



ANNUAL  
REPORT  
2016





**TAVOR LODGE**  
Primary Residential Treatment



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



**RENEWAL**  
Women's Extended Residential Treatment



# ANNUAL REPORT 2016

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## MISSION

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

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## PHILOSOPHY

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

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## VALUES

### **RESPECT**

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

### **COMPASSION**

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

### **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

Tabor Group is proud of the high quality residential treatment services that it has provided to people suffering with addictions since 1989. Last year, we saw an increase in the numbers of people presenting for treatment and we know that, sadly, many more people that need our service do not access it, for countless reasons. The stigma attached to addiction in Ireland continues to ensure that people who are afflicted by the disease are marginalised in our society, which makes it even harder to openly seek help.

The patterns that we have seen over the last number of years continued throughout 2016 with high numbers of clients with poly-drug use and dual diagnosis of mental illnesses. Indeed, the typical client with an addiction to alcohol who came to our services when we first opened our doors is rare today. Our society has moved on and technology has become an enabler for addictions to a much broader population, of all ages. Online access to illicit drugs and gambling are having significant impacts on our most vulnerable citizens. Alcohol still remains the most prominent drug in Ireland with devastating and destructive consequences throughout our society. Tabor Group supports The Public Health (Alcohol) Bill 2015 and lobbied public representatives towards the end of the year to support the implementation of the Bill.

The highlight of 2016 was the long-awaited approval of our development of Fellowship House at Spur Hill. We finished the year with the submission of our recommendation to Cork County Council to award the construction contract and preparations were being put in place to turn the sod in the first few months of 2017. This development, when complete, will be a beacon of hope for all those men using our services who are trying to break the cycle of addiction

and homelessness.

Our public funders (the HSE, Drugs Task Forces, Local Authorities and Probation Services) continued to support us in the year and we maintain strong relationships with them and always seek to work more collaboratively, in the best interest of our mutual clients. We are extremely grateful for their support.

At the start of the year, the hugely dedicated Board of Tabor Group committed to specific action plans in our five-year Strategic Plan and work was focused throughout the year in progressing analysis, research and development of our services through four strategic planning committees. The input of the Board and the work of the management and staff on the ground through these committees has ensured that we are more forward looking than before, while honouring the value of what has brought us through nearly three decades of service.

Tabor Group input to the review of the National Drugs Strategy throughout the year and we hope that the outcome of the national consultation will be an informed, dynamic and progressive strategy for the country, which will ensure that resources are appropriately managed and directed to dealing with our country's addiction problems.

I wish to thank the General Manager, Staff, Volunteers and Board of Directors of Tabor Group for their collective unfaltering support during the year. Our clients reap the benefits of their effort and commitment, from which reward comes in the form of lives transformed and new beginnings for so many people who never believed that it was possible.

**Pat Coughlan**

Chairman of the Board of Directors



# General Manager's Report

With the introduction of four new strategic planning committees of the Board, the implementation of the Strategic Plan for the organisation became a priority for all in Tabor Group and the workplan of each of the committees provided focus for all of our ambitions for the future. The openness of everyone involved to critiquing even our most fundamental thinking and processes will ensure that as we plan for future challenges, we are honest about what we need to do in adapting to meet them.

Our strategic work and planning must be done in the context of continuing each day to deliver quality services across three centres. Our clients deserve the highest level of professionalism and our focus for them is a safe, caring and supportive environment. We continue to work to very high standards and this was borne out in the results of our accreditation survey which took place in the last week of February. For the first time, we were awarded full accreditation on completion of the survey, without further action required. This outstanding achievement was only possible with the work put in by each and every member of staff and we can be very proud that our continuous drive for quality improvement is evident.

Although the year ended with the excellent news that our development at Fellowship House would progress in early 2017, mid-way through the year we had to move the services from leased premises at Wilton to another at Sunday's Well. Despite the amount of effort needed to do this, the staff again undertook the challenge with quiet dedication and ensured that our clients transitioned effortlessly to the new premises. We look forward to our final move which will be back to the newly developed "home" of Fellowship House at Spur Hill.

Our marketing plan went in to full swing during the year, beginning with overhauling our website, then progressing with a digital ad campaign and we went from strength to strength by venturing into the world of social media through Facebook and Twitter. The first post on our Facebook page was a photo from our highly enjoyable Tabor Group barbeque, where the Board, Staff and Volunteers from across our services had the opportunity to get together socially, a first for many.

As a charitable organisation, we are the hope for many whose means would limit them in accessing treatment. Primarily through our substantial funding from the HSE, we can offer our residential programmes to those who most need it and for whom it may seem beyond their financial reach. While our partnership with the HSE has enabled us to address this need for many years, it was strengthened this year by working together on protocols and referrals for particularly vulnerable clients. We acknowledge and very much appreciate that the support of the HSE is invaluable to us and our clients. As mentioned in the Chairman's report, our other public funders also provide vital financial support for particular target groups in our society.

I welcome this opportunity each year to express my immeasurable gratitude to the staff and volunteers of Tabor Group and the Board of voluntary Directors, who each provide such selfless commitment to making the lives of others better. We are lifted each day by the testimonials of those who have accessed our services and have been given the gift of life in recovery.

**Aileen O'Neill**

Tabor Group General Manager





# Clinical Director's Report

Tabor Group continues to deliver clinical care of the highest calibre. 2016 was a year of significant achievements and over 300 clients were treated at our treatment centres. Tabor Lodge, our primary treatment centre is often the first port of call for those seeking treatment for their addictions and provides a 28-day residential treatment programme. We are uniquely positioned in that we can offer extended treatment of 12 week's duration to clients at our extended treatment centres Fellowship House for men and Renewal for women.

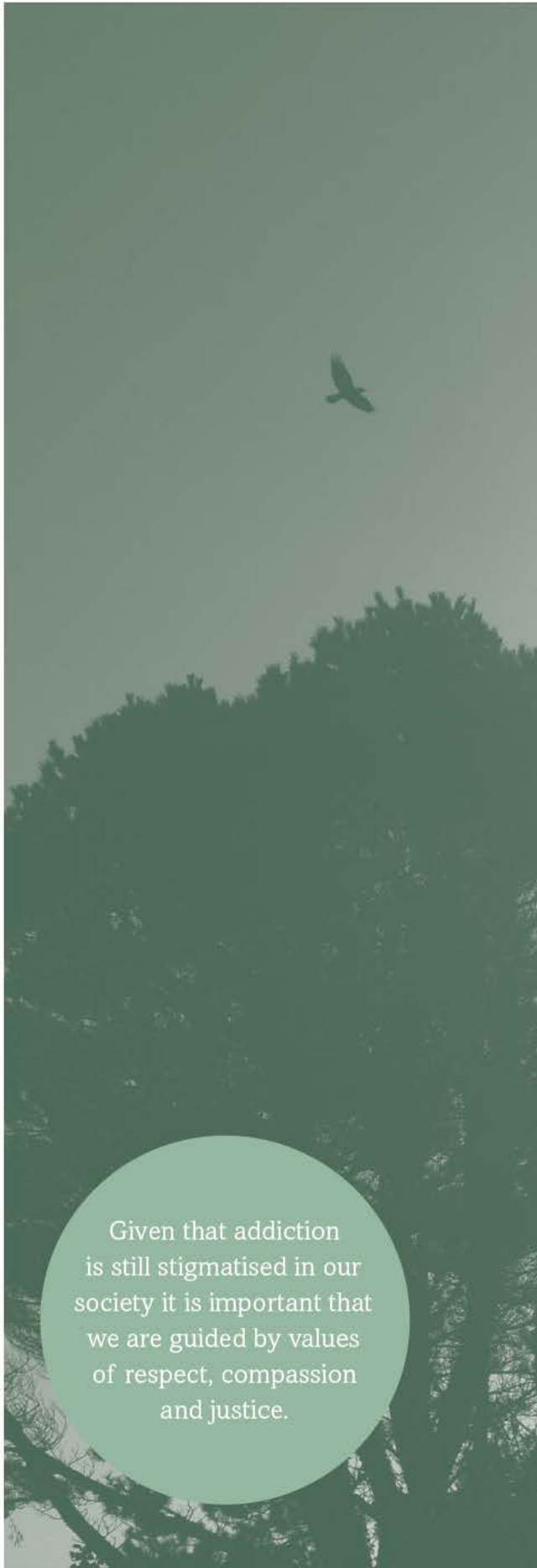
2016 saw the introduction of Tabor Group's strategic plan and four new committees of the board that will guide us forward to 2020. The plan identifies the outline strategic actions and initiatives that Tabor Group are focusing on over the next five years. The objectives laid out in this Strategic Plan are hugely ambitious, but the passion, dedication, skill and experience of all of those associated with Tabor Group – whether volunteers, staff, funding partners, committees give us the belief to reach beyond our current grasp. The implementation of the strategic plan has enabled concentrated attention on clinical matters and will greatly assist Tabor Group meet its strategic objectives.

## 2016 MAIN STRATEGIC OBJECTIVES

1. Comprehensive assessment of clients complex needs prior to admission
2. Research Study focusing on mental health challenges and childhood trauma with 50 clients
3. SWOT analysis of the Minnesota Model
4. Competency Review

Our focus continues to be on a safe quality care at every part of our clients and their families journey through Tabor Group treatment services. This care is underpinned by Tabor Groups core values of respect, compassion, justice, team and excellence.

Tabor Group is part of the Voluntary Treatment Sector and is engaged nationally as part of Addiction Treatment Centres of Ireland (ATCI). Locally, Tabor Group are part of Southern Regional and Cork Local Drug and Alcohol Task Forces who are engaged nationally in influencing Ireland's new '**National Substance Misuse Strategy**' in 2016.



Given that addiction is still stigmatised in our society it is important that we are guided by values of respect, compassion and justice.





Tabor Group engaged locally to commit to the implementation of National Treatment Protocols. These measures ensure a team approach to care for the addicted person and their family. In 2016 Tabor Group worked in unison with community drugs workers, outreach counsellors of HSE Drug and Alcohol Services, Community Mental Health Teams, General Practitioners, Social Services and Probation Services. The diverse and complex needs of addicted people require a multi-agency response.

In November 2016, Tabor Group lobbied public representatives in Cork and beyond to urge their support for the passing into law of the Public Health (Alcohol) Bill 2015. It is only through our legislators introducing evidence-based policies that we can reduce the burden of alcohol harm on our society, improving health, safety and wellbeing for all. The passing of this bill into law will signal our intention as a society to come to grips with a serious alcohol problem. Part of this process entails establishing a national treatment infrastructure to address harms caused by alcohol to individuals and families.

Tabor Group is well placed to take part in a debate about addiction and the problems it causes, and through various media we sought to influence the discussion in favour of those most affected, but who often don't speak out on their own behalf.

Given that addiction is still stigmatised in our society it is

important that we are guided by values of respect, compassion and justice. Addiction treatment is not prioritised in our society as much as it needs to be and, as such, Tabor Group is challenged to advocate on behalf of these vulnerable members of our society to ensure a proper treatment infrastructure is provided and properly resourced

2016 closed with the welcomed approval for the development of Fellowship House. This €4.8m development will allow us to increase our capacity at this centre from 10 residents to 16 completing a 3-month treatment programme. The facility will also include an additional 15 units of accommodation for men who have completed the programme but require a step-down model of independent living. This announcement represents a significant development in the capacity of Tabor Group to deliver on its mission to care for addicted people.

Finally, I would like to express my heartfelt thanks to all members of the Staff and Volunteers for their dedication, hard work and commitment throughout the year in providing the best possible client care and doing so in a manner that keeps Tabor Group values alive. I must also acknowledge the Board and the Management of Tabor Group for their hard work, professionalism and ongoing support.

**Mick Devine**

Tabor Group Clinical Director

# Quality & Risk Report 2016

## ACCREDITATION

The phrase 'hit the ground running' is an appropriate way to describe the first quarter of 2016. The third CHKS accreditation survey took place over three and a half days at the end of February. It is a credit to the staff and volunteers of the Tabor Group that we were found to be fully compliant with all 27 standards, with a total of 754 criteria. This covers all aspects of the service including organisational leadership and management.

One new aspect to the survey process this time was that the survey team met with the client group at each Centre and their feedback contributed to the final report. Staff members and members of the Board of Directors also participated in interviews with the survey team. This provided an added depth to the information presented and provided a more insightful perspective for the survey team.

The organisation was commended by the surveyors for the commitment to the accreditation process and to continuous quality improvement. The report

also stated that 'the evidence is that of safe and quality services delivered by experienced, well trained and passionate staff. It is worth noting that the standards against which the organisation was assessed are reflected in the initiatives in the strategic plan. The accreditation process is cyclical, intensifying at survey time but the work is an essential part of the day-to-day operation of the service.

Compliments, comments and complaints are welcomed. We believe that any grievances should be managed at as early a stage as possible. This contributes to the low incidence of formal complaints received by the organisation. In 2016, there were two formal complaints received, and these were managed in accordance with the Complaints Management Policy which aligns with the H.S.E. policy on Complaints Management.

Tabor Group was delighted to accept an award for the Rehabilitation Clinic of the Year 2016 at the Irish Healthcare Awards held in Dublin.





## POLICY REVIEW

Our policy portfolio is dynamic and documents are reviewed and updated as necessary. In 2016, a total of 12 policies were updated to reflect changes in practice. The work of streamlining the policy portfolio was prioritised in 2016 resulting in the reduction in policies from 62 to 42. A key contribution to this was the creation of an Employee Handbook. This document was the result of a consultation process with staff members from our three centres. Information booklets for clients were redesigned to reflect current information and to standardise this across the three centres. These were published toward the end of 2016 after much consultation.

## TRAINING

The commitment of Tabor Group to continuing education and the rolling safety training programmes is evident. As well as funding formal training courses, much learning takes place in-house, for example, care-planning reviews and reflective practice on becoming more trauma-informed. These are ongoing projects that involve the treatment teams at our three centres and the family and continuing care programme coordinators.

The rolling safety training programme includes annual refresher training in fire safety and food safety (H.A.C.C.P.). Two-yearly refresher courses in Basic Life Support (attended by 9 staff members) and Managing Actual and Potential Aggression (attended by 9 staff on the full course and 12 on the refresher training) also took place in 2016. A highlight in our training programme in 2016 was 'Dignity at Work' training and these well-attended sessions were delivered by an experienced facilitator external to the organisation.

The focus for continual profession development for clinical staff in 2016 was very much on ensuring that counsellors were equipped to identify and initiate appropriate early management/referral of people with mental health issues. To this end, bespoke training in 'Mental Health First Aid' was provided and attended by 20 counsellors over 4 days. Furthermore, foundational work in providing a 'trauma-informed' service began in mid-2016 and it is intended that this work will gather momentum in 2017 and beyond.

## MAINTENANCE PROGRAMME

Significant work in maintaining the upkeep of all three premises was carried out in 2016 in line with maintenance plans for each centre. The importance of having pleasant, homely ambience is essential to the delivery of a residential programme. In parallel with this, regular safety maintenance work also was completed.

## RISK MANAGEMENT

Risk management procedures are well-established within the organisation. Our priority is providing both a safe place to work for employees and a safe place for clients to attend for addiction treatment. As well as annual safety audits being carried out by independent health and safety experts, the incident reporting procedures continue to evolve.

Overall, there has been an increase in the number of completed incident report forms in 2016 which is to be commended as it indicates awareness among staff and open reporting of issues.

It is worth noting that levels of aggression across the three centres remains low – with seven incidents documented in 2016 all of which were episodes of

## ACTIVITY

Centre	Incident Report Forms	See and Act Forms	Risk Assessment Forms
Tabor Lodge	38	44	10
Renewal	12	1	1
Fellowship House	23	1	3
<b>Total</b>	<b>73</b>	<b>46</b>	<b>14</b>



verbal aggression. The ‘intuitive and respectful’ approach by staff members, as commented on by the CHKS survey team, is an important contributory factor to this. Appropriate and timely management of incidents is a priority. Once immediate action is taken, further follow up where required is initiated at the monthly Health and Safety committee meetings that take place at each centre. Learning points from incidents that occur are communicated throughout our centres in Tabor Group. It is intended to refine this aspect of incident management even more as we move forward.

## RELOCATION OF FELLOWSHIP HOUSE

In July 2016, services provided at Fellowship House were relocated to ‘The Good Shepherd Convent’ at Sunday’s Well from Wilton. This is the second such move to ensure continuity of service while awaiting the development of Fellowship House at Spur Hill.

A substantial amount of work was required to ensure the safety and security of the interim premises at Sunday’s Well. This included upgrading of fire and security systems and installation of closed circuit cameras, as well as enhancing the interior design of the centre to provide a homely living environment. It is a credit to the staff members involved that such a significant move took place in a seamless manner for our clients.

2016 was a year where much of the foundational work that had been carried out in preceding years came to fruition. The importance of forming robust structures and processes to support future initiatives was evident. There is high regard for embracing an ethos where quality and accountability are front and centre of all aspects of service delivery.

### Miriam Rigney

Quality and Risk Manager



# Tabor Lodge, Residential Treatment Centre

204 people were admitted to the Tabor Lodge residential treatment programme in 2016 of whom 193 completed the 28 day programme. This overall occupancy rate at the centre for 2016 was 80%.

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. A vital feature of the residential setting is the safety Tabor Lodge offers to clients. Primarily the safety is from the addiction itself.

A person who is not managing an addiction very well is challenged to cope with the normal stresses, strains and tensions of day to day living. Overtime these stressors and tensions trigger a compulsion to use the mood-altering chemical that they are addicted to. Eventually, they find themselves in a difficult 'catch 22' situation. While the use of addictive substances does offer temporary relief from these difficulties the relief is short lived and eventually the person realises their difficulties are compounded because of their use. This then leads to a crisis point which convinces the person of the need to take the step of applying for admission to Tabor Lodge.

The residential setting offers safety from this dilemma. The person has been removed from the

environment which triggers the addictive tendencies and so has time to alleviate the stress and tension, learn about addiction, learn about the situations that trigger impulsive thinking and compulsive actions and develop new coping strategies. In this way, Tabor Lodge helped 193 people to manage their addiction in 2016.

While partnerships with mental health services are slowly forming, we are taking referrals from hospital-based mental health services and in some cases liaising with community based mental health services. It is hoped that Ireland's new 'Substance Misuse Strategy' will reinforce the expectation of a multi-agency approach to addiction treatment.

A variety of agencies refer clients to Tabor Lodge (See 'Source of Referral') however as in previous years the majority of those admitted for treatment in Tabor Lodge are self-presenting. In 2016, we saw an increase in GP influence in those seeking help with addiction. GP's directly referred 18 clients to Tabor Lodge and a further 22 clients, reported their GP recommending they attend Tabor Lodge.

## **Mick Devine**

Clinical Director Tabor Group



GP's directly referred 18 clients to Tabor Lodge and a further 22 clients, reported their GP recommending they attend Tabor Lodge.







# Admissions Report

When a client or family member makes contact to schedule an appointment, this contact is the first opportunity for Tabor Lodge to establish a therapeutic relationship between the client, their families and staff members. Staff are prepared to provide immediate, practical information that helps people make decisions about their treatment, from the length of time until treatment begins to the types of treatment available to them. Information such as any medical, mental health, financial or legal issues are also noted at the initial contact to pave the way for a smoother assessment and subsequent admission to Tabor Lodge.

The initial assessment appointment takes approximately 1 – 1.5 hours. As this is usually our first meeting with the prospective client a full history is taken and the client is provided with information about the treatment programme in Tabor Lodge. Essentially the assessment is to establish if the programme in Tabor Lodge is compatible with the clients' requirements having taken full account of their history and any other circumstances as presented by them.

749 referrals were made to Tabor Lodge in 2016, with 515 assessment appointments offered to clients seeking treatment for addiction. 328 people attended assessment appointments. Of these who attended for assessment, 179 people were offered a bed at the time of their assessment.

A further 52 clients were referred to our pre-treatment for stabilisation and support, with a view to admitting them at a later date.

There were 92 no-shows for appointments in the year and unfortunately, due to the nature of clients' lives, this is quite common. In an attempt to address this issue, discussions are underway to put in place a system of issuing reminders of appointments to clients. By investing in these measures, it is hoped that the number of no-shows can be decreased.

Not all clients who attend for assessment are able to enter treatment or indeed engage with the pre-treatment process and so a sustained effort is made to stay in contact with them until such time that they are able to make a firm commitment to engage with treatment. This can be due to the range and complexity of the issues presented by clients at assessment or in some cases it may be a client who is struggling to face the reality of their addiction. For these clients, it can take this level of contact over an extended period to pave the way for them to eventually enter treatment. Indeed, it is noticeable that the work of meeting a client for assessment has become more complex. Clients are presenting with multiple challenges and issues, ranging from homelessness and financial problems to the more complex clinical areas regarding detoxification and mental health issues.

A client's chances of gaining recovery are greatly enhanced with the support of their family, the assistance of other services and professionals engaged with them. It is for this reason that we endeavour to identify these supports at the initial assessment, to involve them not only in the 28-day treatment but beyond as the client enters the continuing care programme. A new initiative was put in place in 2016 which saw the funding of 10 residential treatment beds in Tabor Lodge by the HSE and admission was administered in compliance with National Protocols. Such initiatives ensure clients recovery is at the forefront of the organisation. Tabor Group is committed to engaging and supporting these national protocols.

As part of the strategic planning process, Tabor Lodge launched a pilot programme in November 2016 in which 20 clients with complex needs would be identified at the time of initial engagement. An initial assessment in compliance with National Protocols is completed and the client is then referred for comprehensive assessment in addition to attending our pre-treatment programme prior to admission. The aim of the programme is to identify the challenges and ongoing needs of the clients as they embark on the treatment journey, to involve any relevant professionals and to put in place the necessary supports to bring about the best chance of recovery for the client.

# Continuing Care Programme

**A**t Tabor Group, we believe that ongoing support and care is a vital part of long-term recovery from addiction. For many people, the 28-day treatment programme is only the first step of their journeys towards sobriety. Unfortunately, there are no quick fixes for the diseases of addiction. Recovery is an ongoing process, and the skills one learns during treatment must be integrated into everyday life, a process which takes time.

Our Continuing care programme is designed to allow a person to transition out of residential care while ensuring that they have the support needed to build upon the progress they made during residential treatment. Participating in continuing care after residential treatment offers people who are seeking sobriety the skills they need to face stressful situations, build new supportive networks and reduce their risk of relapse.

In 2016, we continued to provide care and support for clients following their completion of 28-day residential treatment programme at Tabor Lodge so they can reach this goal. The mainstay of this support was to transfer clients to a Tabor Group's continuing care support group and suggest weekly attendance for one year. A total of 11 groups were operated weekly with meetings provided in Cork City, Dunmanway, Middleton and at Tabor Lodge. These groups are all staffed by a valued network of volunteers.

A real forte of the Tabor Group is the availability of residential extended treatment cen-

tres; Renewal for women and Fellowship House for men. (Reports on the activities of these units are presented later in this document.) As in recent years, again in 2016 we saw many clients in the 18 -35 age group experience complex needs and extended treatment was needed. In 2016, we recommended that 34 women and 57 men would progress to our extended treatment centres. 15 of these women were admitted to the Renewal and 19 men were admitted to Fellowship House.


Two of our Continuing Care support groups were for clients in their second-year post treatment. These clients are benefitting from the support to the extent that they are thriving in terms of personal development and good quality recovery. 57 people attended this second year programme in 2016. We are delighted to see some former clients of our programmes are now training to become Tabor Group volunteer facilitators.

Two other groups are offered as part of our continuing care programme. The recovery group is a 12 week programme designed to provide support to clients who relapse and 58 people attended this group. The women's day programme is provided to meet the needs of women vulnerable to relapse. It delivers a day long programme for one day each week for 12 weeks and monthly attendance thereafter for 12 months. 76 women attended this programme.

Working the 12 Step Programme into their daily lives is a key success factor for clients. A central part of our residential and

continuing care programmes is to introduce people to these 12 Step fellowships. Life in early recovery from addiction is stressful and stress triggers relapse. Supporting people at this important stage of the recovery process is very rewarding. During the continuing care period people, really do transform their lives and take their place again in ordinary everyday life within the family, the workforce, the local community and society. Life really does get back to normal.

Each continuing care support group is staffed by two volunteers. This team of volunteers is central to the success of Tabor Group Continuing Care Programme. Each volunteer brings a wealth of experience in addiction recovery and provides very valuable guidance to participants of this programme. Tabor Group wishes to thank them for their service again in 2016.



A real forte of the Tabor Group is the availability of residential extended treatment centres



# Family Support Programme

2016 was another busy year for the Tabor Lodge Family Support Programme. It has been our experience 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 educational, one-to-one and peer support groups, all of which are provided through the Tabor Lodge Family Support Programme. Time and time again family members report having felt alone in trying to deal with a loved one's addiction. Through attending Tabor Lodge support groups, it is possible for them to recognise that they no longer need to feel alone as there are others who are experiencing similar problems.

In 2016, a total of 437 family members attended family day, allowing them the opportunity to be directly involved in their loved one's treatment, while also receiving relevant education and support for themselves.

By learning about addiction and how families tend to be affected, participants in our Family Support programme 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 and loved one's will also embrace this idea of positive change for themselves.

Many families decide to continue to access support for themselves after their loved one has completed their treatment. In 2016, a total of 102 people attended our 12-week family support programme. 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 loved one is still active in their addiction. This is provided by means of telephone support, information provision and one-to-one counselling.

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 these volunteers and Tabor Lodge very much values the empathy, support and diversity of experience that each brings with them to the organisation.





# Fellowship House & Renewal

## Extended Treatment Programme

The extended treatment programme at Fellowship House and Renewal helps identify in-depth barriers to on-going recovery and relapse prevention. Our extended treatment programme provides an added layer of rehabilitative treatment, as it focuses on imparting critical relapse prevention tools. The programme is abstinence based, and built on the 12-Step foundation. Treatment includes extensive relapse prevention therapy and a strong focus on family and other relationships. Issues related to stigma, accountability, managing high-risk social situations and preparing for a return to work, are all incorporated into treatment.

The aim of the extended treatment programme at Fellowship House and Renewal is to build on, and consolidate the work of recovery which has already begun in Primary Treatment. The 28 Day Treatment Programme is sufficient for many but for others a longer period of treatment and support is required. Research indicates that most individuals need at least three months' treatment to significantly reduce or stop their substance abuse and that the best possible outcomes occur with longer durations of treatment.

At Tabor Group, our extended treatment programme is able to provide enhanced and detailed relapse prevention therapy, and core issue work, that is relevant to recovery. For many, their personal and professional history may complicate their early recovery, and the extended treatment program helps each person navigate these important issues. Over the past year, we have seen many men and women excel in their recovery and return to do the 'normal things' in

life. Some have returned to education, some are back playing sport and many are rebuilding relationships with their loved ones.

Aftercare is a very important part of the Fellowship House and Renewal's ethos. We keep in touch with the men and woman through weekly support groups and monthly 'Aftercare' meetings. We continue to see men and women on a one- to-one basis if required.

To maintain a good sobriety, people need to come to terms with deep-rooted past issues, and change behaviours accordingly. This can be a painful and lengthy process however the results are overwhelmingly in favour of long term programmes offering lasting success. As proven by our success, change is achievable. Our approach to recovery at Fellowship House and Renewal is a holistic one, whereas the main emphasis of the programme is on recovery from addiction. We also provide opportunities for employment and accommodation. With this type of approach, it greatly increases the possibility of a good recovery.

## C.E. SCHEME

A key component of Tabor Groups Extended treatment programme is that participants are employed through the Community Employment (C.E.) Scheme provided by Northside Community Enterprise Ltd. This scheme employs men and women for 19.5 hours a week and for many this is their first job.

**Fellowship House** 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 a residential addiction treatment centre. The programme emphasises personal responsibility, peer support, lifestyle changes and participation in the Twelve Step Model.

**Finbarr Cassidy**  
Treatment Manager Fellowship House



This scheme can extend for a period of up to two years which gives the person the best opportunity to retrain, join the workforce or return to further education. In 2016, we have been instrumental in helping 46 men and 22 women return to employment through the C.E. Scheme.

## HOMELESSNESS

Homelessness and long term accommodation are the main challenges faced by many clients in early recovery. We continue to respond to this need by providing accommodation in our 'Sober House' facility with 3-month tenancy agreements. Through our 'Sober Houses' we have facilitated 34 clients during the past year with interim accommodation. This contribution helps alleviate the homelessness issues for our clients.

## DEVELOPMENT

At the end of 2016, our application for the €4.8 million redevelopment of Fellowship House at Spur Hill, Togher, Cork was confirmed and we eagerly look forward to construction starting in 2017. This new 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.

The new building project will help to address both the growing addiction issue as well as the increasing homelessness issue in Cork. When completed, 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.

In 2016, a CAS application was made to Cork City Council for the extension of the facilities at Renewal. This application was made to provide for a corresponding increase in capacity for services for woman who require our services.

## 2016 KEY FINDINGS

- Cannabis and Cocaine for the first time presented as the main drug of choice for men admitting to Fellowship House.
- Alcohol remains the main drug of choice for woman admitting to Renewal.
- 62% of men and 21% of woman who presented for treatment were classified as homeless.
- 92% of men and 81% of women who presented for treatment were classified as unemployed
- 54% of woman admitting to Renewal were aged between 18-34 compared to 47% of men admitting to Fellowship House







# Anna's Story

**Anna attended Renewal at the age of 24 following a decade of drink and drug abuse.**

**H**aving started, drinking at the age of 12, Anna began using drugs soon after having fallen in with the wrong crowd. As the years went by her addiction grew worse. "I was both physically and mentally dependent on alcohol and drugs. My self-confidence had always been bad and when I took drugs I gained confidence and self-belief. I found myself in drink and drugs. I gained confidence, motivation and belief when I was high or drunk although I was entirely dependent."

Anna's addiction took over her life. She was using 24 hours a day but felt she was not an addict as she was still going to work, college and socialising with friends. The addiction began affecting her health. "I was having seizures quite often and when I was not using my body would go into shock. Hospital stays became a regular occurrence as I continued to hide my problems from my family and friends."

Anna's family eventually intervened and sought help for her. "By the time my family intervened I was destroyed, mentally, physically and emotionally. I had nothing left. I attended a primary treatment centre for 28 days however it was suggested that I attend Renewal as I still needed further help with my issues."

On completing her primary treatment Anna was offered a place in Extended Treatment Centre. "My time in Renewal taught me how to love myself again and gave me the necessary tools to maintain my recovery. Renewal taught me how to live a fulfilling life again, without the need of a drink or a drug which I never once in a million years thought I could do. The counsellors and staff are brilliant. I thank them from the bottom of my heart."

My time in  
Renewal taught  
me how to love myself  
again and gave me  
the necessary tools  
to maintain my  
recovery.

# Stuart's Story

**Stuart was 13 when he began using drugs. By 24 he was in trouble with the law and heavily addicted to Alcohol and Drugs.**

Having broken up with his partner and estranged from his two children Stuart found himself drinking heavily, gambling and dealing drugs to fund his habits. "My life was spiraling out of control and I was leaving a trail of destruction behind me". Depression soon followed and Stuart found himself abusing prescription medication to try and escape his thoughts and feelings.

In addition to his personal problems Stuart was consistently in trouble with the law and following a 2-year cycle of arrests and court appearances he was presented with an ultimatum. Attend treatment or go to jail. "When I finally got to treatment it felt like a relief as everyone else in there had similar issues and stories. Fellow members and counsellors gave me hope and educated me on my addictions however I knew I needed more than that to beat my addictions once and for all".

At the end of Stuart's stay in Tabor Lodge it was recommended by his counsellor to attend extended treatment in Fellowship House. Hesitant at first, he eventually came around to the idea and was admitted. "I learnt a lot about myself during my time in Fellowship House. I learnt how to live again, not only how to get up early, eat regularly, be productive and be a good person, but how to live with the fear, anxiety, depression, guilt, anger and all those things I lived with day in, day out for years."

Now in recovery for 4 years, Stuart says his life is better than ever. His children are back in his life and he is working full time "I went back to full time work after a year in recovery. I have a roof over my head, clothes on my back, a caring partner and a beautiful new baby girl. A new way of life is what was promised to me before I went to Fellowship House and a new way of life is what I have. I'm very grateful for all that I learnt and experienced in Fellowship House and Tabor Lodge, I'm certain without it I wouldn't be where I am today"





# Appendix 1

## TABOR LODGE STATISTICS

Assessment & Admission 2016	No of Clients	% of Clients
Assessments	328	
Admissions	204	62%
Completions	193	95%

Previously Treated Status	No of Clients	% of Clients
Never Treated	202	99%
Total Previously Treated	1	.05%
Treatment Status Unknown or Not Applicable	1	.05%

Gender Profile	Total	% of Clients
Male	129	63%
Female	75	37%

Age Profile	Male	Female
18-24	24	4
25-34	41	18
35-44	35	23
45-54	20	18
55-64	7	10
Over 65	2	2

Accommodation - living with whom	No of Clients	% of Clients
Stable accommodation	189	93%
Institution (e.g. prison, clinic)	1	0%
Homeless	10	5%
Other - Unstable Accommodation	4	2%

Accommodation - Living with whom	No of Clients	% of Clients
Alone	31	15%
Family	69	34%
Partner (No Children)	20	10%
Partner & Children	53	26%
Alone with Children	12	6%
Friends	3	1%
Other	15	7%
Foster Care	1	0%

Employment Status	No of Clients	% of Clients
Employed	64	31%
Unemployed	110	54%
FÁS Scheme or other training course	2	1%
Student	4	2%
Housewife/husband	10	5%
Other	14	7%

Highest level of education completed	No of Clients	% of Clients
Primary Level	19	9%
Junior Certificate	64	31%
Leaving Certificate	82	40%
Third Level/Fetac	34	17%
Still in Education	4	2%
Not known	1	0%

Specific Drug of Choice	No of Clients	% of Clients
Alcohol	148	73%
Cannabis	20	10%
Heroin	10	5%
Cocaine	8	4%
Ecstasy/MDMA	1	0%
Gambling/Spending	5	2%
Benzodiazepines	5	2%
Other - Inhalents/Headshop	1	0%
Marijuana	4	2%
Street	2	1%

Source of Referral	No of Clients	% of Clients
Self	89	44%
Family	40	20%
Friends	6	3%
Other Drug Treatment Centre	17	8%
General Practitioner	18	9%
Hospital/Medical Agency Excluding A&E	3	1%
Social Services	7	3%
Court/Probation/Police	12	6%
Outreach Worker	3	1%
Employer	5	2%
Mental Health Facility (Including Psychiatrist)	4	2%



Main Reason for Referral	No of Clients	% of Clients
Alcohol	149	73%
Illicit Drugs	41	20%
Licit Drugs	9	4%
Gambling/Food/Other	5	2%

County of Residence	No of Clients	% of Clients
Cork	172	84%
Kerry	15	7%
Limerick	4	2%
Clare	0	0%
Waterford	3	1%
Tipperary	4	2%
Other Counties	3	1%
Outside Ireland	3	1%

## Appendix 2

### CONTINUING CARE PROGRAMME STATISTICS

Reviews	476
Tabor Lodge Groups	957
Cork City Groups	2016
West Cork Groups	359
East Cork Groups	393
Second Year Groups	917
Recovery Programme	362
Womens Day Care Programme	686

## Appendix 3

### FAMILY PROGRAMME STATISTICS

Tabor Lodge Family Programme 2016 Activities	
4-Week Programme	437 People
12-Week Programme	102 People
Continuing Care	30 People
One-to-One Meetings	84 Meetings

## Appendix 4

### FELLOWSHIP HOUSE STATISTICS

Assessment & Admission 2016	No of Clients	% of Clients
Assessments	97	
Admissions	50	52%
Completions	28	56%

Age	No of Clients	% of Clients
18-24	34	68%
25-34	13	26%
35-44	1	2%
45-54	1	2%
55-64	1	2%
Over 65	0	0%

Marital Status	No of Clients	% of Clients
Single	47	94%
Married	1	2%
Partner	2	4%
Seperated	0	0%
Divorced	0	0%
Widowed	0	0%

Accommodation - Living where	No of Clients	% of Clients
Stable accommodation	19	38%
Institution (e.g. prison, clinic)	0	0%
Homeless	31	62%
Other - Unstable Accommodation	0	0%

Employment Status	No of Clients	% of Clients
Employed	4	8%
Unemployed	46	92%

Highest Level of education	No of Clients	% of Clients
Primary Level	3	6%
Junior Certificate	23	46%
Leaving Certificate	19	38%
Third Level/Fetac	5	10%
Still in Education	0	0%

Background Issues 2016	No of Clients	% of Clients
History of addiction	23	46%
Court contact	19	38%
Probation	18	36%
Self Harm	27	54%
Abused	32	64%
Psych History	24	48%
Medication	17	34%
History Of Violence	24	48%



Drug of Choice	No of Clients	% of Clients
Alcohol	46	92%
Ecstasy	43	86%
Cannabis	47	94%
Cocaine	47	94%
Prescribed Medication	39	78%
Heroin	9	18%
Methadone	3	6%
Speed	40	80%
LSD	30	60%
Gambling	9	18%
Other/ headshop	27	54%

Source of Referral	No of Clients	% of Clients
Tabor Lodge	19	38%
Talbot Grove	4	8%
Hope House	1	2%
Aislinn/Aiseiri	19	38%
Self Referral/Counsellor	2	4%
Cuan Mhuire/Fernanes	0	0%
Bushy Park	2	4%
Rutland Centre	0	0%
Bruree	3	6%

County of Residence	No of Clients	% of Clients
Cork	24	48%
Kerry	5	10%
Limerick	4	8%
Clare	6	12%
Waterford	0	0%
Tipperary	3	6%
Other Counties	8	16%
Outside Ireland	0	0

## Appendix 5

### RENEWAL STATISTICS

Assessments Undertaken 2014	No of Clients	% of Clients
Assessments	99	
Admissions	57	58%
Completions	26	46%

Age	No of Clients	% of Clients
18-24	11	19%
25-34	20	35%
35-44	13	23%
45-54	10	18%
55-64	2	4%
Over 65	1	2%

Marital Status	No of Clients	% of Clients
Single	41	72%
Married	8	14%
Partner	1	2%
Seperated	6	11%
Divorced	1	2%
Widowed	0	0%

Accommodation - Living where	No of Clients	% of Clients
Stable accommodation	45	79%
Institution (e.g. prison, clinic)	0	0%
Homeless	12	21%
Other - Unstable Accommodation	0	0%

Employment Status	No of Clients	% of Clients
Employed	46	81%
Unemployed	11	19%

Highest Level of education	No of Clients	% of Clients
Primary Level	2	4%
Junior Certificate	10	17%
Leaving Certificate	22	39%
Third Level/Fetac	23	40%
Still in Education	0	0%
Not known	0	0%

Main Reason for Referral	No of Clients	% of Clients
Alcohol	40	70%
Illicit Drugs	11	19%
Licit Drugs	1	2%
Gambling/Food/Other	5	9%



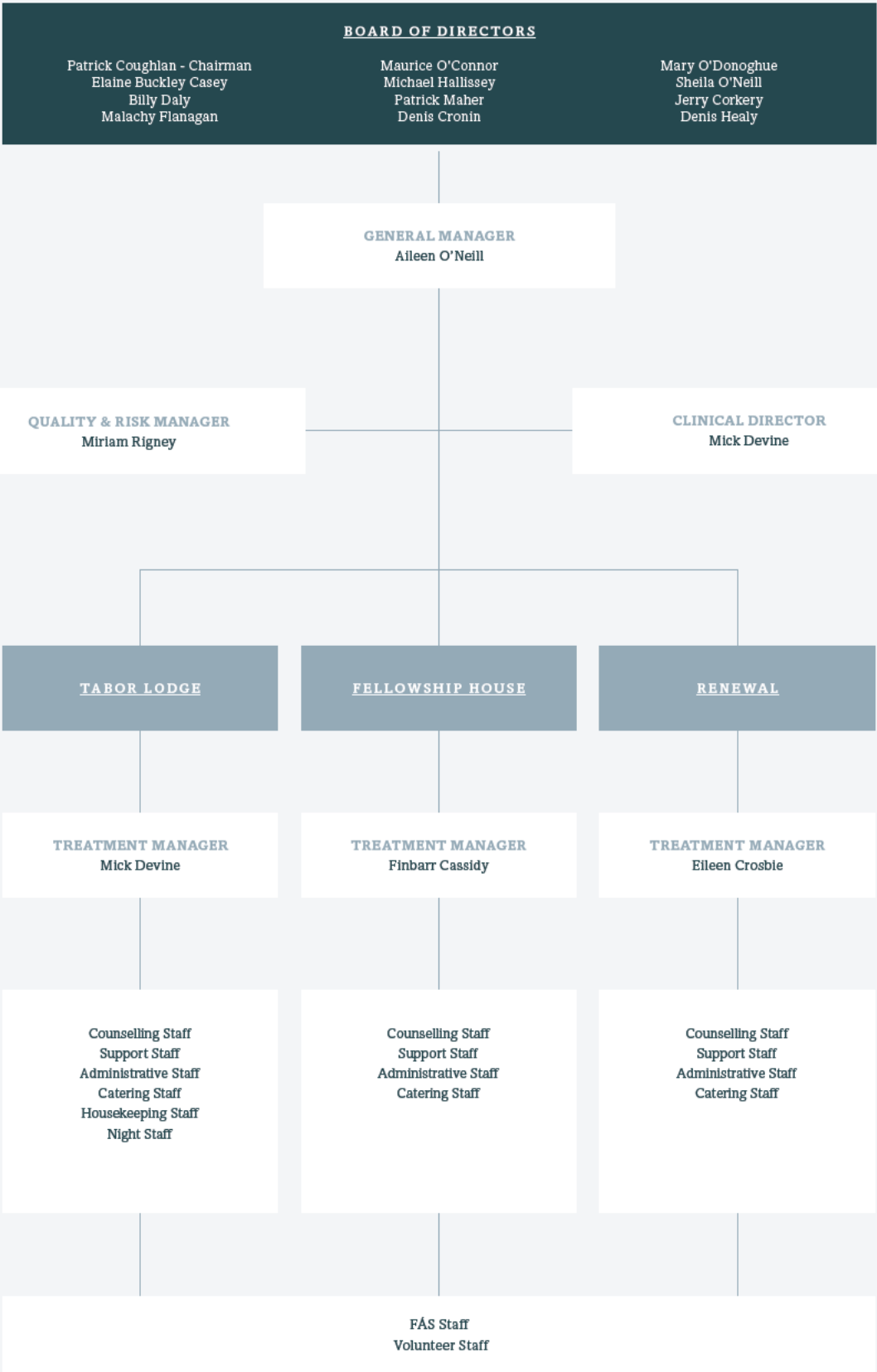
Background issues	No of Clients	% of Clients
Family History of addiction	45	79%
Court contact /Probation	10	18%
Self Harm	29	51%
Abuse:(Physical, Emotional, Sexual)	33	58%
Psychiatric History	29	51%
Medication	44	77%
History of violence	30	53%

Drug of Choice	No of Clients	% of Clients
Alcohol	53	93%
Ecstasy	27	47%
Cannabis	35	61%
Cocaine	32	56%
Prescribed Medication	36	63%
Heroin	8	14%
Methadone	8	14%
Speed	18	32%
LSD	8	14%
Gambling	4	7%
Food	19	34%

Clients with Children	No of Clients	% of Clients
One or more children	25	44%
No children	32	56%

Source of Referral	No of Clients	% of Clients
Tabor Lodge	15	26%
Talbot Grove	9	16%
Hope House	7	12%
Aislinn/Aiseiri	8	14%
Self Referral/Counsellor	2	4%
Cuan Mhuire/Fernanes	5	9%
Bushy Park	7	12%
Rutland Centre	2	4%
Other	2	4%

County of Residence	No of Clients	% of Clients
Cork	26	46%
Kerry	0	0%
Limerick	4	7%
Clare	3	5%
Waterford	0	0%
Tipperary	4	7%
Other Counties	20	35%



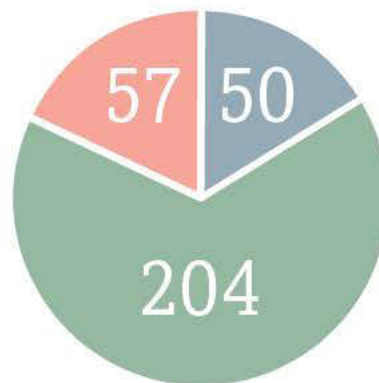






# Tabor at a Glance

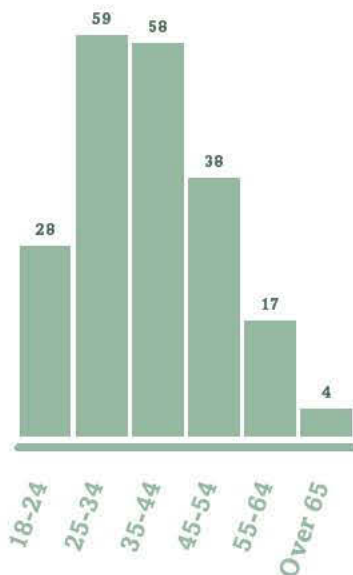
Tabor Group provided treatment for 311 people in 2016



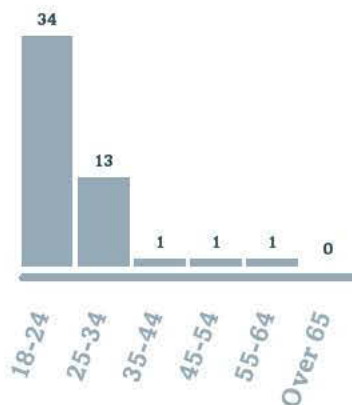
Tabor Lodge  
Renewal  
Fellowship House

## AGE PROFILE AT EACH FACILITY

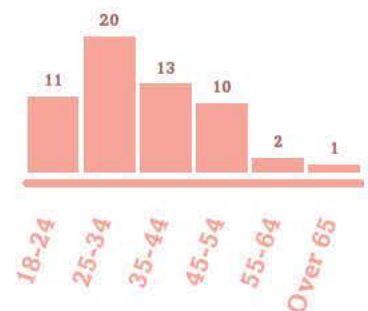
Tabor Lodge



Fellowship House



Renewal



Treatment Programme Includes



Education



Accommodation



Group Therapy



one-to-one counselling



Meditation



Three Meals

Family Day—437 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







**PRIMARY  
RESIDENTIAL  
TREATMENT**



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TREATMENT**



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RESIDENTIAL  
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renewal@eircom.net

CRO NUMBER  
311070



REGISTERED CHARITY  
NUMBER  
20042127

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

**Need help with an addiction?**  
Call us in confidence on:

**021 4887110**

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