



TABOR
GROUP

ANNUAL
REPORT
2014



TABOR LODGE
Primary Residential Treatment



FELLOWSHIP HOUSE
Men's Extended Residential Treatment



RENEWAL
Women's Extended Residential Treatment

ANNUAL REPORT 2014

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Chairman's Statement



The year 2014 was a year of celebration and transformation, but it was also a year filled with challenges and some frustration. The year marked the 25th year of operation at Tabor Lodge. I was proud and privileged to open the conference on 28th November which was held to mark the event, entitled “25 Years of Treating Addiction” to a packed audience at the River Lee Hotel.

Sr. Margaret Kiely, now a company member, was the founder of the centre and her presentation at the conference proved the foresight of the Sisters of Mercy as well as the hard work of so many people in the past 25 years which have contributed so significantly to the success of the centre.

We were honoured to have Fr. Peter McVerry, the Mc Verry Trust and Brian O’Connell, RTE Journalist as keynote speakers as well as a panel of participants representing GPs, the HSE and the Gardaí.

Mick Devine, Eileen Crosbie and Finbarr Cassidy each gave presentations and members of the audience included a member of the Senate, local TDs, City and County Councillors, members of the judiciary, an A&E Consultant, the HSE, Probation Services, representatives of our staff and volunteers, representatives of schools and colleges, other addiction services providers and the media.

“Inspiring” is the word that stays with me from the feedback that was given on the day. We were delighted to have the Lord Mayor at the event and her words were very gracious and appreciative of the services of the Tabor Group. We give a huge thanks to our numerous donors who gave generously to assist us in holding the event, some of whom requested anonymity. In that spirit, I wish to simply express my sincere gratitude to each of them here. It was an honour to host such conference to mark Tabor Lodge being at the forefront of addiction treatment for a

quarter of a century.

I regret reporting that the new development at Fellowship House did not progress further towards commencement of construction this year. We do still have Department of Environment funding approval for the project and I am confident that as we close the year, we have overcome nearly all of the obstacles holding the project back and that we will see construction begin in mid-late 2015.

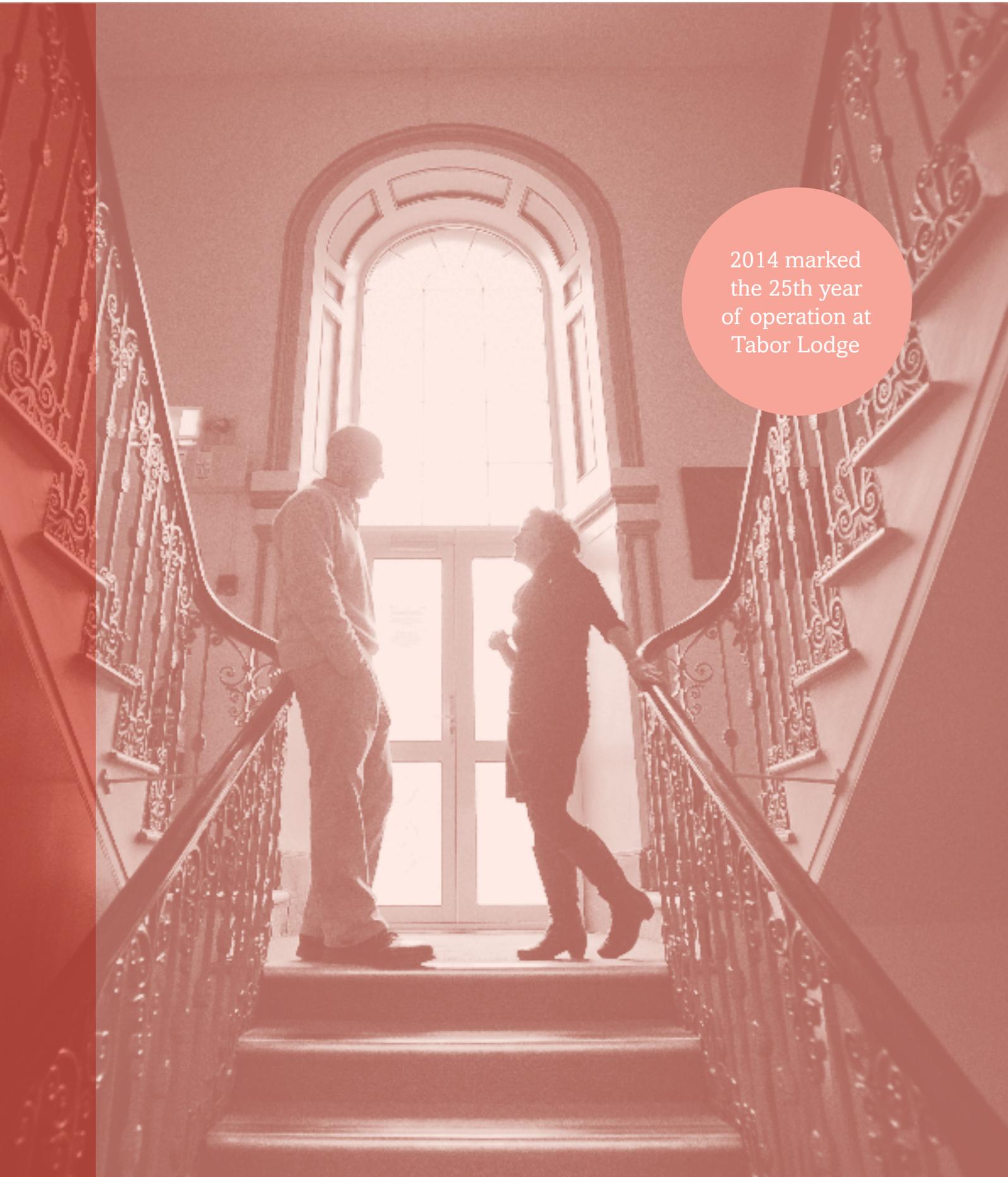
I wish to acknowledge the patience and ongoing support from the Sisters of Mercy in providing an alternative location, at St. Columba’s Convent, Wilton for Fellowship House during construction. It was our plan to take up occupancy of that premises early in 2014 but circumstances did not permit that. Again, I am confident that we will move to St. Columba’s very early in 2015, to make way for the project at Spur Hill.

The Board agreed to commission a consultant to help us to develop a 5-year Strategic Plan for the organisation and work on this was ongoing throughout the last quarter of the year. This is a very significant development for the organisation as the plan will be the first in its kind. The plan will be completed at the beginning of 2015 and it will serve as the blueprint for all of our activities over its timeframe.

I wish to thank my fellow Directors for their time and work, which they give freely and voluntarily, in the governing of the organisation throughout the year. The work of all of our staff and volunteers is proven to be of the highest quality, with the entire organisation now accredited by CHKS and I want to thank each of them for their dedication.

Pat Coughlan

Chairman of Board of Directors



2014 marked
the 25th year
of operation at
Tabor Lodge

General Manager's Report

We began 2014 with the continued success in our accreditation journey with the confirmation that our Extended Treatment Centres, Fellowship House and Renewal, were awarded accreditation for the first time by CHKS. This objectively demonstrates the commitment of all in the organisation to continuous quality improvement and independently confirms to all our stakeholders that we work to the highest standards.

Tabor Lodge, Fellowship and Renewal are now known as the Tabor Group and we are delighted with our new brand and logos which we began using early in the year. The name and logos reflect our consolidated structure, providing Primary and Extended Treatment within one organisation, as well as reflecting each of our centres as a place where all of our residents can experience a unique part of their personal recovery journey.

Disappointingly, a new application for planning permission had to be submitted to Cork County Council in April for the new development at Fellowship House, despite funding approval from the Department of Environment and valid planning permission in place up to July 2014. Throughout 2014, considerable effort went in to dealing with revisions required and queries from the Council as well as requests for additional information. A decision to grant the planning was given by the Council in early November 2014, however, many conditions were attached and at year end yet another application for planning permission was being developed for submission by our Architects. It is hoped that the changes included in this application will overcome all of the issues related to the conditions in the November decision. We are now confident that construction on the development will start in 2015.

While we put every effort into providing first class accommodation for all our clients, we are financially restrained in what we can change and upgrade and we still hold on to the dream of new facilities for Tabor Lodge and Renewal. For the first time however, we have outlined our plans to make these dreams a reality as part of our Strategic Plan.

The engagement of a consultant to work with the organisation to produce a Strategic Plan for the first time was a significant development. This plan will be the blueprint for our strategic direction for

the next 5 years or more and will guide our actions at every level of the organisation. It will be finalised and adopted in early 2015.

We remain keenly aware of reducing income despite constant demand for our services. Lower occupancy levels than we would wish for in Tabor Lodge continued in 2014 with an overall rate of 76% and availability of finance is reported by people at assessment as a difficulty. We do, however, through the statutory funds we receive, subsidise the cost of treatment for those who qualify for Department of Social Protection (DSP) support.

We are extremely thankful to those who work with us in the HSE, Local Authorities and Probation services to financially support clients who do not have the means to fund the full costs of their treatment. Our clients could not access the care they need without the support of these statutory funders.

We also continued to work collaboratively with our private funders, the healthcare insurers, to provide services for their members, but as with previous years, our financial position at year end showed a deficit. Despite this, we will continue to work to improve on this financial position to ensure we can invest in our staff, services and facilities. This is a long-term challenge and one that we are planning for strategically now. Our priority in 2015 will be to invest in a marketing strategy with the aim of significantly increasing our occupancy in Tabor Lodge, and therefore our income.

2014 ended on a high note with our conference in the River Lee Hotel on 28th November to celebrate Tabor Lodge's 25 years in operation. The event was a huge success and attendance well exceeded our expectations. It is a tribute to all of the staff and contributors to Tabor Lodge that the organisation continues to grow and consistently offer quality residential treatment to those who need it, as well as the support for their families. I wish to thank all of our staff and volunteers for yet again, making 2014 another successful year.

Aileen O'Neill
General Manager



The organisation continues to grow and consistently offer quality residential treatment to those who need it

Clinical Director's Report

Six factors generated the dynamism for the delivery of Quality Clinical Services for the Tabor Group in 2014:

- Key Performance Indicators
- Clinical Auditing
- Clinical Staff Training
- Complex Needs of Patients
- Research
- Data Collection and Data Protection

KEY PERFORMANCE INDICATORS AND CLINICAL AUDITING

Performance targets guide clinical staff carrying out each function to deliver each branch of the services of the Tabor Group. These targets particularly focused on occupancy rates at Tabor Lodge, Fellowship House and Renewal in 2014. Tabor Lodge occupancy fell 3% to 76% in 2014. The target is to have the 18-bed unit full at all times. The Tabor Lodge Admissions Manager seeks to meet targets for weekly telephone contacts, pre-admission assessment meetings and completed admissions, to meet these requirements. When targets are not reached the Tabor Group Audit Programme can help explain why. Finance was one of the factors in initial inquiries not leading to admissions to Tabor Lodge in 2014.

Occupancy at Fellowship House and Renewal was over 90% throughout the year. A target for the Tabor Group is to ensure direct transition to the extended treatment units by patients who have completed the residential treatment programme at Tabor Lodge. Finance was one of the factors in patients not pursuing this option at that time, clinical auditing again revealed. Admission to the extended treatment units is also via a number of other primary treatment centres in Ireland.

Other clinical targets agreed within Tabor Group are focus on patients staying connected to the services. Patients need to develop a personal resiliency to succeed in managing their addiction and to establish

the rehabilitation process on a sure and stable footing. So we allocate our resources and focus our targets at the crucial points in this process, for example, in transition from one branch of treatment to the next, at crisis points such as relapse and throughout the year long commitment to our programmes.

In the same way the Tabor Lodge Family Services seek to facilitate family members linking to our support services and persevering in the early months of their loved ones' rehabilitation. This supports families to activate a rehabilitation process in their own lives and in the life of the family. You can read detailed reports for each branch of service provision in the following pages and data on the patient profile at Tabor Lodge for the year is provided in Appendix 1.

COMPLEX NEEDS OF PATIENTS AND CLINICAL STAFF TRAINING

Clinical Governance Committee meetings in 2014 discussed the increasing complexity of patients' needs. A real forte of the Tabor Group services is the extended treatment units at Fellowship House and Renewal which can offer three months additional treatment to this cohort of patient. The complexity of the needs can include needs for accommodation, education, training for employment as well as training in the skills of sober living such as conflict resolution, self-assertion, stress management and parenting.

In 2014 this discussion focused on the mental health needs of patients. Tabor Group services work with a cohort of patients who have a 'dual diagnosis' - addiction and another mental health condition. Referrals from mental health services and hospital based services are increasing. What is becoming clear, particularly in the extended treatment units, is as patients stabilised in their addiction, other mental health difficulties came to the fore - often for the first time.

Our response in 2014 was to make contact and visit community mental health teams at Bandon, Togher and Ballincollig. We drafted a set of guidelines to help with referrals from North Lee Home Crisis Intervention Team.



Occupancy at Fellowship House and Renewal was over 90% throughout the year



2014 was a very successful year for results

We also commissioned a training programme with an external provider to deliver two days training to clinical staff in working with patients with mental health difficulties.

Clinical staff at the Tabor Lodge unit took part in an innovative training programme in 2014, designed to revitalise our treatment planning process entitled 'Care Planning with SMART Goals'. The training was accredited with Addiction Counsellors of Ireland. The training aims were to ensure the patient was involved in the care planning process, that the plan was individualised to address their particular needs and that it contained realistic and achievable goals. The training, delivered internally over the second quarter, involved workshops, reflective practice, paired learning with a colleague, supervision at treatment team meetings and assessment of participants' new treatment plans to verify demonstration of all learning outcomes. The programme generated a vibrant learning community among participants.

RESEARCH, DATA COLLECTION AND DATA PROTECTION

2014 was a very busy year with regard to research and also a very successful year for results and progress. While still in its infancy in the research field, Tabor Lodge Addiction and Housing Services are committed to establishing the evidence base to prove the effectiveness of our treatment services. To do so we need a partner and have engaged with the Department of Public Health and Epidemiology in University College Cork. The first part of a longitudinal research study established posi-

tive findings reported by patients of Tabor Lodge. The study is entitled "An Investigation of the Effect that the Tabor Lodge 28 Day Residential Addiction Treatment Programme has on the Quality of Life of Services Users".

This study established that three months following discharge from the unit patients were reporting a statistically significant improvement in their quality of life, their physical health and their psychological health. They were also reporting a statistically significant reduction in alcohol and drug use.

Fellowship House and Renewal provided the focus for a Community Academic Research Links (CARL), University College Cork Research project entitled "The Journey of Recovery from Addiction: A Report Evaluating the Service Provided Via the Secondary Treatment Programmes of Tabor Lodge Addiction and Housing Services Limited". This project established the beneficial effects of this treatment episode in terms of participants' understanding the origin of addiction, feeling better equipped to deal with the realities of life post addiction, maintaining abstinence and developing long term strategies to deal with addiction.

Fellowship House also took part in a study entitled "A Mixed Methods Study of the Association Between Childhood Bullying and Subsequent Substance Misuse in Adulthood in Ireland", conducted by a staff member who was a student with the Irish College of Humanities and Applied Science (ICHAS).

Data collected for research purposes as well as all the sensitive data collected by the Tabor Group services during service delivery must be protected. In 2014 we

enhanced our capacity to do this to high standards by continuing to implement an electronic data collection system called EPSx. The move from paper based data collection to electronic data collection poses significant challenges and represents a transformation of the organisation's practices.

2014 saw further progress towards establishing Tabor Lodge Addiction and Housing Services as a treatment agency delivering a seamless and integrated treatment programme of the highest quality. The evidence base for this claim is now emerging.

The challenges for us as a group are people not engaging with our treatment services because they cannot afford them. A cornerstone of the organisation's ethos has been that the service exists for those who cannot afford other treatment options. The value of 'justice' challenges us to ensure that people are not excluded from Tabor Lodge due to poverty.

In 2015 we are challenged to sustain and demonstrate the efficacy of our treatment service while ensuring the service is available to those who need it.

Mick Devine
Clinical Director

2014
saw further
progress towards
establishing Tabor
Lodge Addiction and
Housing Services



Quality & Risk Managers Report

A woman with short, light-colored hair is seated at a desk in an office. She is smiling broadly while talking on a black telephone. Her right hand is holding a pen over an open notebook. The desk also has a pen holder with several pens and a pair of glasses. The background shows office furniture and a window with blinds. The entire image has a warm, reddish-orange tint.

Clear
processes are
in place at each
centre for staff
performance
reviews.

INTRODUCTION

Guided by the values underpinning the Tabor Group, 2014 saw the evolution of the quality and risk management processes. Quality and a proactive approach to risk management remains an integral part of the governance of the Tabor Group. The Quality and Risk Manager is a member of the management team, and works at each of the three centres.

QUALITY

Quality is an agenda item at various regular meetings: Clinical Governance Committee meetings, full staff meetings and management meetings. As part of the current clinical governance strategy, the Quality Improvement Plan is reviewed on an annual basis and agreed by the Clinical Governance Committee. The majority of the objectives set out in the 2014 Quality Improvement Plan were achieved.

Key Performance Indicators (KPIs), primarily measuring output metrics, are reported to the Clinical Governance Committee from each area of service. These include feedback from service users. These metrics continue to be refined. We will be doing further work in this area in 2015.

POLICY AND PROCEDURE REVIEW

There are 61 policy documents in place. The following breakdown outlines the status of the significant work on these documents in 2014:

- Three new policies were drafted – Training Policy, Driving for Work and Data Protection Policy
- One policy review was completed – Emergency Plan
- Two documents were updated – Guidelines on Complaints management and Releases of Information
- Four additional policies were in the process of review at end of Q4 2014 – Audit Policy, Catering Policy, Financial Management Policy and Procedures, Reception Policy

We review documents and update to reflect changes in legislation, best practice or changes in practice.

AUDIT

The audit programme agreed by the Clinical Governance Committee for 2014 included the following:

- Clinical Record Audit – Tabor Lodge
- Outcome of Assessments/Admissions – Tabor Lodge (continuous)
- Outcome of referrals to Fellowship House over a three-month period – Fellowship House
- Audit of Renewal clients in 2013 that remained in Cork following completion of treatment to avail of the services of Tabor Group – aftercare at Renewal and Continuing Care
- Audit of the attendance at supervision by continuing care facilitators
- To assess the effect of patients' work with Step 1 of the 12 Steps as a means to achieving Tabor Lodge short term goal 1; to recognise the disease and its implications.
- Data Protection Audit
- Audit to evaluate the effectiveness of lectures presented by the treatment team members to patients – Tabor Lodge

Findings from these audits were reported to the Clinical Governance Committee and contributed to changes in practice and other aspects of service delivery. The Clinical Governance Committee recognises the importance of supporting a robust audit programme across all areas of service.

TRAINING

Clear processes are in place at each centre for staff performance reviews. In 2014, this contributed to the development of the training plan for the year which was completed by December 2014. The training plan describes training episodes in both safety training (Fire, First Aid, Managing Actual and Potential Aggression) and Continual Professional Development (Mental Health and Suicide Awareness, Care Planning). The importance of CPD for clinical staff is recognised and the training plan reflects areas where a training need was identified.

The following table outlines the training completed in 2014.

| Training | Number of participants |
|--|------------------------|
| Basic Life Support/AED use | 18 |
| Managing Actual and Potential Aggression (Full course) | 9 |
| Managing Actual and Potential Aggression (Refresher) | 21 |
| Fire Training | All staff |
| Data Protection Training (Facilitated by HSE) | 11 |
| Child Protection Training (Facilitated by HSE) | 2 |
| Children First Guidelines (in-house training) | 20 |
| HACCP Food Safety Training Level 1 | 7 |
| HACCP Food Safety Training Level 2 | 2 |
| Infection Control Training | 18 |
| Garden Tool Safety Course | 3 |
| Train the Trainer – FETAC Level 6 | 1 |
| Care Planning Workshop and Reflective Practice | 8 |
| Mental Health and Suicide Awareness (2 day programme) | 20 |
| Delivery of Effective Presentations | 11 |
| SAGE financial software package training | 4 |

ACCREDITATION

The extended treatment centres received formal accreditation from CHKS for the first time early in 2014 following a survey in November 2013. The three centres will now progress together through the next phase of the accreditation cycle.

A monitoring visit by CHKS took place on September 10, 2014. Full compliance was awarded for all standards that were assessed at that time. This visit marked the half-way point in the three-year accreditation cycle. The next phase of the accreditation cycle is underway in preparation for the full re-survey of all three centres. This is scheduled for February 2016.

The General Manager and Quality and Risk Manager presented at the CHKS Irish annual conference in November on the Tabor Group's experience of the accreditation process.

RISK MANAGEMENT / HEALTH AND SAFETY

Monthly Health and Safety Committee meetings continue at Tabor Lodge. In 2014, the position of Health and Safety monitor was created to fulfil a surveillance role in this area.

Monthly Health and Safety Meetings started in May 2014 at the extended treatment centres. These are attended by the Quality and Risk Manager, the respective treatment managers, a member of the catering staff and /or the administrative staff. This facilitates a proactive approach to risk management and feedback on actions taken resulting from incident report completion.

We review Key Performance Indicators at each Health and Safety meeting, with information received from completed incident reports from the previous month. Complaints and compliments (in the form of correspondence, etc.) are also monitored in this forum. The Quality and risk Manager gives feedback at the staff meetings at each centre.

A Health and Safety audit is carried out by an external safety contractor before publication of the annual Safety Statements for each centre. These audits take place annually at each centre.

The table below outlines the breakdown of incidents reported in 2014
Incident Report Forms Completed

| | Tabor Lodge | Renewal | Fellowship House |
|---|--|---|--|
| Medication Management Errors | 3 Incident Forms 1 See and Act | 0 | 0 |
| Episodes of Aggression (Physical/Verbal) | 2 Incident Forms | 1 Incident Form | 1 Incident Form |
| Slips/Trips/Falls | 1 | 0 | 2 Incident Forms |
| Security Breaches | 2 Incident Form 6 See and Acts | 3 See and Acts | 1 Incident Form |
| Injuries to Staff members | 3 Incident Forms | 0 | 0 |
| Injuries to residents | 7 Incident Forms | 2 Incident Form | 1 Incident Form |
| Equipment Failure | 2 Incident Forms 15 See and Acts 1 Risk Assessment | 1 See and Act | 2 Incident Forms |
| Water Supply Issues | 3 Incident Forms 2 See and Acts | 0 | 0 |
| Facilities/Building Issues | 1 Incident Form 2 Risk Assessment | 0 | 1 Incident Form |
| Other | 7 Incident Forms 7 See and Acts 1 Risk Assessment (Mental Health issues with resi- dents) | 5 Incident Forms | 1 Incident Form 1 See and Act |
| Complaints received | 2 verbal complaints 1 written complaint 1 activation of the 'Gaps and Blocks' mechanism (interagency) 1 com- ment made by resident on patient evaluation form | 1 | 0 |
| Complaints Resolved | 100% | 100% | n/a |
| Complimentary Feedback | 48 (at least) | 51 (at least) | 36 (at least) |
| Total Incidents Recorded: | Incident Forms: 30 See and Act: 31 Risk Assess- ment: 5 | Incident Forms: 8 See and Act: 4 Risk Assess- ment: 0 | Incident Forms: 10 See and Act: 1 Risk Assessment: 0 |

Miriam Rigney

Quality and Risk Manager

Admissions Managers Report

Assessments and admissions in Tabor Lodge is the first point of contact for many of the clients who wish to engage with our services. When clients and/or family members make that first telephone contact with Tabor Lodge it can be at a time of great distress and uncertainty. It's vital that they are met in a professional and caring manner as this can make the next step of attending for an assessment appointment a much less daunting prospect.

In 2014, a total of 568 assessment appointments were offered in Tabor Lodge - all but 47 of these were filled. 349 people attended for assessment with each appointment taking between 1.5 to 2 hours. We complete a full clinical assessment with the emphasis on establishing if the client's treatment needs are compatible with the treatment programme we offer. We discuss any detoxification requirements with the referral GP to address these. To improve the quality, in 2014 we introduced a financial component to the assessment process where a member of the administration staff meets with the client to discuss their individual financial situation.

Of the 349 clients who attended for assessments, 177 were offered an admission date at time of assessment. Admission could take place within 5-10 days of the initial assessment where there were no significant detoxification requirements. A further 62 clients were referred to our twice weekly Pre-Treatment group where clients receive support and stabilisation prior to admission. We arrange admission for these clients on satisfactory completion of the 4-week programme.

A further 83 clients chose to stay in contact following assessment rather than taking up a bed date. This can happen if a client feels that they need more time to explore their options around recovery before committing to a residential programme. Of the remaining 27 clients assessed it was decided that the programme may not best suit their needs at the time and alternative treatment options were discussed with them. Seventy-one clients cancelled their assessment appointments. 101 clients did not show up for their

appointments. We make every effort to make contact these to discuss their non-attendance and arrange an alternative appointment.

While admissions to Tabor Lodge can take place within days of initial assessment, there has been a noticeable increase in the clients in need of substantial support in the lead up to admission. This can take a number of weeks in phone contact. This, while effective, can be labour intensive and time consuming and difficult to quantify in terms of time management. The Admissions Manager and Treatment Manager meet on a weekly basis to discuss the outcomes of assessments and admissions. This weekly audit assures that any trends are identified at an early stage and that we can take appropriate action.

There were 210 admissions to Tabor Lodge in 2014. Client referrals were as follows:

- Self-referral 44
- Family referral 39
- GP referral 43
- Hospital/Psychiatrist referral 20
- Probation Services 14
- Social Services referral 6
- Other treatment centres 17
- Community Drugs Worker 8
- Outreach workers/counsellors 16
- Others (employer, hostels) 3

Occupancy rates for the year varied from 56% in September to 96% in November. Total occupancy for the year was 76%.

As we go forward in 2015 our commitment to on-going audit and evaluation of the service remains, with on-going emphasis on quality improvement so to benefit all of the clients who make contact with Tabor Lodge.



Total
occupancy
for the year
was 76%

Continuing Care Coordinator Report

Tabor
Lodge
are the key
professionals in
addiction



The co-ordination of the Continuing Care Programme is an integral part of the continuum of care delivered by Tabor Lodge to the patient following the 28-day residential treatment programme. The Programme involves participation in a weekly group meeting over 12 months with an option of a second year.

The patient has regular review meetings with the Continuing Care Coordinator during the year to support them in their early recovery. These meetings include reviewing how the care plan is working and helping them to take the necessary steps in taking responsibility for their lives, including recognising early relapse warning signs and being able to manage them. In 2014, 483 reviews took place. Full details of activity for the Continuing Care Programme are provided in Appendix 2.

We also offer telephone calls, texts and emails as a further means of support. In 2014, 2793 calls and 2860 emails and texts were recorded; there has been a dramatic increase in calls from last year's figures of 1,954. Being available to clients electronically gives the patient easy access to our service and gives them confidence in the Programme.

People who attend the Continuing Care Programme have agreed a Continuing Care plan with their case manager before leaving the residential phase of treatment. This plan seeks to address the goals and needs of the patient to be worked on to stabilise recovery.

These plans are updated and agreed throughout the year and Tabor Lodge ensures that the care plan is SMART i.e. Specific, Measurable, Achievable, Realistic and Time Bound, to better help the client in early recovery.

Financial pressure, education, housing, unemployment and poor family relationships are some of the struggles that can block someone's recovery in the early stages so the care plan is vital to aid the recovery process.

Multi Agency Approach

Since 2012 I have continued to work as a case manager with national protocols for the southern region and find the multi-agency approach with shared care planning to be very beneficial in supporting those who are vulnerable and have greater needs, i.e., addiction, financial, housing, relationship, education, legal, and other difficulties. I found that working through this approach enables the client to be well supported.

Tabor Lodge are the key professionals in addiction and providing support for families in crisis and with all professionals connected with the family around the table we can explain how an addicted person can get good quality recovery. Family and support services do not always know how to deal with an addicted person and we provide the care and knowledge to create a good care plan to help the family move forward. Regular Family Welfare Conference reviews

are arranged to measure the progress of the family at which Tabor Lodge Services are a protective factor. This often leads to reunification of the family.

It has been a great pleasure for me to be part of good partnerships between supporting services, workplace, treatment centre and the client.

Case Conferences increased this year to 66 from 51. These included Social Work, Family Welfare, Child Protection, Community Drugs Worker, Traveller Visibility Group, Employee Assistant Personnel, Line Managers, Probation Officers, Cork Mental Health Services, Homeless Agencies and Counsellors.

Extended Treatment

The Continuing Care department works closely with our two extended treatment centres Fellowship House and Renewal. These centres are vital particularly for those who are poly addicted and who need additional support in a safe environment to develop the social skills necessary for good rehabilitation.

My work with these patients helped ensure a smoother transition back into the Continuing Care Programme and the local community. In 2014, some patients who completed Extended Treatment returned to Tabor Lodge to share their experience and encourage others to take this option and commit to their recovery.

Funding for secondary treatment

continues to be a major issue since the support through the Exceptional Needs Payment from the Department of Social Protection was withdrawn fully in 2013.

12 men were admitted to Fellowship House and 11 women were admitted to Renewal.

Continuing Care Programme 52 week

The Continuing Care Programme is designed to aid the person in achieving abstinence from mood altering chemicals, integrate the insights of the treatment programme and to facilitate the practice of the principles of the 12 step programme.

This programme provides a continuation of Treatment and support to the person while they learn to cope with the demands of day to day living - a big task for someone early in recovery and vulnerable to relapse. The Continuing Care programme involves commitment to an individual care plan which is agreed and tailored to the patient's needs. Participation in this weekly group meeting over a 12 month period involves sharing experiences, strengths and hope and learning from those who are further along in the Programme.

Each year the Continuing Care groups are facilitated by two volunteer facilitators managed by the Continuing Care Coordinator. Our volunteers attend supervision every six weeks and have attended training in Child Protection, Fire Prevention Training, Facilitator Skills, Managing Actual and Potential Aggression, Well Being and Stress Management, Basic Life Support and Mental Health Awareness. Total attendance at training and supervision in 2014 was 135.

Tabor Lodge offers Continu-

ing Care at various venues in the city and county. Our West Cork group has decreased in numbers to 343 from 490. However our East Cork Continuing Care group has increased to 648 from 482. Our City group attendances have also increased to 2745 from 2,379. Our Tabor Lodge attendances at Continuing Care has shown a decrease to 860 as people are finding the cost of travel too much so they opt for a venue closer to them. In the year, there were 4,596 total attendances at Continuing Care groups.

Regular one-to-one review meetings with the Continuing Care Coordinator take place during the year to update care plans to recognise relapse signs and learn to deal with them in a proactive and mindful way. 483 review meetings took place in 2014.

TESTIMONIALS

'The Continuing Care group was a cornerstone of my recovery in the first year. It helped me to identify character defects and patterns of behaviour. It helped me learn to open up and share my feelings'. Mary, 51

'I feel so strong about the fact that without continuing care I would be back in addiction long ago. It has been my life line, putting me back on the straight and narrow when I've been wrong, congratulating me when doing well and supporting me when things are sailing along'. John, 37

'First year of Continuing Care has really helped me through some very difficult times in my recovery but it has made me a stronger as a person and a Mother.' Kate, 35

12-Week Recovery Programme

This programme is offered to those following two or more relapses. The 12 Week Recovery Programme addresses the relapse process and re-educates those on their own individual signs that lead them back to addiction. Updating the care plan is important at this stage to get the person stable, motivated to change and back on a steady footing in recovery. On completion of this Programme the person is invited to return to the Continuing Care Programme to complete the 52 weeks. There were 391 attendances in the year

TESTIMONIALS

'I got so much help from the group. I never felt judged. The 12-week recovery group really helped me get back on track. I feel a lot stronger in myself.' John 42

'No one criticized me or made me feel ashamed even though that is what I felt and very ashamed. I have come to realise that I am a human being again with good and bad points.' Sinead 56

12 Week Women's Programme

This programme is designed for Women vulnerable to relapse after completing the residential phase of treatment as the transition back home, into the Continuing Care Programme and 12 step meetings can be difficult. The one year Programme consists of 12 weekly Fridays and one monthly Friday for the further 9 months.

The Programme provides a base for women to discuss issues that might be sensitive and to talk these out in an open and supportive space. These issues can be related to feelings of guilt, shame, isolation, self-pity, depression, pride and loneliness. We provide meditation, group therapy and workshops on relapse and confidence to enable women to explore their behaviours that threaten recovery.

The Women's Day Programme showed a big increase again this year, with attendances at 718 from 649.

TESTIMONIALS

'I like the fact that it is a women's only group. I feel that there is a probability I would not still be following the program if the Women's Day did not exist.'
Karen 26

'The 12 Week Women's Programme gave me back dignity, self-esteem and peace of mind.'
Marion 50

Second Year Continuing Care Programme

Following completion of 52 weeks of the Continuing Care programme, a second year of Continuing Care is offered as an option to develop and explore more personal development skills, gain a greater insight into behaviours, attitudes, feelings, awareness of character defects, communication skills and building on relationships.

This support provides a platform of change for patients entering their second year of recovery to go beyond the substance and gain a deeper understanding of their emotions which leads to more stable and long term recovery. There were 875 attendances this year

TESTIMONIAL FROM A COUPLE

I am forever full of gratitude for the Continuing Care Programme. By participating more I have learnt a huge amount about myself, my emotions, and my reactions. I can appreciate more my own humanity. My compassion for myself, my husband and for all group members has increased. By participating in group sessions I have become more humble and more understanding of people. We have learnt to be more honest and more upfront about our feelings. The group dynamic is wonderful. I am full of gratitude for the facilitators and the programme.
Marion 64

Internship and proposal 18 to 25 year olds

This year an intern was taken on as Continuing Care Assistant. This role involved the intern working in particular with 18 – 25 year olds, providing ongoing support up to their discharge from Tabor Lodge services and support. The intern lent this support through meeting with young patients whilst in treatment to discuss potential gaps and blocks that could exist in their recovery on discharge.

Following their discharge from Tabor Lodge the intern continued to link in with the patient as per the programme.

Another part of the intern's role was to support the work of the Continuing Care Coordinator. The intern benefited from the wealth of experience of the Coordinator and gained knowledge of appropriate methods of working.

TESTIMONIAL

'Taking part in the Jobs bridge internship with Tabor Lodge has provided me with a wealth of experience in relation to working within the addiction field. I feel that the experience I have gained will prove to be invaluable as I move forward in my career path. The support and encouragement shown me in my role as Continuing Care Assistant has really enabled me to further develop the skills and knowledge I had within this field of work.'

Family Programme Report

In 2014 the Family Programme saw a number of key developments. The 12-Week Programme was streamlined in July of 2014 with the launch of a more structured programme consisting of 12 specific educational modules with relevant support materials for each module, ensuring the consistency and comprehensiveness of the content and supports being offered by each group.

In 2014 Tabor Lodge also formally affiliated with the National Family Support Network (NFSN). This has helped to increase the profile of Tabor Lodge's family services both locally and nationally. Affiliation with the NFSN will also mean more opportunities for engagement with other family support services throughout the country, which ultimately will support Tabor Group in developing our family support services into the future, in line with national trends.

The National Drugs Strategy (2009 – 2016) specifies that "...service providers should actively encourage family participation," that family members should be recognised "...as service users in their own right," and that they should be provided with "information, support and advice." Tabor Lodge has long recognised these needs and has been at the forefront in providing a comprehensive and professional support service to such families.

4-Week Family Education Programme

Feedback from participants on the 4-Week Family Programme has been very positive. Over the course of four Wednesdays, we educate families about addiction through lectures, workshops and group discussions. The aim is to help families recognise how they have been affected by addiction, to identify how they might begin to respond differently to the addicted person and to begin to make positive changes to improve the quality of their lives.

During the 4-Week Family Programme, families are also given the opportunity to be directly involved in their loved one's treatment. Family members are also invited to fill in questionnaires regarding their loved ones addiction and they can often be a source of strength and motivation at crisis points in a patient's treatment.

Continued Support for Families

Tabor Group offers families the unique opportunity to avail of an ongoing educational and support programme for 12 weeks after the completion of the initial 4-Week Programme

There are currently 2 groups delivering this programme, one in Tabor Lodge and one in Ennismore Retreat Centre in Cork city. The latter half of 2014 has seen a significant rise in the numbers attending the 12-Week Programme at Tabor Lodge rising from 16 in the

first half of the year to 29 in the second half. This programme is also available to families or concerned persons whose loved one might still be active in their addiction and 2014 also saw a growing number of families seeking help and support independently of the addicted person with those attending for individual counselling rising from 9 in the first half of the year to 23 in the second half.



TABOR LODGE FAMILY PROGRAMME 2014 ACTIVITIES

| | 4-Week Programme | 12-Week Programme | Continuing Care | Telephone Calls | One-to-One Meetings | Team Supervision |
|------------------------------|-------------------------|--------------------------|------------------------|------------------------|----------------------------|-------------------------|
| Number of people or sessions | 479 People | 125 People | 34 People | 730 Calls | 47 Meetings | 9 Meetings |

Tabor Group is committed to continuing to recognise the needs of families affected by addiction and in line with National Protocols, Tabor Group is committed to treating families as valid service users in their

own right. We aim to meet the needs of these families by providing appropriate services and by developing these services as the needs of families may change.



Renewal Woman's Residence - Extended Treatment Centre

INTRODUCTION

Opened in 1999, Renewal is a Residential Extended Treatment Centre for women in early stages of recovery. The programme involves group therapy, lectures, one-to-one counselling and conferences with family and social workers. It also gives a prolonged introduction to 12-Step Meetings and sponsors, which allows the woman to build a support system before she leaves treatment. There is also help and support for those who are homeless.

After their 12 week treatment is finished, some women may move to our accommodation at Shanakiel Park, as a tenant, and continue to avail of our support while they build their sober life.

Aftercare is a very important part of the Renewal ethos. We keep in touch with the woman through monthly Aftercare meetings plus a weekly support group and we continue to see women on a one-to-one basis if required. This aftercare service also offers family conferences, continued help with issues around children, social workers and courts. Each woman is told to pick up the phone at any time if they are experiencing problems, and speak to a member of staff. Contact from their assigned counsellor will always follow that call.

Renewal works very closely with Northside Community Enterprises Ltd. (N.C.E), a Department of Social Protection funded project, without whom we would not be able to give such extensive help in reintegrating the person back into the workplace.

RESIDENT PROFILES AT RENEWAL IN 2014

Below are our main findings from our activities in 2014 and the details to support these are found in Appendix 3



Occupancy

76 women attended for assessment at Renewal in 2014 and, of these, 46 were admitted. At 97%, bed occupancy in Renewal remains very high, as it is the sole Extended Treatment Centre in the country for women. Both primary centres and outreach agencies refer women to Renewal and we continue to have waiting lists for admission. 70% of clients admitted in 2014 fully completed their treatment. The number of people requiring our service outstrips the places available and we continue to have waiting list for admittance.

Reasons for Referrals

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

Age of Residents

The predominate age group coming to Renewal in 2014 was the 18-24 year age group this marks a change from 2013 when it was the 25-34 years age bracket.

Accommodation Status

The highest reported accommodation arrangement is "living with family" and although this may appear positive, the reality of what "home" is shows this is not necessarily the case.

Number of Clients with Children

Of the 46 clients admitted to Renewal, 19 or 41% had one or more children. While in treatment, children of clients are either placed in foster care or with family members. This situation places added pressure on clients as they must interact with social workers during their treatment programme and go through many traumas as the consequences of placing children in foster care. This is always difficult for staff as well as the mothers, and the client must take ownership and be responsible for the consequences of their drink, drug use etc. on their children

Employment Status

In dealing with women going from Primary to Extended Treatment, the exception to the rule would be a client with a job. Of the 46 women admitted this year, 6 were in employment. Part of the Renewal programme is attendance at NCE Ltd. for 19.5 hours a week and every client works on an Outreach Community Employment Scheme within the structure of NCE Ltd. Not only does this enable the women financially but it also offers unique opportunities for training and future employment. This scheme can continue for up to two years which gives the clients a good opportunity to retrain and re-join the workforce.

Area of Origin

The majority of admissions to Renewal in 2014 were women from Cork (18). Kerry is the second highest (6) then Limerick and Dublin.

Resident Drugs Use Profile

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

Residents Use of More Than One Drug

Most of our clients (70%) are poly-addicted and being an alcoholic alone would be very much the exception to the rule. Alcohol and painkillers, alcohol and benzodiazepines and most street drugs i.e. marijuana, ecstasy, cocaine and heroin etc. are reported by clients.

Eileen Crosbie

Treatment Manager



TESTIMONIALS FROM RENEWAL WOMEN'S RESIDENCE

"Thank you so much for all the support you gave me when I was in Renewal, Shanakiel Park and Support Group. I now feel it is time for me to leave the nest and spread my wings. You will always be in my heart and thoughts, for all the compassion and help you gave me."

"I don't know where to start as I have so much to thank each and every one of you for. Each and every one of you is an inspiration to me. You have helped me to open up a side to me that I looked on with scorn, I truly see now that my vulnerability is my humanity. I can connect with others through my vulnerabilities and not just with a drink."



ESS
Rate.
Physical
- Headaches
- Headaches
- Pains.
- NAUSEA.
- Severe PAIN
Attacks
Anxiety.
is too
much

Aftercare is a
very important
part of the
Renewal ethos

Fellowship House Men's Residence – Extended Treatment Centre

Our extended
treatment
programme
promotes total
abstinence

INTRODUCTION

Having spent the last 13 years located on a 2 ½ acre site in Spur Hill Togher Cork, we are just about to move off site temporarily to St. Columba's Convent in Wilton, Cork. This move is to allow for the construction of a new state of the art Extended Treatment Centre. When completed, Fellowship House will be in a position to provide a service to 31 residents in treatment and a step down programme compared to the current capacity of just 10 residents on the current site.

We expect construction of the new facility to begin in Mid-Summer 2015 with a completion time of approx. 18 months.

Our extended treatment programme is based on the Hazelden Minnesota Model and promotes total abstinence. The aim of our programme is to build on and consolidate the work of recovery which has already begun in primary treatment. This programme is also suitable for men who have completed a primary treatment but are now struggling to maintain sobriety.

PROGRAMME AT FELLOWSHIP HOUSE MEN'S RESIDENCE.

The programme at Fellowship House emphasises personal responsibility, peer support, participation in a 12-step programme and life-style changes, enabling

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

The three month residential programme addresses problems associated with addiction by:

- Helping and guiding the men to recognise and accept reality.
- Enabling them to improve self esteem and establish a new model of living.
- Encouraging them to develop recreational skills and sober support systems.
- Helping them to recognise relapse warning signs and how to handle them.
- Restoring and rebuilding family relationships and healing the damage which results from a life of abuse.
- Attendance at 12 Step Meetings is also a requirement of the programme.

DSP FUNDED C.E. SCHEME-DAILY SCHEDULE.

Daily Programme and Department of Social Protection (DSP) Funded C.E. Scheme.

- Residents attend a Health & Fitness Programme at the Sports Village Centre in the mornings, run by North Side Community Enterprises Ltd. This is a F.E.T.A.C. Level 4 Course and covers the following subjects;
 - Health Related Fitness
 - Communications

- Personal Effectiveness
- Food & Nutrition
- This scheme consists of 19.5 hours per week. Residents return to Fellowship House at lunch-time.
- The treatment programme resumes in the afternoon and consists of one to one counselling, group therapy, lectures, meditation etc.
- Attendance at 12 Step Meetings is also a requirement.
- Having completed the 12 week programme at Fellowship House residents will have the option of continuing with their C.E. scheme at Northside Community Enterprises Ltd.

Sober House

We provide further support in the form of private accommodation at our Step-Down Sober House for a limited number of residents. Average stay at this accommodation is approximately 3 months. We therefore offer up to four months support to those who most need it.

RESIDENT PROFILES AT FELLOWSHIP IN 2014

Below are our main findings from our activities in 2014 and the details to support these are found in Appendix 4.

Assessments

83 assessments took place and 48 (58%) of these men were admitted. Similar to 2013, 74% completed.

Occupancy

Occupancy for the year was 94%.

Reasons for Referrals

Alcohol still remains the main drug of choice at 96% with Cannabis at 90% and Ecstasy at 85%. The use of Cocaine at 83% shows a 7% increase.

Age of Residents

58% are in the age group 18-24 and 81% are in the age group 18-34, which is a 10% increase on 2013.

Accommodation Status

Homelessness has continued to rise once again from the previous year by 12% from 64% to 76%. 10% were living with family before admission with no guarantee that they will be welcome home after treatment.

Source of Initial Referral

82% of Referrals came from the three main treatment centres which provide the Hazelden Minnesota Model of treatment, namely Aislinn 40%, Tabor Lodge 30% and Talbot Grove 12%.

Employment Status

Unemployment remains high at 96%, a slight increase on last year.

Marital Status

The majority, 94% of men presenting for treatment, are single, often with little or no family support. This is showing a 6% increase from last year.

Education Level

90% of Residents have some degree of second level education and 92% have a good standard of literacy.

Background Issues

Residents can be coming from a complex background of possible Violence at 65%, Family history of Addiction at 56%, Court and Probation Contact at 89%, Self-Harm at 35%.

Finbarr Cassidy

Treatment Manager



58% of referrals came from the two main treatment centres

Appendix 1

TABOR LODGE PATIENT PROFILE

| Reason for Referral | Total |
|---------------------|------------|
| Alcohol | 169 |
| Drug | 41 |
| Total | 210 |

| Reason for Referral - Detail | Total |
|------------------------------|------------|
| Opiates | 6 |
| Cocaine | 6 |
| Benzodiazepines | 9 |
| Cannabis | 20 |
| Alcohol | 169 |
| Total | 210 |

| Source of Referral | Total |
|---|------------|
| Self | 57 |
| Family | 48 |
| Friends | 3 |
| Other drug treatment centre | 20 |
| General practitioner | 31 |
| Hospital/medical agency excluding A&E | 4 |
| Social services | 11 |
| Court/probation/police | 18 |
| Outreach worker | 3 |
| Employer | 2 |
| Mental Health Liaison Nurse at A&E | 3 |
| Mental Health Facility (including Psychiatrist) | 10 |
| Total | 210 |

| Previously Treated Status | Total |
|---------------------------|------------|
| Never Treated | 123 |
| Previously Treated | 87 |
| Total | 210 |

| Gender | Total |
|--------------|------------|
| Male | 129 |
| Female | 81 |
| Total | 210 |

| Grouped Age | Total |
|--------------------|--------------|
| 18-19 | 7 |
| 20-24 | 30 |
| 25-29 | 27 |
| 30-34 | 24 |
| 35-39 | 29 |
| 40-44 | 31 |
| 45-49 | 18 |
| 50 years or over | 44 |
| Total | 210 |

| County of Residence | Total |
|----------------------------|--------------|
| Kerry | 5 |
| Limerick County | 1 |
| North Cork | 25 |
| North Lee | 74 |
| Offaly | 1 |
| South Lee | 87 |
| West Cork | 17 |
| Total | 210 |

| Accommodation - living with whom | Total |
|---|--------------|
| Alone | 36 |
| Parents or family | 71 |
| Alone with child | 17 |
| Partner alone | 28 |
| Partner and child(ren) | 45 |
| Friends | 1 |
| Other | 12 |
| Total | 210 |

| Employment Status | Total |
|-------------------------------------|--------------|
| In paid employment | 69 |
| Unemployed | 107 |
| FAS scheme or other training course | 2 |
| Student | 8 |
| Housewife/husband | 10 |
| Retired/ unable to work/ disability | 14 |
| Total | 210 |

| Highest level of education completed | Total |
|---|--------------|
| Primary level incomplete | 2 |
| Primary level | 19 |
| Junior Certificate | 67 |
| Leaving Certificate | 79 |
| Third level | 30 |
| Special needs education | 1 |
| Still in fulltime education | 8 |
| Not known | 4 |
| Total | 210 |

Appendix 2

CONTINUING CARE PROGRAMME

| | |
|--------------------------------------|---------------|
| Reviews | 483 |
| Case Conferences | 66 |
| Facilitator Supervision and Training | 135 |
| Tabor Lodge Groups | 860 |
| Cork City Groups | 2745 |
| West Cork Group | 343 |
| East Cork Group | 648 |
| Second Year Groups | 875 |
| Recovery Programme | 391 |
| Women's Day Care Programme | 718 |
| Calls | 2793 |
| Emails & Texts | 2860 |
| Total Contacts | 12,917 |

Appendix 3

RENEWAL RESIDENT'S PROFILE

| Treatment Centre Referred | No Of Clients | % Of Clients |
|---------------------------|---------------|--------------|
| Tabor Lodge | 11 | 24% |
| Talbot Grove | 10 | 22% |
| Aislinn | 8 | 17% |
| Self Referral | 2 | 4% |
| Rutland | 2 | 4% |
| Aiseiri Wexford | 4 | 9% |
| Aiseiri Cahir | 3 | 7% |
| Bushy Park | 2 | 4% |
| Hope House | 3 | 7% |
| Ardu Kilkeny | 1 | 2% |
| Total Admitted | 46 | 100% |

| Assessments Undertaken 2014 | No Of Clients | % Of Clients |
|-----------------------------|---------------|--------------|
| Assessments | 76 | - |
| Admissions | 46 | 61% |
| Completions | 32 | 70% |

| Age | No Of Clients | % Of Clients |
|----------------------|---------------|--------------|
| 19-24 | 17 | 37% |
| 25-34 | 14 | 30% |
| 35-44 | 9 | 20% |
| 45-54 | 4 | 9% |
| 55-64 | 2 | 4% |
| Total Clients | 46 | 100% |

| Marital Status | No Of Clients | % Of Clients |
|----------------------|---------------|--------------|
| Single | 37 | 80% |
| Married | 4 | 9% |
| Partner | 0 | 0% |
| Separated | 3 | 7% |
| Divorced | 2 | 4% |
| Total Clients | 46 | 100% |

| Housing Status | No Of Clients | % Of Clients |
|----------------|---------------|--------------|
| Homeless | 12 | 26% |
| Own Home | 3 | 7% |
| With Family | 18 | 39% |
| Renting | 11 | 24% |
| Council | 2 | 4% |

| Employment Status | No Of Clients | % Of Clients |
|-------------------|---------------|--------------|
| Unemployed | 40 | 87% |
| Employed | 6 | 13% |

| Education Level | No Of Clients | % Of Clients |
|---------------------|---------------|--------------|
| Primary | 0 | 0% |
| Junior Certificate | 9 | 20% |
| Leaving Certificate | 20 | 43% |
| 3rd Level | 17 | 37% |

| Literacy Level | No Of Clients | % Of Clients |
|----------------|---------------|--------------|
| Excellent | 5 | 11% |
| Good | 27 | 59% |
| Fair | 14 | 30% |
| Poor | 0 | 0% |

| Background issues | No Of Clients | % Of Clients |
|-------------------------------------|---------------|--------------|
| History of addiction | 26 | 56% |
| Court contact /Probation | 2 | 5% |
| Self Harm | 21 | 46% |
| Abuse:(Physical, Emotional, Sexual) | 26 | 57% |
| Psychiatric History | 22 | 48% |
| Medication | 23 | 50% |
| History of violence | 30 | 65% |

| Drug of Choice | No Of Clients | % Of Clients |
|-----------------------|---------------|--------------|
| Alcohol | 43 | 93% |
| Ecstasy | 24 | 52% |
| Cannabis | 28 | 61% |
| Cocaine | 24 | 53% |
| Prescribed Medication | 27 | 59% |
| Heroin | 8 | 17% |
| Methadone | 5 | 11% |
| Speed | 23 | 50% |
| LSD | 11 | 24% |
| Gambling | 0 | 0% |
| Food | 14 | 30% |

| Clients with Children | No Of Clients | % Of Clients |
|-----------------------|---------------|--------------|
| One or more children | 19 | 41% |
| No children | 27 | 59% |

| Admissions by County | | | |
|----------------------|----|----------|---|
| Cork | 18 | Limerick | 4 |
| Kerry | 6 | Dublin | 3 |
| Other Counties | 14 | England | 1 |





Appendix 4

FELLOWSHIP HOUSE RESIDENT'S PROFILE

| Age | No of Clients | % of clients |
|-------|---------------|--------------|
| 18-24 | 28 | 58% |
| 25-34 | 11 | 23% |
| 35-44 | 8 | 17% |
| 45-54 | 1 | 2% |
| 55-64 | 0 | 0% |

| Marital Status | No of Clients | % of clients |
|-----------------|---------------|--------------|
| Single | 45 | 94% |
| Married/Partner | 3 | 7% |

| Employment Status | No of Clients | % of clients |
|-------------------|---------------|--------------|
| Unemployed | 46 | 96% |
| Employed | 2 | 4% |

| Education Level | No of Clients | % of clients |
|-----------------|---------------|--------------|
| Primary | 3 | 6% |
| Junior Cert | 18 | 38% |
| Leaving Cert | 25 | 52% |
| 3rd Level | 1 | 2% |
| Left early | 1 | 2% |

| Literacy | No of Clients | % of clients |
|-----------|---------------|--------------|
| Excellent | 1 | 2% |
| Good | 41 | 86% |
| Fair | 5 | 10% |
| Poor | 1 | 2% |

| Housing Status | No of Clients | % of clients |
|----------------------|---------------|--------------|
| Homeless | 37 | 77% |
| Own Home | 3 | 6% |
| With Family/ Partner | 4 | 8% |
| Renting | 4 | 8% |

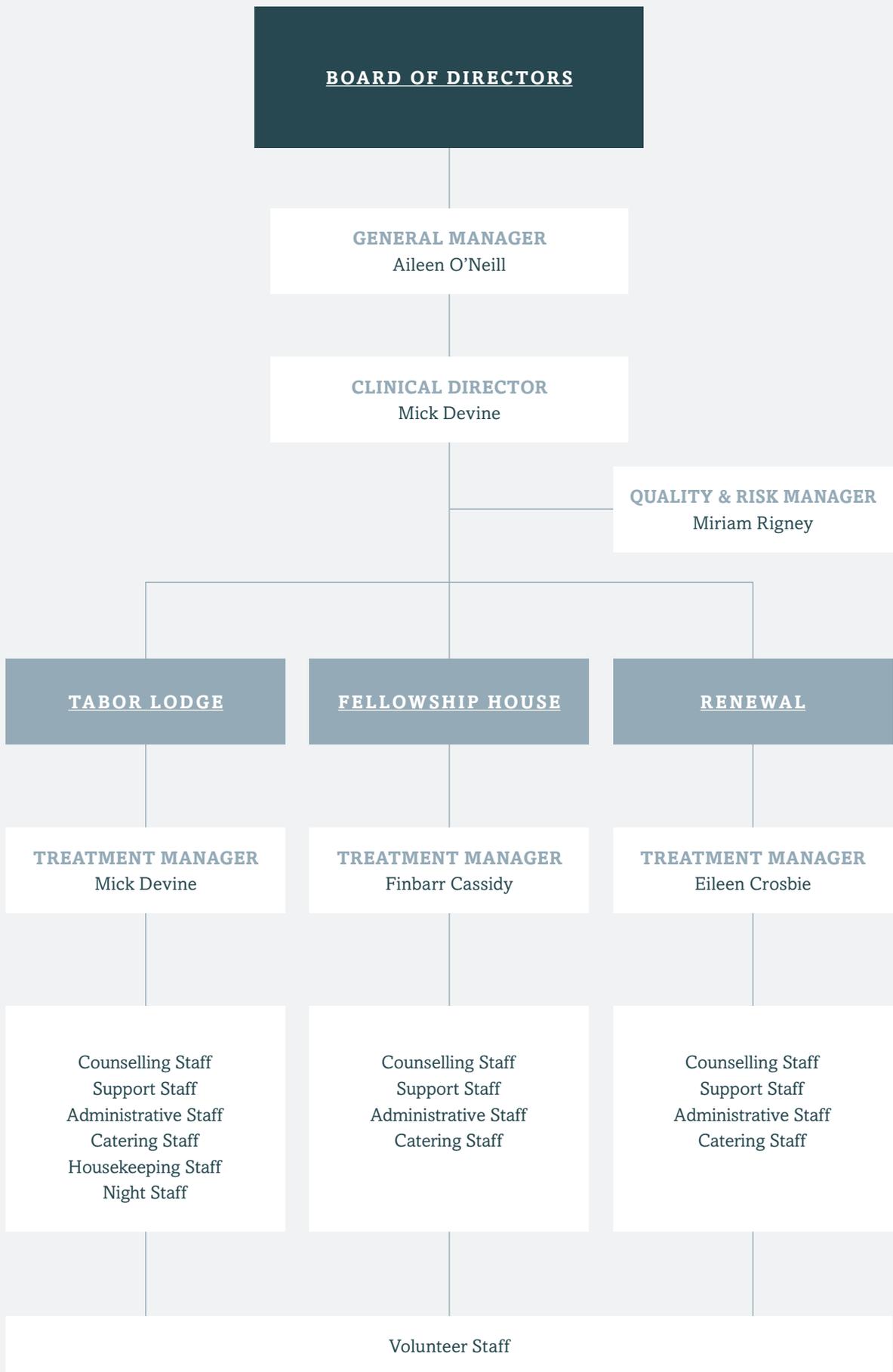
| Referring Treatment Centre | No of clients | % of Clients |
|----------------------------|---------------|--------------|
| Tabor Lodge | 14 | 30% |
| Talbot Grove | 6 | 12% |
| Aislinn | 19 | 40% |
| Bushy Park | 1 | 2% |
| Bruree | 1 | 2% |
| Priory | 0 | 0% |
| Self Referral | 2 | 4% |
| Aiseiri | 1 | 2% |
| Hope House | 1 | 2% |
| St Pat's | 1 | 2% |
| Arbour | 1 | 2% |
| HSE Tralee | 1 | 2% |

| Assessments Undertaken | No Of Clients | % of Clients |
|------------------------|---------------|-------------------------|
| Assessments | 83 | 100% |
| Admissions | 48 | 58% |
| Completions | 37 | 77% (of those admitted) |

| Background Issues | No Of Clients | % of Clients |
|----------------------|---------------|--------------|
| History of addiction | 27 | 56% |
| Court contact | 27 | 56% |
| Probation | 16 | 33% |
| Self Harm | 17 | 35% |
| Abused | 13 | 27% |
| Psych History | 8 | 17% |
| Medication | 17 | 35% |
| History Of Violence | 31 | 65% |

| Drug of Choice | No Of Clients | % of Clients |
|-----------------------|---------------|--------------|
| Alcohol | 46 | 96% |
| Ecstasy | 41 | 85% |
| Cannabis | 44 | 90% |
| Cocaine | 40 | 83% |
| Prescribed Medication | 34 | 71% |
| Heroin | 12 | 25% |
| Methadone | 11 | 23% |
| Speed | 36 | 75% |
| LSD | 20 | 42% |
| Gambling | 6 | 12% |





CORE PURPOSE

Tabor Lodge Addiction & Housing Services offers hope, healing and recovery to addicted people and their families through an integrated and caring service.

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

PHILOSOPHY

At Tabor Lodge Addiction and Housing Services 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 so patients are introduced to various Twelve Step Programmes.

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