. We aim to be the very best at what we do in the field of addiction and this is what motivates the staff, volunteers and board.

The external clinical review of our services, undertaken by the Department of Public Health at Trinity College Dublin, was published in October. The study group met with a whole range of stakeholders, including the HSE and the Cork Local Drug & Alcohol Task Force, who both participated in the group but also contributed to the cost for which we are very grateful. While it was a very brave step to open the organisation up to external scrutiny and to put the report in the public domain, the outcome was a huge endorsement of the services offered by Tabor Group and of the staff and volunteers who carry them out. A number of recommendations have been made and an implementation strategy is being rolled out. This Trinity College Dublin Report will be the context within which we aim to streamline, integrate and improve our services in future.

While the Board is extremely grateful to the Department of Housing, Planning and Local Government supported by Cork County Council for the financial support provided for the Tabor Fellowship House development under the Capital Assistance Scheme (CAS), it is disappointing that no such support has been made available for the upgrading of facilities at Tabor Renewal in Shanakiel. Planning consent for the proposed development will unfortunately expire in 2019. The Board however are committed to exploring every avenue to ensure that a new facility is provided.

The Board has been concerned for some time that the current facilities at Tabor Lodge require substantial upgrading. Maintenance costs are high and are likely to increase significantly in the coming years. In addition, water service issues are problematic and are likely to constrain any significant upgrading and expansion of facilities in the future. In this context the previous Chairman, on behalf of the Board, initiated a dialogue during 2018 with the Company Members in relation to the possibility of a green field site being provided on which upgraded and expanded primary treatment addiction services would be provided. An extremely positive and encouraging response from

the members was forthcoming and as 2018 closed, and continuing into 2019, some potentially exciting developments are emerging.

The Board itself is reviewing how it conducts its business and how it can harness to best effect the skills, competencies and commitment of the Directors to support and guide the clinical, executive and administrative functions within the group. In 2018, Sheila O'Neill and Pat Maher both retired from the board. We are extremely grateful to them for their work and commitment over the years. We welcomed two new Directors, Aidan O'Sullivan and Pat McCarthy and we look forward to working with them in the coming years.

As we head into 2019 many exciting developments await but some significant challenges remain to be addressed including:

- Upgrade / Relocation and funding of Tabor Lodge and Tabor Renewal facilities
- Implementation of the recommendations set out in the clinical review undertaken by Trinity College Dublin
- Ongoing integration of the services provided across Tabor Group
- Concluding the review of the strategic plan by Summer 2019
- Addressing training, upskilling and remuneration issues
- Strengthening the operating financial model to underpin planned initiatives
- Embedding Group values in all activities and services
- Measuring performance with a view to improving outcomes for those availing of services
- Adapting to the changing governance and regulatory environment

In conclusion, I would like to thank my fellow Directors for their commitment, support and understanding during the year, and on behalf of the Board, to express our gratitude to management, staff, volunteers and friends of Tabor Group for their inspiring dedication to improving outcomes for clients and their families.

Denis Healy

Chairman of the Board of Directors





Senator Jerry Buttimer, Mick Devine Clinical Director Tabor Group, Dr Niall O'Keeffe CEO Tabor Group, Denis Healy Chairman Tabor Group, Catherine Byrne Minister of State at the Department of Health with responsibility for Health Promotion and the National Drug Strategy.

CEO's Report

Firstly, I would like to thank the Board of Tabor Group, my colleagues and our stakeholders for their welcome and support during my first few months in post.

I would like to express gratitude to my predecessor Aileen O'Neill for her support since I've taken on the CEO role in September 2018. I would also like to acknowledge Tom O'Dwyer who bridged the gap as interim CEO and thank him for his support.

The financial results for 2018 were in keeping with projections. All those involved deserve tremendous credit for keeping the service and finances on track with a significant capital project underway.

Revenues were up slightly compared with 2017, with an increase in operating costs. There was an increase in Fixed Assets from €3.869m to €5.49m as a result of the Tabor Fellowship House development.

The volume of enquiries regarding our services remained strong in 2018 across a broad demographic, presenting with a range of addictions and support requirement.



The demand for access to Tabor Renewal, our secondary facility for women, remains continuously high, which is an indication of the challenges faced by women in our communities, but is also testament to the dedication and care provided by the service delivery team.

The wind-down and transfer of service to the new Tabor Fellowship House facility in the second half of 2018 had an impact on our ability to support all those who wished to avail of our services. This challenging situation was well managed and I would like to acknowledge the input of all those working in Tabor Fellowship House for their practical and caring contribution to service delivery. I would like to acknowledge the work of Brian Duncan who took on the role of acting Senior Counsellor during the transition.

The team at our primary treatment facility, Tabor Lodge, continue to commit significant energy and care in supporting those in need of our services.

During 2018, the Board of Tabor Group supported a recruitment drive to ensure the optimum team for service delivery, which has led to the appointment of John Calnan as Operations Manager, Con Cremin as Senior Counsellor of Tabor Fellowship House and Paul Fearon as Continuing Care Co-ordinator. Additional appointments will be made in early 2019.

I would like to take this opportunity to thank our partners in development, the Department of Housing Planning and Local Government, Rebuilding Ireland and Cork County Council. Without the support of Tim Lucey, Maurice Manning, Seamus De Faoite, Breeda Murphy and Keith Jones, the project could not have developed in the way that it has.

Our partners and stakeholders the HSE, Southern Region & Cork Drugs & Alcohol Task Forces and the Probation Service support us to offer the services we do. The partnerships continue to strengthen with synergies evolving. These combined resources help achieve the best possible outcome for our service users.

It was a pleasure to welcome Minister of State with responsibility for Health Promotion and the National Drugs Strategy, Catherine Byrne, on her visit to Tabor Fellowship House in October. The Minister's understanding of the challenges faced by the sector along with her support for the vision of the

organisation and the work of the team, was warmly received by all in attendance.

During Q4 the launch of the Trinity College Dublin Report took place, a review of Tabor Group services the Board had commissioned. The positive sentiment within the report was welcomed along with the recommendations, all of which have been accepted by the Board and will be implemented throughout 2019. Plans will also be put in place to monitor the implementation of those recommendations as well as a monitoring and review of client benefit.

Bringing each of our primary and secondary services more closely together is a key priority for the period ahead, ensuring a systematic approach to all aspects of our service delivery. Part of the rollout of this combined service and the strengthening of our brand is the use of Tabor in the title of each of our services (Tabor Lodge, Tabor Renewal, Tabor Fellowship House).

Tabor Group operates its services around the clock almost every day of the year. This would not be possible without a dedicated workforce and team of volunteers across a range of functions. We will continue to increase the capacity of the organisation to deliver our services across the region and with greater frequency. Those involved in Family Services, Continuing Care, Women's Groups, and pre-treatment meetings bolster the benefit of our residential treatment

services. We are grateful to many who return to the service and give freely of their time to support and inspire others.

Looking forward to our 30th Anniversary year, 2019, we will embark on a range of activities to support organisational and service enhancement.

From a financial perspective, we will roll out a procurement programme to drive down costs where practical and enhance value for money.

From a client perspective, we will ensure consistency of best practice treatment across our treatment centres and outreach services by utilising National Protocols to enable holistic support and treatment.

From a staff perspective, we will continue to develop opportunities for support, sharing of information and creating opportunities for personal and professional development.

In 2019, the implementation of the Trinity College Dublin report recommendations and the conclusion of our strategic review will also provide direction and focus for the Executive and entire Tabor Group team.

The Tabor Group team look forward to taking on the challenges within the sector in partnership with our stakeholders, peers and policy makers.

Dr. Niall O'Keeffe
CEO of Tabor Group



Clinical Director's Report

2018 was a significant year in the history of Tabor Group as we made notable progress in a number of key strategic and operational areas. This year's Annual Report reflects the incredible work undertaken by the board, management and staff of Tabor Group in delivering our strategic objectives in line with our mission and values.

Our collective efforts have further strengthened Tabor Group's ability to maintain its vision, deliver treatment and continuing care services that support people to live successfully with the debilitating conditions of addiction. As I reflect on 2018, I am pleased to recall that despite the many challenges faced, we have continued to deliver high quality service to the people and families who need our service.

In July, Tabor Fellowship House, our secondary addiction treatment facility, moved back to its permanent home in Spur Hill, Cork. This new facility allows us to meet the growing needs of people suffering from addiction and sets the foundation for future similar projects. Capacity at Tabor Fellowship House for individuals completing a treatment programme increased from 10 units to 22. It also includes an additional 11 units of accommodation for people who complete their secondary addiction programme but require a step-down model of independent living while having access to ongoing support and care.

We were delighted to welcome Minister of State at the Department of Health with responsibility for Health Promotion and the National Drugs Strategy, Catherine Byrne, in November. She commended Tabor Group on its vision. I cannot talk about Tabor Fellowship House without paying Tribute to the former Treatment Manager Finbarr Cassidy, who championed the project from the start. Ar dheis Dé go raibh a anam.

An Evaluation of Tabor Group by Trinity College Dublin was completed in September of 2018. This report was jointly commissioned by Tabor Group and Health Service Executive (South). This comprehensive study of treatment services throughout the Tabor Group involved clients, stakeholders, referring agencies, colleagues in the field of alcohol and drug services locally and regionally, Tabor Group staff and board members.

The report outlined fifteen recommendations, which have been adopted by the Board of Directors.

An implementation plan has been agreed and is currently under way. These recommendations emphasise the need for the relationship between the three residential units to become more cohesive, that management structures should reflect this and that there be seamless transition of clients between units where appropriate.

As also recommended in the report, Tabor Group progressed towards the implementation of agreed National Protocols for Drug and Alcohol Services. These protocols include completion of initial and comprehensive assessment of client's needs, agreement of shared care plan, and appointment of a case manager to oversee care to the client. These measures assist clients in their efforts to stabilise early in the treatment process. Hence, engagement with services is longer lasting and this improves the outcomes for the client. These protocols are necessary supports for clients with complex needs where it is necessary to co-ordinate the care given from a number of agencies at the same time. 2018 saw an increase in the number of such people applying for admission to our services. The clinical team in Tabor Lodge adopted the use of these assessment tools systematically with all clients admitted to the unit after July 2018.

These protocols guided the application of 17 clients referred by HSE services to Tabor Lodge in 2018, 17 clients referred to Tabor Fellowship House and 17 clients referred to Tabor Renewal in the same period. These protocols now form the basis of a memorandum of understanding for the administration of a National Fund for treatment in a residential setting. Towards the end of the year it was agreed that this memorandum would form the basis of working alliances with more of our clients referred by Health Services Executive. To oversee this, and again in conjunction with the Evaluation of Tabor Group report, an Admissions committee was formed. Its function is to extend the use of these protocols to all clients being admitted to Tabor Group with complex needs. Another function of this committee is to ensure that seamless transition from Tabor Lodge to our secondary treatment units at Tabor Fellowship House and Tabor Renewal is arranged where appropriate. In due course, it will also determine the length of stay of a client in the Tabor Lodge unit.

Implementation continued towards Tabor Group services being delivered from a 'trauma informed' base. A report was produced in June 2018, which was presented to Tabor Group Clinical Governance Committee. This documented the outcome of a peer training project which had been presented during the previous 18 months entitled: "Integrating Trauma Informed Dimension to Treatment Delivery at Tabor Group". The aims of the training project were to increase clinical staff knowledge of childhood trauma and its impact on clients. In addition, it intended to increase clinical staff knowledge in assessing the impact of trauma on a client and develop skills to help clients cope with the impact of traumatic events. It also sought to increase clinical staff attitude of care, empathy and support for clients with trauma history. The report recommended the implementation of the extension of a trauma informed approach to addiction treatment across all units of Tabor Group.

Tabor Group was invited to make presentations on this work at "Critical Perspectives on and Beyond 'Change' in Mental Health Services" summer school in University College Cork and "Towards a Trauma Responsive Criminal Justice System: Why, How and What Next?" in Dublin Castle on March 14th 2018.

A pilot programme conducted by Tabor Group Family Services sought to extend the use of National Protocols to service users who were family members of addicted people attending our service. Entitled "Report on pilot programme to implement national protocol recommendations for families coping with addiction", it was written by Tabor Group's Family Service Development Officer and presented to Tabor Group Clinical Governance Committee in August of 2018.

This report recommended resources be made available to develop Tabor Group family services. This coincided with a similar recommendation in Trinity College Dublin's Evaluation of Tabor Group report. In parallel with this, a piece of research was completed by Megan Blackburn and submitted as part of Masters-in-Science at University College Cork, Department of Applied Psychology, entitled: "The Experience of Living with Addiction and Addiction Treatment in Ireland; A Family Perspective". This piece of work documented the impact on family members of a loved one's addiction, the difficulties in accessing services and the positive outcomes that can accrue when engaging with family services like those offered by Tabor Group.

Tabor Group expanded its clinical services towards the end of the year with the appointment of



a senior counsellor to Tabor Fellowship House, a Continuing Care Coordinator to Tabor Group Continuing Care Services and three full time additional counsellors to Tabor Fellowship House and Tabor Lodge. Clinical training in providing trauma informed services took place in 2018 in the form of monthly clinical reflection with clinical staff.

Senior Social Workers with TUSLA provided training in Mandatory Reporting where Child Protection was at stake. Training was also delivered to clinical staff on the implementation of National Protocols. In the last quarter of 2018, a new group of volunteers were recruited and trained in the art of group facilitation. These volunteers will go on to facilitate our network of evening time continuing care groups and family programme groups in Cork City, Tabor Lodge, Midleton and Dunmanway.

Clinical staff all gathered together to consider a clinical vision for Tabor Group in November, and they also contributed to the formation of guidelines for the therapeutic use of confrontation in treatment delivery.

I would like to thank our colleagues in Drug and Alcohol Services in the HSE Southern Region; the

staff of HSE, Cork Local Drugs and Alcohol Task Force (CLDATF), Southern Region Drug and Alcohol Task Force (SRDATF) Probation Services and NCE, for their continued support in entrusting significant areas of service provision to Tabor Group in 2018. The work of Tabor Group could not achieve its objectives without the team work ethic which is now prevailing among the diversity of service providers in the region. The support of Addiction Treatment Centres of Ireland (ATCI) and National Treatment Providers is also important for our sustained contribution to the treatment of addiction in 2018.

Looking ahead to 2019, there is no doubt that we will face further challenges in the delivery of our

clinical services yet remain committed to the implementation of National Protocols. We will meet these challenges, with confidence and optimism, as we have for the last 30 years. I continue to be inspired and encouraged by the clients I meet on a daily basis as they journey through Tabor Group.

I am incredibly proud of the work we do every day. Thank you to everyone at Tabor Group who dedicate themselves to care for our clients and live the Tabor Group values day after day.

Mick Devine

Clinical Director



Tabor Group at the launch of Evaluation of Tabor Group at Trinity College Dublin

Dr Jo-Hanna Ivers Department of Public Health @ Primary Care Trinity College Dublin, Senator Frances Black, Mick Devine Clinical Director Tabor Group.

2018: A Milestone Year



Launch of Annual Report 2017



Minister Catherine Byrnes visit to Tabor Fellowship House



Tabor Group In Service Day



Lord Mayor of Cork City Council Visit



Launch of An Evaluation of Tabor Group at Trinity College Dublin

Operations, Quality & Risk Report

2018 was a year of transition for Tabor Group. With many important changes occurring across the organisation, with premises and personnel, day-to-day operations continued. These were guided by process and procedures within a risk management framework. In December, we welcomed John Calnan as the new group Operations Manager.

QUALITY AND RISK MANAGEMENT

Highlights of 2018 in the area of Quality and Risk Management include the following:

- Preparation for the fourth accreditation survey by CHKS scheduled for April 2019 included a pre-survey visit from the CHKS client manager in August 2018. The CHKS standards are mapped against HIQA (National Standards for Safer Better Healthcare), Care Quality Commission and ISO 9001.
- Review of policies and infrastructure (physical space and IT) to ensure the organisation is compliant with the change in data protection legislation that came into force in May 2018 (GDPR).
- Transfer of services to the new capital development project at Tabor Fellowship House – risk assessment and management of premises and services – that took place in July 2018.

In addition:

- 6 policies (Child Protection, Advocacy, Fundraising, Family Recovery Programme, Continuing Care and Complaints Policy). 4 procedures (vetting, data request, report data breach and visitor) were reviewed and updated.
- A handbook was compiled as a resource for group facilitators.

The safety training programme continues on a rolling schedule. In 2018, this included fire safety training (all staff members), Basic Life Support and AED use (19), Food Safety Training (FETAC Level 5) (6), Children First e-learning programme (all staff members), and Manual Handling (2). A two week comprehensive

induction programme to the Tabor Fellowship House premises took place in July. This encompassed all areas of the premises and was well attended by the staff of that centre.

HEALTH AND SAFETY

Outlined below is an overview of the Health and Safety meetings held, and of the incidents and near misses that were reported over the year.

- The figures above relate to completed incident report forms and completed 'See and Act' forms. The See and Act forms record 'near misses' or anticipated potential safety issues.
- There was a fire at Tabor Lodge in May 2018 started at an electrical shower in the accommodation area. Fire equipment and evacuation procedures worked as drilled. Appropriate reporting measures were activated (HSE, HSA, insurers etc.). Other incidents recorded in this category relate to minor issues (documentation, minor issues identified on safety checks) Incidents of aggression recorded remain low across the organisation.
- Regarding the Data Management issues, there was no Data Protection Breaches.
- Regarding 'injury to clients' category – these included clients experiencing seizure-like episodes (Tabor Lodge – 3), wound care issues, or minor injuries.



Centre	Number of meetings held
Tabor Lodge	11
Tabor Renewal	7
Tabor Fellowship House	7

Centre	Incident Report Forms	See and Act Forms
Tabor Lodge	26 (↓32% from 2017)	64 (↑49% from 2017)
Tabor Renewal	8 (same as 2017)	2 (↑200% from 2017)
Tabor Fellowship House	10 (↓61% from 2017)	1 (↓66% from 2017)

Category	Tabor Lodge	Tabor Renewal	Tabor Fellowship House
Fire Safety	6	0	1
Medication Management Issues	7	0	1
Physical/Verbal Aggression	1	1	0
Slips, Trips and Falls	3	0	0
Injury to staff members	4	0	0
Injury to clients	6	1	5
Security	2	5	1
Water Supply Issues	8	1	0
Buildings and Facilities	19	0	0
Data Management Issues	12	0	0





Michelle's Story

There was drink, drugs, parties and countless arguments throughout our 18-year relationship. Ian would binge drink and go missing for days. He would completely lose control and this pattern continued for years. Addiction was always there, but when you are in your 20's and there are no responsibilities, it isn't obvious.

Ian's first assessment for Tabor Group was around 2007/2008. When a bed became available, he wouldn't take it and that's when everything came to a head. We ended our relationship and cancelled our wedding, which was due to take place in April 2008. We then put our house up for sale.

As months passed, we knew we still loved each other so we began to rebuild our relationship. We moved back in together and tried to make it work. He was sober for seven years; in that time we got married and had two adorable children, Mia and Tom. For about five of the seven years, Ian drank non-alcoholic beer but he was still taking tablets so, looking back, he was never really sober.

“ It wasn't just about his recovery
– it was mine too ”

In May 2015, Ian relapsed. Although everything had been great for a period of time, the addiction started to creep back in.

Now that I was older and had two children, things were different. I became increasingly worried and would ask myself: 'Where is he? Who is he with? What is he doing?' When he went out with friends, I would always wonder when he would come home.

I could see the addiction taking over his mind; I could see he was beginning to forget about his wife and children. That's when my anger, anxiety and sleeplessness began to take over. It affected the entire family - my family and Ian's family - but he continued to blame others, lie and create excuses.

Ian had a second assessment for Tabor Group in March 2017. When a bed became available, he refused to take it and instead attended a non-residential programme, which he dropped out of after 10-weeks. Ian's denial would set in and he would claim: "Noth-

ing is wrong with me now, I'm fine and it will never happen again."

As time went by, the situation got worse. My sleepless nights, anxiety and stress took over my life. My anger got out of control, my attitude changed, my happiness faded. We began having arguments in front of the children, we both lost control and our lives were chaotic. I realised my mental health was suffering and that I needed help.

I started counselling in March 2017. It taught me how to understand addiction and that I needed to take a step back and start looking after myself. I then took up reiki and reflexology.

Ian's third assessment for Tabor Group came after a massive drink and cocaine binge. He missed his daughter's birthday. I had to report my husband missing to the Gardai. I felt ashamed, angry, hurt and powerless. I was relieved that Ian decided to get help through Tabor Group, on February 2nd 2018.

I always thought that Tabor Lodge was a programme for the addict, I never thought there was a programme available for the family too. I remember feeling so nervous and uncomfortable going to my first family day. By the second week, I had learned a lot about addiction, denial, co-dependency and enabling. I started to learn about myself and the role I was playing with Ian's addiction.

I remember one phone call with Tabor Lodge's Clinical Director Mick Devine. I remember distinctly the words he said:

The 3 Cs

- You didn't Cause it
- You can't Cure it
- You can't Control it

On March 4th 2018, Ian came home. I still had a lot of anger, hurt and a lack of trust. I was very nervous but hopeful for new beginnings. I agreed to take part in the 12-week Family Aftercare Programme. I thought it would be good for me to listen and learn from other people's stories and to feel like I wasn't alone.

I began to understand that it wasn't just about Ian's recovery, it was about mine too. I learned about the relapse warning signs and as the weeks passed, they began to appear. Gambling and tablets began to take over and when I addressed the matter, he became defensive and argumentative. I suggested a meeting and/or counselling at Tabor Lodge, but he wouldn't agree to it. He stopped his programme after nine weeks, I continued mine.

We began having arguments again; it was physically and emotionally draining. I was fighting against addiction and getting nowhere. We realised we were in two very different places in our lives and for the sake of our children, we agreed to part ways.

Ian moved out in June 2018; it was a tough decision and it broke my heart. I had to build the courage to do it for myself and my children. Ian needed to do recovery on his own and I needed to do recovery on my own.

A lot has happened in the past year. There was a lot of heartache and uncertainty, but with my weekly Tabor Group and one-to-one counselling sessions, I feel like I'm finally getting my life back on track.

I still have bad days and I struggle with what addiction has done to my marriage. He had it all - a wife, kids and a lovely home. Ian is now a successful businessman; he is kind-hearted, loving and caring, but I have seen what addiction has done to him so far and I fear that someday, it will affect his business.

I love Ian and I will always love him, but I do not love his addictions. He is sober since the start of 2019, so hopefully this will be the start of a new, healthy recovery for him. He is very much involved in the children's lives and they love him dearly.

I can't tell what the future holds but I do know at this moment, this is the best situation for us both. I still enjoy reiki and reflexology every six weeks. I feel so much stronger now. My children are happy and have adapted to our new way of living now. They are very intelligent children and I'm very proud of them.

I feel content and I believe that I am making the right choices. I am in a good place right now and I intend on keeping it that way.

Sarah's Story

In the distance, I notice a young girl, she's maybe 10 or 11. She has long blonde hair, she's smiling and seems as well put together as any other child. When I approach her and ask her who she is, she looks lost and confused. She responds: "Who do you think I am?" Who do you think I am? Now I am the one who's confused. I expected an answer of excitement. After all, I had just seen her dance, jump and play with her friends.

*Only when I had my children did
I stop enabling my brothers*

That young girl was me and I had absolutely no idea of who I was. No idea of my capabilities or talents. It's only in the last two years I can see the amount of trouble that young girl was in.

That was my life, living with addiction and chaos every single day.

We grew up with our Mam and Dad. Dad drank a lot; he wasn't a good role model or provided any steady structure to our lives.

I lived in this house and always remember not wanting to be there, not understanding what was going on. I thought this was normal; not knowing what to say, or when to say it. I remember as a teenager sitting in one day with my Dad, not feeling like I could leave the house because he had gotten so drunk that I was worried for his safety.

As time pushed on, my Dad's drinking only got worse and it became morning, noon and night. There was no break, no normality. He would wake, drink, shout abuse and sleep; only to do it all again.

I encouraged and hoped my Mam and Dad would split up and at the age of 16, they did. At school, other friends were upset at their parents having problems, or splitting up, I wasn't - I was relieved the addiction had left the house. Little did I know that was just the start.

I am now 30 I have two brothers, Mark and Jack, both of whom are in active addiction right now.

Mark is the older brother and my last memory of him not been an addict is when I clung to him for safety, when one of those chaotic moments at home was happening. I still see him now as a strong boy - a

king in my eyes - and he could have achieved anything he wanted to. He still can, if he finds the courage to fight addiction.

Jack is younger than me and a bit more vulnerable. Jack has a heart you couldn't compare and a softness I have never seen. He also could achieve many things if he chooses to fight addiction.

As Mark got older, what we thought was experimenting turned into full-on addiction. Mark was energetic and full of life but that temperament, mixed with drugs, was toxic and so he was like a ball of fire. We know now that Mark had learned the fine art of manipulation and we were his willing enablers. When that ball of fire went out, we would tip-toe around the house not to make a sound and we would regularly tell any friend that called that he wasn't there.

Jack seemed safe in it all and was almost afraid of becoming an addict. He moved out with his then-girlfriend and had a baby. All seemed fine until it wasn't and he was in serious trouble.

Both their lives spiralled and both ended up on the streets, both on heroin.

All the while, I was having babies and building my home and thought I was relatively happy. It's only now I am realising that I was trapped in a body and mind that knew nothing but a bad feeling. So, long after leaving the family home, I was living with chronic anxiety, chronic fear and still enabling - because I knew no better.

Only when I had my children did I stop enabling my brothers. I felt guilty for not answering their calls, or saying no to their requests of money, but I knew if I kept saying yes they would just keep asking and turning up at my door and that wasn't OK for my kids.

I lived my whole life feeling uncomfortable. In the last two years, I have challenged this feeling and it's been one of the toughest things I have had to do.

Two years ago, I went to a family support meeting at Tabor lodge. I thought I knew it all, but I couldn't believe how many people there felt the same way as me.

When I first walked in, I was nervous but the room was comfortable and relaxed; the facilitators were welcoming and approachable. They didn't force anything. I spent the first few weeks just listening to others; then I spoke to others about their situation, before feeling brave enough to tell my own story.

At one of those meetings I was having a hard time. Mark had a seizure and was in Intensive Care because of drugs. Jack was also in hospital with a life-threatening infection in his arm because of mixing drugs and injecting them. I was due to have surgery myself and I remember breaking down crying at the meeting, saying I wanted the surgery and I didn't want to wake up. It's then I realised that just because I had learned to say no to my brothers, I still had huge amounts of work to do on myself.

Because of my whole life living with addiction, I had developed personalities to protect myself and bad habits – OCD, anger issues, lack of patience and no trust in anyone. I had zero confidence, zero self-worth and believed I deserved little in life.

I always felt safe at Tabor Lodge, even when I was saying nothing at all. I go every week and it's invaluable. I have learned that I was addicted to my brothers and that it's ok to have time for you. I used

to feel guilty if I went and got my nails done, I felt I didn't deserve to have a life of my own. The penny has now dropped, I don't feel selfish, I deserve to get my nails done!

With the help of Tabor Lodge's meetings for families, I grew and I learned and I began to change when it came to my brothers. I no longer felt the same guilt or sadness and accepted their path was their own. I could only support them when they were ready to support themselves.

To anyone in a similar situation, I would say: Don't just think about it – go to Tabor Lodge Family Support. You don't have to do anything, just listen, sit there and make time for you. Go again and again and again; don't ever give up!

I am now on a journey to discovering who I really am, what I really want and the things that make me smile. I am learning to put myself first, to treat myself and to do whatever it takes to feel my best.





Brian Duncan Treatment Programme Supervisor Tabor Lodge and Trevor Barnes Counsellor Tabor Fellowship House.



Finbarr Cassidy (Treatment Manager Tabor Fellowship House), Cllr Declan Hurley Mayor of the County of Cork



Mick Devine Clinical Director Tabor Group, Tom O'Dwyer interim CEO Tabor Group, Cllr Tony Fitzgerald Lord Mayor of Cork, Georgina Fitzgerald Lady Mayoress of Cork, Denis Healy Tabor Group Chairman, Finbarr Cassidy of Tabor Fellowship House.



Pat Coughlan Past Chairman of Tabor Group.

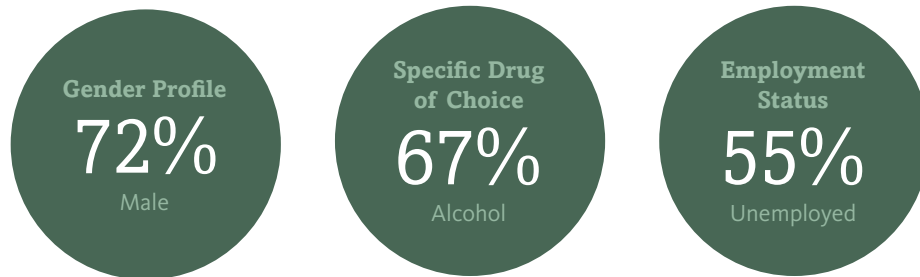


Tabor Fellowship House

Appendix 1

Tabor Lodge statistics

At a glance



Assessment & Admission 2018	No of Clients	% of Clients
Assessments	336	
Admissions	222	66%
Completions	208	93%

Previously Treated Status	No of Clients	% of Clients
Never Treated	151	68%
Total Previously Treated	54	24%
Treatment Status Unknown or Not Applicable	17	8%

Gender Profile	Total	% of Clients
Male	159	72%
Female	63	28%

Age	No of Clients	% of Clients
18-24	21	9%
25-34	73	33%
35-44	63	28%
45-54	46	21%
55-64	12	5%
Over 65	7	3%

Age - Male	No of Clients	% of Clients
18-24	18	11%
25-34	59	37%
35-44	46	29%
45-54	25	16%
55-64	6	4%
Over 65	5	3%

Age - Female	No of Clients	% of Clients
18-24	3	5%
25-34	14	22%
35-44	17	27%
45-54	21	33%
55-64	6	10%
Over 65	2	3%

Accommodation - Living with whom	No of Clients	% of Clients
Alone	24	11%
Parents or Family	79	36%
Alone with child	15	7%
Partner Alone	29	13%
Partner and child	58	26%
Friends	3	1%
Other	14	6%
Not Known	0	0%

Accommodation - Living where	No of Clients	% of Clients
Stable accommodation	209	94%
Institution (e.g. prison, clinic)	1	0%
Homeless	9	4%
Other unstable accommodation	3	1%
Not Known	0	0%

Employment Status	No of Clients	% of Clients
Employed	85	38%
Unemployed	121	55%
Student	1	0%
Housewife/husband	2	0%
Retired/unable to work/disability	8	3%
Other	5	2%
Not Known	0	0%

Highest Level of Education	No of Clients	% of Clients
Primary Level incomplete	4	2%
Primary Level	18	8%
Junior Certificate	68	31%
Leaving Certificate	98	44%
Third Level	30	14%
Not known	3	1%

Specific Drug of Choice	No of Clients	% of Clients
Opiates	12	5%
Cocaine	29	13%
Cannabis	12	5%
Alcohol	148	67%
Stimulants	1	0%
Hypnotics & Sedatives	10	5%
Other Substances	2	1%
Other Problems - Gambling/Spending	8	4%

Main Reason for Referral	No of Clients	% of Clients
Alcohol	148	67%
Drugs	66	30%
Gambling	6	3%
Food	2	0%
Other	0	0%

Source of Referral	No of Clients	% of Clients
Self	119	54%
Family	35	16%
Friends	4	2%
Other Drug Treatment Centre	15	7%
General Practitioner	16	7%
Hospital/Medical Agency Excluding A&E	2	0%
Social Services	15	7%
Court/Probation/Police	8	4%
Outreach Worker	6	3%
Employer	1	0%
Mental Health Professional	1	0%

County of Residence	No of Clients	% of Clients
Cork	185	83%
Kerry	17	8%
Tipperary	3	1%
Waterford	1	0%
Limerick	3	1%
Dublin	5	2%
Kildare	0	0%
Rest of Ireland	8	4%

STATEMENT OF COMPREHENSIVE INCOME

For the financial year ended 31 December 2018

	2018	2017
	€	€
INCOME	2,264,443	2,142,367
Depreciation	(82,610)	(33,895)
Grant amortisation	74,869	24,247
Staff costs	(1,511,015)	(1,500,033)
Other operating expenses	<u>(744,376)</u>	<u>(596,162)</u>
OPERATING SURPLUS	1,311	36,524
Finance costs (net)	<u>(1,378)</u>	<u>(844)</u>
TOTAL (DEFICIT)/ SURPLUS FOR FINANCIAL YEAR	<u>(67)</u>	<u>35,680</u>

TABOR LODGE ADDICTION AND HOUSING SERVICES COMPANY LIMITED BY GUARANTEE

BALANCE SHEET

As at 31 December 2018

	2018	2017
	€	€
FIXED ASSETS		
Tangible assets	<u>5,493,134</u>	<u>3,868,930</u>
CURRENT ASSETS		
Debtors	103,907	163,384
Cash at bank	<u>2,294,830</u>	<u>2,396,432</u>
	2,398,737	2,559,816
CREDITORS (Amounts falling due within one year)	<u>(427,178)</u>	<u>(722,221)</u>
NET CURRENT ASSETS	<u>1,971,559</u>	<u>1,837,595</u>
TOTAL ASSETS LESS CURRENT LIABILITIES	7,464,693	5,706,525
CAPITAL ASSISTANCE	<u>(5,525,023)</u>	<u>(3,766,788)</u>
NET ASSETS	<u>1,939,670</u>	<u>1,939,737</u>
CAPITAL AND RESERVES*		
Capital reserve	1,500,000	1,500,000
Accumulated surplus	<u>439,670</u>	<u>439,737</u>
MEMBERS' FUNDS	<u>1,939,670</u>	<u>1,939,737</u>

*ACCUMULATED SURPLUS AND CAPITAL RESERVE

The capital reserve represents funds set aside by the directors specifically for the purpose of future capital development projects for the group.

The accumulated surplus represents cumulative surpluses or deficits from prior financial years.

Appendix 2

Tabor Fellowship House statistics

At a glance



Assessment & Admission 2018	No of Clients	% of Clients
Assessments	87	
Admissions	34	39%
Completions	18	53%

Age	No of Clients	% of Clients
18-24	18	52%
25-34	7	21%
35-44	6	18%
45-54	3	9%
55-64	0	0%
Over 65	0	0%

Marital Status	No of Clients	% of Clients
Single	29	85%
Married	3	9%
Partner	1	3%
Seperated	1	3%
Divorced	0	0%
Widowed	0	0%

Employment Status	No of Clients	% of Clients
Employed	2	6%
Unemployed	32	94%

Accommodation - Living Where	No of Clients	% of Clients
Homeless	7	21%
Own Home	2	6%
With Partner/Family	24	70%
Renting	1	3%
Council	0	0%

Highest Level of Education	No of Clients	% of Clients
Primary Level	1	3%
Junior Certificate	10	29%
Leaving Certificate	15	44%
Third Level	8	24%

Background Issues	No of Clients	% of Clients
Family History of Addiction	23	38%
Court Contact/Probation	12	35%
Self Harm	16	47%
Abuse (Physical, Emotional, Sexual)	4	12%
Psychiatric History	9	26%
Medication	12	35%
History of Violence	14	41%

Specific Drug of Choice	No of Clients	% of Clients
Alcohol	32	94%
Ecstasy	25	74%
Cannabis	28	82%
Cocaine	28	82%
Prescribed Medication	26	76%
Heroin	9	26%
Methadone	4	12%
Speed	21	62%
LSD	18	53%
Gambling	4	12%
Other/Headshop	10	29%
Food	3	9%

Clients with Children	No of Clients	% of Clients
One or more children	9	26
No Children	25	74

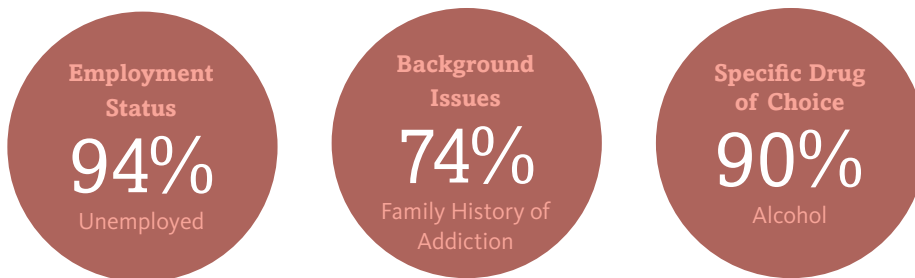
Source of Referral	No of Clients	% of Clients
Tabor Lodge	15	44%
Talbot Grove	3	9%
Hope House	1	3%
Aislinn/Aiseiri	9	26%
Self Referral/Counsellor	1	3%
Cuan Mhuire/Fernanes	0	0%
Bushy Park	3	9%
Rutland	0	0%
Bruree	1	3%
Other (Aubor House)	1	3%

Admissions by County	No of Clients	% of Clients
Cork	18	52%
Kerry	3	9%
Limerick	0	0%
Clare	1	3%
Waterford	2	6%
Tipperary	2	6%
Mayo	0	0%
Dublin	4	12%
Galway	0	0%
Other Counties	4	12%

Appendix 3

Tabor Renewal statistics

At a glance



Assessments Undertaken 2018	No of Clients	% of Clients
Assessments	72	
Admissions	51	71%
Completions	30	58%

Age	No of Clients	% of Clients
18-24	13	25%
25-34	23	45%
35-44	11	22%
45-54	2	4%
55-64	2	4%
Over 65	0	0%

Marital Status	No of Clients	% of Clients
Single	44	86%
Married	0	0%
Partner	3	6%
Seperated	2	4%
Divorced	2	4%
Widowed	0	0%

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

Accommodation - Living where	No of Clients	% of Clients
Homeless	12	24%
Own Home	5	10%
With Partner/Family	24	47%
Renting	6	12%
Council	4	7%

Highest Level of Education	No of Clients	% of Clients
Primary Level	0	0%
Junior Certificate	14	27%
Leaving Certificate	25	49%
Third Level	12	24%

Background Issues	No of Clients	% of Clients
Family History of Addiction	38	74%
Court Contact/Probation	11	22%
Self Harm	24	47%
Abuse (Physical, Emotional, Sexual)	37	73%
Psychiatric History	29	57%
Medication	34	67%
History of Violence	31	61%

Specific Drug of Choice	No of Clients	% of Clients
Alcohol	46	90%
Ecstasy	33	65%
Cannabis	35	69%
Cocaine	35	69%
Prescribed Medication	37	73%
Heroin	13	25%
Methadone	9	18%
Speed	26	51%
LSD	15	29%
Gambling	3	6%
Other/Headshop	4	8%
Food	21	41%

Clients with Children	No of Clients	% of Clients
One or more children	20	39%
No Children	31	61%

Source of Referral	No of Clients	% of Clients
Tabor Lodge	7	14%
Talbot Grove	5	10%
Hope House	4	8%
Aislinn/Aiseiri	9	18%
Self Referral/Counsellor	0	0%
Cuan Mhuire/Fernanes	16	31%
Bushy Park	3	6%
Rutland	1	2%
Bruree	0	0%
Other (Aubor House)	6	12%

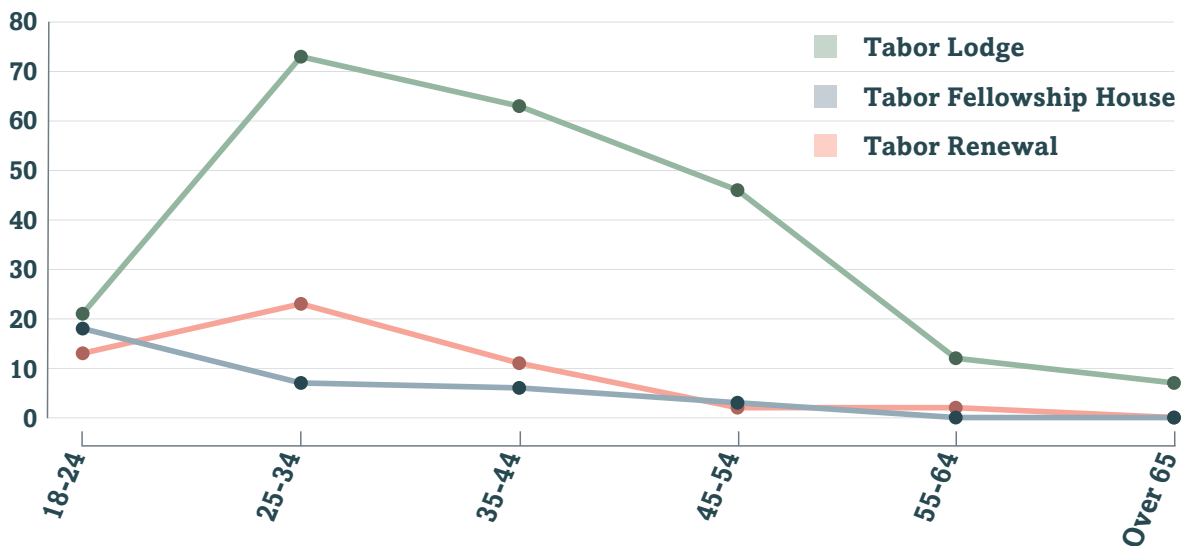
Admissions by County	No of Clients	% of Clients
Cork	19	37%
Kerry	3	6%
Limerick	4	8%
Clare	0	0%
Waterford	2	4%
Tipperary	3	6%
Mayo	2	4%
Dublin	6	12%
Galway	1	2%
Other Counties	11	22%

Tabor Group at a Glance

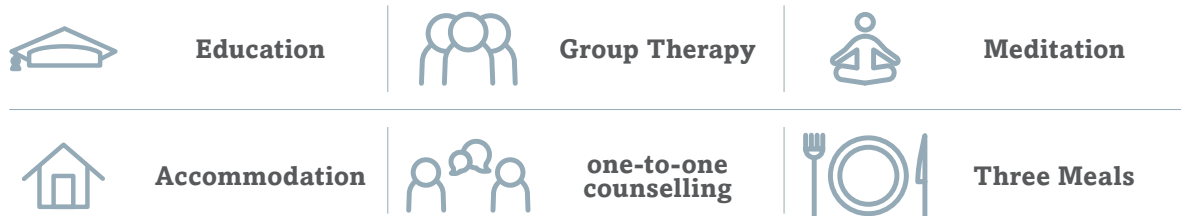
TABOR GROUP PROVIDED TREATMENT FOR 307 PEOPLE IN 2018



AGE PROFILE AT EACH FACILITY



TREATMENT PROGRAMME INCLUDES:



454 people attended our weekly Family Day educational support programme in 2018.



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



BOARD OF DIRECTORS

Denis Healy
Elaine Buckley-Casey
Malachy Flanagan
Maurice O'Connor

Michael Hallissey
Denis Cronin
Mary O'Donoghue
Jerry Corkery

Aidan O'Sullivan
Pat Mc Carthy
Sheila O'Neill

CEO
Dr. Niall O'Keeffe

**QUALITY & RISK
MANAGER**
Miriam Rigney

**OPERATIONS
MANAGER**
John Calnan

CLINICAL DIRECTOR
Mick Devine

**TABOR
LODGE**

**TABOR
FELLOWSHIP
HOUSE**

**TABOR
RENEWAL**

**TREATMENT
MANAGER**
Mick Devine

**SENIOR
COUNSELLOR**
Con Cremin

**TREATMENT
MANAGER**
Eileen Crosbie

Counselling Staff
Support Staff
Administrative Staff
Catering Staff
Housekeeping Staff
Night Staff

Counselling Staff
Support Staff
Administrative Staff
Catering Staff
Night Staff

Counselling Staff
Support Staff
Administrative Staff
Catering Staff
Night Staff

FÁS Staff
Volunteer Staff



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