ANNUAL REPORT 2013

TABOR LODGE
Primary Residential Treatment

FELLOWSHIP HOUSE
Men's Extended Residential Treatment

RENEWAL
Women's Extended Residential Treatment

ANNUAL
REPORT
2013

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Chairman’s Statement

The Board of Directors of Tabor Lodge Addiction and Housing Services Limited oversaw a year of considerable financial challenges in the company. Again, unfortunately, the Department of Social Protection’s (DSP) withdrawal of financial support for patients through the Exceptional Needs Payment dramatically impacted on all of our services. 2013 saw the effect on Tabor Lodge of a full year’s loss of this support for clients and now, no financial support through this stream is allocated to individuals who need this crucial assistance. The Health Service Executive (HSE) however, through their negotiations with the DSP, secured €50,000 for our services in replacement for this funding but this falls vastly short of income received in previous years. We believe that this lack of available support for prospective clients seeking access to residential addiction treatment caused some to decide not to take up the offer of the specialised help that we provide. As a Board, we are dismayed that a government department would implement a policy that further marginalises those in our society who are most vulnerable, particularly at a time when it seemed that every week in our national media the impacts of addiction, primarily alcohol, but also drugs and gambling, were highlighted.

In direct contrast, the Department of Environment, Community and Local Government progressed our plans for the new development at Fellowship House to provide a 31-bed residential centre for men. I wish to express my thanks to the staff in Cork County Council, in particular the Strategic Management Group, for their unrelenting support in having this project prioritised nationally and the staff of the Department for their assistance also. With this development, 2014 will mark a new beginning for us all and help us to go further to meet the needs that we see in our services every day.

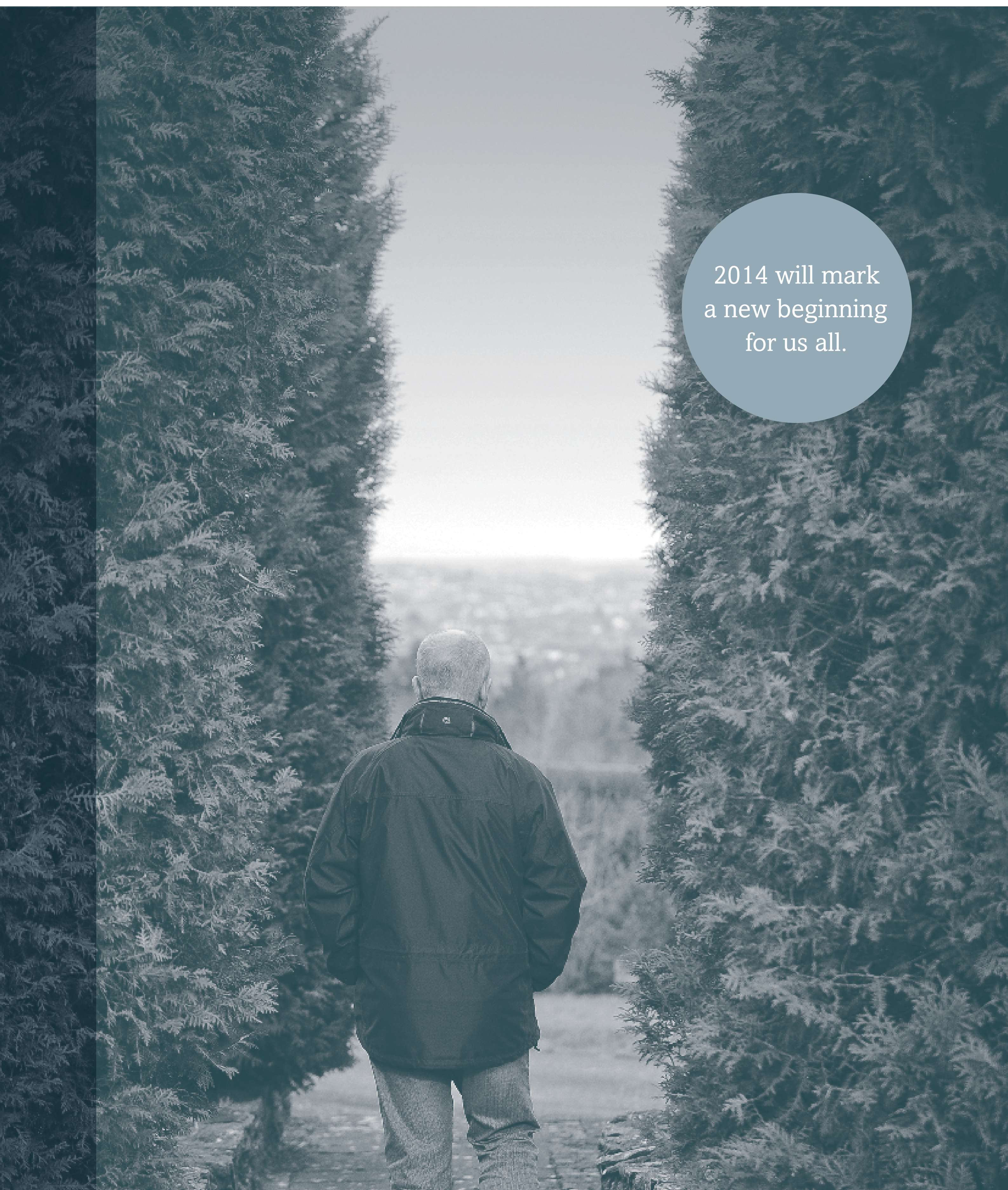
Despite the pressures experienced by our funders, they have remained very supportive of our services, although funding cuts were applied to us in 2013. Our relationships with these funders, in particular the HSE, Drugs Task Forces, Local Authorities and Probation Services, remain strong and we continue to encourage these partnerships and work collaboratively for the benefit of our mutual clients. The private health insurers in Ireland also continued to financially support their members in accessing treatment and this balance of private and public is an integral part of the treatment programme.

In 2013, we began to market ourselves more publicly and the Board is committed to putting in place a formal marketing and public relations strategy from 2014.

I want to thank our General Manager and all of the dedicated staff, volunteers and past patients who give their all to their work and to those that they help on a daily basis. They are the face of our service, and through their loyalty and compassion, the reason for our continued success.

Finally, my sincere thanks to my fellow Directors for their continued hard work, attendance at the many normal and special meetings and their ongoing support to the services of Tabor Lodge Addiction & Housing Services Limited.

Pat Coughlan


2014 will mark
a new beginning
for us all.

General Manager's Report

2013 opened with the pressure of a March deadline for a survey by CHKS of our compliance with their accreditation standard. For the first time, we had to use an online system of self-assessment and all Policies and Procedures and supporting evidence had to be uploaded for inspection prior to the survey visit. We were delighted to have completed 100% of our online self-assessment on 13th of March, after the immense effort put in by all the team at Tabor Lodge. The survey in the last week of the month, despite its intimidating formal interview process, turned out to be an experience that all staff felt positively about. Collectively working so hard under such pressure and accounting for our ourselves and our work to the accrediting body brought a sense of teamwork that was palpable. This work extended to Fellowship House and Renewal throughout the year, culminating in a survey of those centres in November. We expect the outcome will be full accreditation for these centres in 2014. The decision that Tabor Lodge was awarded continued accreditation by CHKS came late in the year and ended 2013 on a high note.

This recognition of our dedication to constant quality improvement throughout the services is well earned and reflects the loyalty and hard work of all of our staff, under increasing challenges imposed on resources, primarily from external forces. Funding for our services came from the same private and public sources as 2012, with just under 50% of our total income from statutory agencies. Cuts to our funding under Service Level Agreements were implemented in 2013 but thankfully these amounted to just under 2% of our 2012 statutory funding level.

Again in 2013, the withdrawal by the Department of Social Protection of the Exceptional Needs Payment (ENP) as support for individuals accessing residential addiction treatment was the greatest financial impact that we felt as an organisation, because of its direct effect on our clients.

Our income from private sources showed a year on year drop of 9% in 2013. Our private funding comes from direct payments by our clients for treatment and the private health insurers in Ireland financially support their members in accessing residential addiction treatment programmes.

The effect on our clients, both "private" and "public", of reduced access to financial assistance towards treatment in 2013 impacted on our occupancy levels at Tabor Lodge and the annual occupancy rate was 79%, compared with 81% in 2012. While Renewal and Fellowship House maintained maximum occupancy throughout the year, their residents also struggled with financial pressures.

Our major challenge in 2013, as in previous years, was to ensure that people who come to us seeking the treatment and healing that they needed got this help while we safeguarded our sustainability, despite falling income. As a charity, we cannot make ruthless business decisions that exclude people from our services who most need it but who cannot afford it.

Despite the obstacles we face, we look forward to 2014, Tabor Lodge's 25th year of operation, with excitement as we plan the new development of a purpose-built facility at Fellowship House. This, I believe is testament to who we all are at Tabor Lodge, Fellowship and Renewal– resilient and forward looking and always ready to take on and overcome the challenges that come our way.

Aileen O'Neill

We look
forward to
Tabor Lodge's
25th year of
operation.

Clinical Director's Report

The challenges of continuing the integration of the Tabor Lodge, Fellowship House and Renewal units into one agency providing professional, comprehensive and compassionate treatment to those affected by addiction and their family continued in 2013.

This year the National Drug Strategy was broadened to include a strategic response to the problems posed by alcohol misuse. Since its origins in 1989, Tabor Lodge has known that the primary substance of addiction among those seeking treatment is alcohol. This remains so, despite the growth in problems linked to heroin misuse. I welcome the inclusion of alcohol in our national substance misuse strategy, but it's questionable whether the will exists to effectively tackle problems associated with it. Action 32 of National Drugs Strategy 2009 – 2016 states:

"Develop a comprehensive integrated national treatment and rehabilitation service for all substance users using a 4 – Tier model approach."

Even before the inclusion of alcohol, we were a long way short of developing this service. No additional resources have accompanied the proposal under this Action of the Strategy and in fact, the opposite has happened. Resources to Tabor Lodge were actually reduced in 2013. In particular, funding from Exceptional Needs Payments was reduced from €92,000 in 2010 to €65,000 in 2011, €68,000 in 2012 and €4,500 in 2013.

The reaccreditation of Tabor Lodge and the accreditation of Renewal and Fellowship House by CHKS were important events in 2013. This endorsement reaffirms our credentials as a leading treatment provider in the community and in the field of Addiction Treatment nationally. We are becoming more adept at using the key tools of governance to ensure quality improvement and we are improving our services and their delivery through clinical auditing.

In 2013, the American Psychiatric Association published the 5th Edition of the Diagnostic and Statistical Manual of Mental Disorders. It presented addictions as "Substance Use Disorder" with sub-categories of 'mild', 'moderate' and 'severe'. It also acknowledged the inclusion of 'Binge-Eating Disorder' and 'Gambling Disorder'. This helps us hugely. An important part of our service is to help patients become clear it is addiction that is causing such an impact on their lives. Once this is achieved, we can effectively assist them to develop the resiliency needed to manage the condition constructively.

Two key elements of funding have had a major impact.

FINANCE

Two key elements of funding have had a major impact on our clinical activity for the past three years and this trend continued in 2013. The first is the lack of support through the Exceptional

Needs Payment from the Department of Social Protection and the second is the downturn in the number of Private Health Insurance holders. It is reported that in 2013 alone the numbers covered were down by 60,000 and since 2008 the number of people covered has reduced from 2.3 million to 2.04 million. Tabor Lodge saw a reduction in the number of Private Health Insurance patients in 2013, going from 85 patients in 2012 to 69 in 2013.

These combined to reduce the occupancy rates for the year at the Tabor Lodge unit to 79%, compared with 81% in 2012, 86% in 2011 and 88% in 2010. The challenge for us is how we respond to this and what action we take for service planning for the coming years.

CLINICAL GOVERNANCE

The committee of those who have responsibility for delivering clinical services in Tabor Lodge Addiction and Housing Services Limited met monthly in 2013. This is where we co-ordinate clinical services and ensure quality treatment provision. In 2013, this committee co-ordinated the delivery of a clinical audit programme, devising a template for monitoring key performance indicators. We also agreed a quality improvement plan, approved a clinical training programme, co-ordinated the implementation of an electronic data collection system and oversaw the development of a research project.

We used a clinical audit to ascertain the quality of group work delivered in the organisation as a whole. At all points of service delivery, a key method of treating addiction to both the addicted person and the family is through group work. We agreed a questionnaire to assess the quality of the group work through staff, patient and clinical supervisors. We additionally sought to establish the effectiveness of the group work in helping the patient to achieve the goals of their treatment plan. The outcome of this audit guided training planning for 2014.

The committee designed a Key Performance Indicators template from this, which was used to report to the governance committee at its monthly meetings and I then used this method to report to the Board of Directors. Now a picture of assessment and admissions can be easily seen. The rate of retention of patients in services, early discharges, attendances at various out-patient continuing care activities also provides a useful overview of performance. This allows for early intervention and remedial action if necessary.

The committee approved a research proposal in February 2013 and a team of researchers gathered data through two questionnaires. The questionnaires were administered to patients when they were first admitted to Tabor Lodge unit. These same questionnaires were re-administered three months following discharge. In 2014 and 2015 we plan to issue the same questionnaires a third time, eighteen months following discharge.

The comparative responses over this period will indicate how effective our input is and where it can be improved. This project is guided by the department of Epidemiology and Public Health in University College Cork. It is important that Tabor Lodge has an evidence base to support the efficacy of its services in delivering quality, competent and comprehensive treatment to those affected by addiction.

Members of this committee must be applauded for their application to ensuring the work of this clinical governance structure succeeds. Their flexibility to ensure the patient remains at the centre of all that we do and that service of the highest possible quality is delivered was evident throughout 2013.

HUMAN RESOURCES

We updated our performance review process with staff during 2013, leading to valuable individual development plans. These guide performance and training for the period ahead and the process provided a valuable forum for clear communication at a time when strong team work is so vital. By mid-February 2014 a majority of staff will have completed this process.

Clinical training was delivered to staff in 2013. This focused on the

areas of Motivational Interviewing, Treating Pathological Gambling and Implementation of National Treatment Protocols. All new staff took part in the company's induction programme.

New staff came through the FÁS Community Employment Scheme (CES), FÁS Job Bridge and volunteers were recruited through Cork Volunteer Centre. Our team of researchers consists of volunteers who are unemployed graduates and a trainee counsellor on a FÁS CES. The family programme is benefiting from a student of drug and alcohol studies with Merchants Quay Ireland who has enlisted on a FÁS Job Bridge scheme and our Continuing Care programme is benefiting from a graduate counsellor who wishes to offer her time freely.

Tabor Lodge hosted students again in 2013. Two students were placed in Tabor Lodge from the International Addiction Counsellor Training Programme based in Clonmel Co. Tipperary for three, three-month placements and one student was placed from the Health Services Executive Drug and Alcohol Studies Programme for two three-month periods. A General Practitioner Student also visited to gain exposure to the patient group.

COMMUNICATION

In November I attended a seminar hosted by Psychological Society of Ireland on engaging with media. I put the learning to good use in December as we hosted 'Open Evenings' for families in Cork who may have felt distress at the prospect of another Christmas with an untreated addiction in the home. I also engaged with local radio on the issue of addiction as a disease and its impact on family life.

Patient anonymity is paramount as there is still a very strong stigmatising of those in our society who are engaged in alcohol or substance abuse. Our centres provide privacy and, in particular, Tabor Lodge is located in a rural setting. That the setting is quiet is appropriate also as the patients are admitted to the unit while still in a state of crisis and a peaceful surrounding is a key ingredient of stabilisation.

Nevertheless it was important again in 2013 that we had a public profile.

I represented the voluntary sector on the Southern Regional Drugs Task Force again in 2013, which entailed attendance at meetings of the committee and the Treatment and Rehabilitation subcommittee. There were also meetings of the voluntary cluster of educational, preventative and treatment services. This task force plays a role in coordinating the delivery of services for drug and alcohol abuse in the region. It formulates strategy and receives applications for project funding. An extensive review of the funding for Continuing Care Projects formed part of the work plan for the subcommittee during 2014. This provided an opportunity to highlight the relapsable nature of addiction in many instances and the need for continuing care services to be well resourced.

The organisation is represented at the Addiction Treatment Centres of Ireland (ATCI) association. Tier 4 addiction treatment providers using a similar treatment model to Tabor Lodge meet to ensure a stronger voice on issues of common interest. This includes contracts with Health Insurance providers, training plans, issues relating to membership of the various task forces nationally and accreditation. ATCI met with Minister of State at the Department of Health with Responsibility for Primary Care, Alex White, in September and sought to persuade him of the need to establish a proper framework for the funding of tier 4 treatment services nationally.

I delivered a number of 'Addiction in the Workplace' seminars to industry in Cork. Health and Safety legislation now seeks to hold employers and employees to account for the risk to workplace safety in the event of an employee with untreated alcohol or drug abuse problems. The seminar is designed to give companies insight to the issues involved for the person affected and to inform the development of their own responses which will appropriately manage the issue in their workplace.

The organisation has a robust response to complaints and compliments. No written complaints were received in 2013, though all patients and families are invited to give feedback. Open channels of communications, respectful and two-way, are vital to the therapeutic rapport.

When a patient is discharged, I correspond with their GP. In 2013 we sought to strengthen our connection with this valuable source of referral. Part of a Communication Strategy planned for 2014 is to liaise with Primary Care Teams in the region. I also communicate with referents and other agencies involved in the delivery of care

SUMMARY

Despite the changing and challenging context of service delivery, Tabor Lodge Addiction and Housing Services is in a very strong position to deliver a comprehensive treatment programme with its primary treatment unit, its extended care units as well as its continuing care programmes and family programmes. It now has 25 years' experience in providing treatment to the patient group and has built a capacity for professional and compassionate care.

However there are key challenges:

- Funding for our services has been cut in the same year that there is a formal inclusion of alcohol in our National Drug and Alcohol Strategy. We need to be more visible in the local and national community to show the valuable work we do.
- Patients now present with more complex needs. Mental health issues and depleted personal, relational, social, financial and educational resources challenge the patient and the family in their efforts to manage the addiction. While the organisation has the capacity to effectively help the patient and the family develop the resiliency necessary to succeed in managing the condition, training and development programmes for staff must address the changing needs of the patient, the family and the general context within which treatment is delivered.
- Fellowship House will develop in 2014, offering increased capacity to deliver extended care to men in the region.

Mick Devine

It was important again in 2013 that we had a public profile.

Quality & Risk Report 2013

ACCREDITATION

Continuous quality improvement underpins all aspects of what we do. This was very much in evidence throughout 2013 in the significant amount of work towards preparation for the CHKS accreditation survey. Employees across all three centres, as well as volunteer staff, contributed to the successful outcome of the survey and we received notification at the beginning of December 2013 that Tabor Lodge had met the standards and was awarded its accreditation. This is valid until the end of March 2016.

The survey visit took place over three days in March 2013. 754 criteria across 27 standards were assessed. All aspects of service delivery were surveyed including Leadership/Service Management, Risk and Service User Safety, Service Delivery, Service User Centred Care, Rehabilitative Addiction Treatment Services and Facilities Management. The survey team reviewed documentation and interviewed staff members from all disciplines. Following completion of some recommendations made by the survey team, full reaccreditation for Tabor Lodge was awarded early in December 2013.

In further development of the accreditation process, CHKS also surveyed the extended treatment centres, Renewal and Fellowship House on 5th November 2013. The survey team commented on the continuation of the quality improvement initiatives that had been recommended in their report from the Tabor Lodge survey visit. The surveyor's report following the visit was extremely positive overall and the action plan for full compliance was submitted to CHKS. Once accreditation has been achieved, all three centres can progress together for future surveys.

All our staff made a huge contribution to the success of the accreditation process.

Continuous quality improvement underpins all aspects of what we do.

QUALITY

'Quality involves meeting and exceeding an acceptable level of performance through the provision of a safe, effective and patient-centered service'

(Health Information and Quality Authority).

Quality is central to modern service delivery and remains a key agenda item on Clinical Governance Committee, Staff and Management meetings. There was a review of all the 62 policies and in 2013, we advanced a number of other key initiatives:

- Streamlining of Document Control procedures across the organisation.
- All staff members were issued with a company email address to facilitate communication and provide access to the company intranet. This represents a considerable change in how information is conveyed and requires the involvement of all staff.
- In June 2013, the Clinical Governance Committee agreed a two-year Quality Improvement Plan with objectives under a variety of headings. These objectives are reviewed annually
- Specific Key Performance Indicators (K.P.I.s) were developed by both the Clinical Governance Committee and the Health and Safety Committee. These indicators can alert us to opportunities for improvement of aspects of service delivery as well as providing the opportunity to identify trends and areas for particular attention.
- Feedback from those that use the service is surveyed in written evaluation forms. This occurs across all the areas of service delivery in the organisation, primary treatment, extended treatment, continuing care and the family programme
- The clinical audit programme continues throughout the organisation.
- A significant amount of training took place across the organisation in 2013. This is outlined in the tables below. We have developed a training plan for 2014 using a collaborative approach to training needs analysis. We have used innovative approaches to how training is provided to give suitable alternative training resources.

TRAINING (HEALTH & SAFETY) 2013

	Tabor Lodge	Renewal House	Fellowship House	Volunteers
Fire Training	42	9	12	
Manual Handling	9	2	2	
Basic Life Support(BLS and AED use)	26	5	2	3
Occupational First Aid (Full)	4	2	3	
Occupational First Aid (Refresher)	4	2	1	
Managing Actual and Potential Aggression (MAPA) – 8 hours	30	3	5	14
Managing Actual and Potential Aggression (MAPA) – 4 hours	4	6	2	
HACCP – Food Safety Programme (level 2)	5			
SAGE	3	1	1	

CONTINUING PROFESSIONAL DEVELOPMENT 2013

	Tabor Lodge	Renewal House	Fellowship House
Motivational Interviewing	14	3	2
Gambling Addiction		3	3
Children First Guidelines	18		
Electronic Patient System EPSx	20	4	4
Performance Management	7	1	1

RISK MANAGEMENT

We introduced the following pro-active approaches to this area with new initiatives in 2013:

- A review of the organisation's Risk Management Policy and Strategy.
- Improved documentation in the area of Risk Management, resulting in the development of 'See and Act' forms an updated Incident Reporting Form. Staff received training in all three centres in this area and standardised risk reporting registers are now in place at all three centres.
- The position of a part-time Health and Safety monitor was introduced at Tabor Lodge in December
- Safety audits were completed by the company's Health and Safety Consultant towards the end of 2013 and recommended actions were carried out.

Miriam Rigney

A significant amount of training took place across the organisation in 2013.

Admissions Manager's Report

Occupancy rates in 2013 ranged from 56% in April to 101% in October, averaging at 79% for the year.

The financial constraints highlighted earlier in this report featured highly in both telephone contacts prior to assessment and in the pre-admission assessment appointment with the client.

Such issues can be an additional source of stress for clients at a time when they are already in a state of high anxiety as they try to find suitable treatment for themselves. Consequently the experience of staff in managing queries and concerns with skill and sensitivity is called upon, given that phone contacts and the ensuing assessment appointments are the lifeblood of our services. The expertise and skill of staff in establishing rapport and involvement with clients at the time of initial contact and at assessment is of extreme value and importance in paving the way for a successful admission to the residential programme.

In 2013 we offered a total of 563 assessment appointments with all but 48 of these being filled. Of this number, 339 people attended for assessment appointments and 178 of those were offered an admission date at the time of assessment. Provided that there were no detoxification needs, an admission followed within days. Detoxification can be attended to under the care of the GP prior to admission to Tabor Lodge and we refer clients to their GP if this is the case.

A further 78 clients were referred to our Pre-Treatment group with a view to admission at a later date. The Pre-Treatment group is operated on an outpatient basis twice weekly and clients typically attend Pre-Treatment for a four week period and will be offered an admission date following satisfactory completion of the programme.

Of the remaining 83 clients assessed, 67 agreed to stay in contact. Keeping the lines of contact open for this client is very important as circumstances can change and indeed their own opinion can be altered, having discussed options, and an admission may be arranged at a later date.

The remaining 16 people assessed were found to be not suited to the treatment programme on offer in Tabor Lodge.

In 2013 a total of 219 people were admitted to Tabor Lodge for residential treatment for addiction, 139 males and 80 female. Of the 219 patients admitted 76 were self-referred, 52 were referred by family and friends, 14 by their GP and a further 24 via hospital including those referred by A&E departments and via mental health facilities including a psychiatrist. Probation/Court accounted for 12 referrals, 20 from other drug treatment centres, 11 through social services and the remainder from outreach workers and employers.

Of the 219 patients admitted, 155 were primarily for alcohol abuse, 25 to Cannabis use, 11 for Opiate use, 14 related to Gambling and the remaining 14 consisting of Cocaine and other stimulants, Benzodiazepines and Eating Disorder.

It is vital that the treatment programme focuses on both the addiction and impact, and the changes and adjustments a patient needs to make in themselves and in their lives if they are to achieve a healthy recovery.

Of the 219 patients admitted, 155 were primarily for alcohol abuse.

Continuing Care Coordinator Report

The co-ordination of the Continuing Care Programme again in 2013 was an integral part of the continuum of care delivered by Tabor Lodge to the patient following the completion of the residential Treatment Programme. The Continuing Care Programme involved participation in a weekly group meeting over 12 months with an option of a second year. Regular Review meetings took place during the year to support the patient to take responsibility in working their care plan, to recognise relapse warning signs and learn how to handle them. 561 reviews took place in total. Telephone calls, texts and emails were also offered as part of the Continuing Care support in 2013; a total of 1,954 calls and 2,808 texts and emails were recorded. Details of attendances at the Continuing Care programme are provided in Appendix 1.

Patients who attended the Continuing Care programme had devised a continuing care plan prior to leaving Tabor Lodge. This plan sought to name the key goals to be reached if the transition to recovery was to succeed. The Continuing Care Programme sought to work with the patients to update their individual Care Plans throughout the year, ensuring that each Care Plan was SMART, i.e. Specific, Measurable, Achievable, Realistic and Time Bound.

Commitment to the plan is vital to stabilise patients in early recovery and several factors were highlighted as blocks to this recovery: financial pressure, unemployment, housing, education, difficult family relationships. Through participation in Continuing Care groups patients were supported to address these blocks and make the necessary changes.

CONTINUING CARE 52 WEEK PROGRAMME

This year, each Continuing Care group was facilitated by two volunteer facilitators who were managed by the Continuing Care Coordinator. Our volunteers attend supervision every 6 weeks and training in Crisis Prevention Intervention, Addiction, Basic Life Support, Motivational Interviewing, Supporting Recovery and desistance from crime was offered this year. There were 154 attendances at Training and Supervision.

Three weekly Continuing Care support groups took place in Tabor Lodge with an overall attendance of 1,066. Six weekly Continuing Care support groups took place in Cork City, with an attendance of 2,379.

The East Cork Continuing Care group has shown particular growth in the year with attendances up from 306 in 2012 to 428.

Attendances at West Cork Continuing Care group in Dunmanway also increased steadily in 2013, from 455 on 2012 to 490.

Commitment to the plan is vital to stabilise patients.

TESTIMONIALS FROM CONTINUING CARE 52 WEEK PROGRAMME

"I feel so strong that without Tabor Lodge Continuing Care Programme I would be back in addiction long ago".

"The 52 week was an essential part at my early recovery because I found it hard to repair my broken relationships".

"Continuing care was the corner stone of my recovery in the first year, It helped me identify character defects and helped me to change".

"As someone who found it hard to talk about my feelings, weekly Continuing Care gave me the ability to open up and to trust people again. It also made friends for life".

A referral back to the supports in their area is also vital for stabilising the patient in getting back on a steady footing in the community. Local alcohol and drugs counsellors, social workers, probation officers, link workers, community drugs workers, employee assistance personnel, Simon Project workers and the staff of Cork Alliance Centre have been instrumental in supporting those who require additional support services.

12 WEEK RECOVERY PROGRAMME

Should a person have two or more relapses a 12 week Recovery Programme is offered so the person can be re-educated in the recognising of denial, relapse warning signs and high risk situations.

On completion of the 12 weeks, the person is invited back to complete the 52 week Continuing Care Programme. In 2013, there were 374 attendances at the Recovery Programme.

TESTIMONIALS FROM 12 WEEK RECOVERY PROGRAMME

"I found the 12 weeks a great help, I got so much from the group and it really helped me get back on track".

"The facilitators were very focused on 12 steps and the Programme".

"I learned more of an understanding about alcoholism and how my anger and resentment lead to relapse".

"It was good to have a group to go to after relapsing".

CONTINUING CARE SECOND YEAR PROGRAMME

Attendance at Second Year groups increased from 793 in 2012 to 1016 in 2013. We arranged a waiting list for those who had completed the 52 weeks Continuing Care programme and patients were invited to stay in this programme or wait until a place became available. During the year, several Second Year participants were invited to Tabor Lodge to share their experiences with the current patients in treatment. They spoke of early recovery, the struggles, hopes and benefits of committing to the Continuing Care Programme. The residential patients reported that this experience gave them a positive impression of the supports that are available to them upon completion of the residential phase of treatment at Tabor Lodge.

WOMEN'S CONTINUING TREATMENT PROGRAMME

The Women's Continuing Treatment Programme saw attendances increase to 649 in 2013, from 545 in 2012. This one-year programme consists of twelve weekly Fridays and one Friday a month for a further nine months. The aim of the programme is to support women vulnerable to relapse following the residential phase. The Programme includes meditation, group therapy, lunch in a local restaurant, light exercise and confidence building workshops. It explores some of the issues women can experience in early recovery, e.g. isolation, shame, loneliness, fear, difficult relationships, and

women work together to resolve problems and plan ideas and solutions that help recovery.

COMMENTS FROM 12 WEEK WOMEN'S DAY PROGRAMME

"I liked talking to other women like me and feeling I could change and I can cope with addiction."

"It was 'a day for me', the good feeling every Friday. The Programme was a huge benefit when I was struggling. I don't know if I would have had the strength to fight back without it."

"I loved the friendships and safety of the group."

"I think it was a crucial support for me in transitioning from Tabor Loge back into my life. It was like a Tabor day every week."

Extended Treatment

For some people, extended treatment is a vital part of the recovery process. Working closely with Fellowship House and Renewal, we ensure a smooth transition from Continuing Care to extended treatment and back to Continuing Care. A few weeks prior to their completion of extended treatment, meetings are arranged with the person to discuss their care plan and assign them to a suitable Continuing Care group.

A Multi-Agency Approach

Following on from 2012, the programme co-ordinator continued to work as a case manager with the national protocols for the southern region and found the multi-agency approach with shared care planning to be beneficial in the supporting of vulnerable people with addiction, housing, financial, education, social services involvement and other difficulties that can prevent them from getting a steady footing in recovery. 47 Case Conferences took place in 2013, involving meeting with the patient and other professionals that were involved in their treatment at Tabor Lodge. Social workers, probation officers, employee assistance personnel, Simon Project workers and Cork Drugs Task Force workers, and family members were invited or requested to attend review meetings.

The programme co-ordinator was also invited to attend a Child Protection Conference in the year, along with the parents, extended family members and all professionals involved in the case, including the GP, social worker, social work team leader, public health nurse, school principal, and dietician. By attending this meeting it was possible to share past experiences with the family and communicate the recommendations of Tabor Lodge going forward following relapse. The outcome of the Child Protection Conference saw a Child Protection Plan put in place with the professionals all willing to work together.

Family Programme Report

The stages of support offered by Tabor Lodge to families in 2013 are:

- The Family Day Programme, weekly for 4 weeks
- The 12 Week Community, Support Group
- The 52 Week Community, Ongoing Continuing Care Group
- 2nd Year continuing care group for recovering addict and family member
- The 'Drop In' Community Information & Education Group, for those whose loved one is not yet willing to seek help
- One to One Counselling and Therapy Sessions
- Family Interventions

A new, personal 'Care Plan' programme for family members was initiated in 2013. This involved helping the family member to identify their need and goals (ie. SMART) in their path to recovery, and assisted them in the steps towards achieving this aim. However, convincing family members to commit to a 'care plan' is an on-going challenge for the team. Several factors emerged as obstacles, i.e. stress, fear, disappointment, anger, living arrangements and/or delicate relationships.

Having attended the one day programme each week, and participated in co-creating their 'Care Plan', the families are then recommended to join our twelve week, community on-going support group, of which there are four. Of the 255 people who attended the 4 week programme, 106 progressed onto the 12 week evening-time programme. Details of attendances at the Family Programme are provided at Appendix 2.

TESTIMONIALS

"It provided a safe place which allowed me identify and express how I felt"

"The family programme helped me learn about me and that I have more possibilities within me"

"I have learned that I cannot fix everything"

"Thank you Tabor Lodge for giving me back my brother"

Family-Day

The day long programme, held on Wednesdays, provides the family with the opportunity to focus on themselves and how they had been coping with the addicted family member. Each week we provided a space for concentrated attention on how families needed to change attitudes and behaviours, thus beginning a journey of healing and recovery of relationships within the family. Communication skills or deficits were addressed, which facilitated improved and healthier connections between family members, offering hope and encouragement as they face a sober/clean future together.

During the Family Day, the resident's case manager arranges a family conference with family members to address and/or assist the resident to gain insight into the severity of their addiction and its impact on the life and health of each member of their family. This facilitation in a safe environment is key to the success of the programme.

The programme had excellent attendances during 2013, with 255 people accounting for 1090 attendances.

12 Week Support Group

Following a person's discharge from our residential programme, we recommend that family members join a twelve week, education and support group. The aim of the group is to address the continuing needs of the families at this delicate phase in the treatment process. A network of weekly groups in the city and county provide an invaluable resource for the family members. Our focus is on the impact of addiction on the family and the programme of recovery that needs to be addressed for rehabilitation to occur for each family member. The groups are facilitated by dedicated volunteers who may in some way be personally involved in recovery from addiction. There were 800 attendances at this service in 2013.

52 Week-Family Programme Support Groups

On completion of the twelve week support programme, we offer a continuing care group of 52 weeks duration. The family member has the choice of integrating into the addict's (post-treatment) continuing care programme or to remain in a 'family only' support group. The 'family only' support group continues to be very popular as it encourages clear and open communication which in turn facilitates healing and repair of damaged relationships within families. This has been the most popular group where long lasting relationships have developed. In the past year there has been glowing reports of the rich, life skills experienced by the participants and there were 868 attendances at the service in 2013.

Second Year of Continuing Care

We offer a second year group of continuing care for the recovering addict and family member (usually partners). This is available to all, but is recommended to those in particular who we feel may benefit from the further support.

Drop In, Community Information & Education Group

It is usually a family member who makes the first contact around their personal need for help and guidance around addiction. Our policy is to work with the person who is making the query and as a result we have organised an Education Programme to assist people where the addicted person is not yet motivated to seek help for themselves. This 'Drop In' Service is offered in La Verna Hall, Grattan Street, Cork each Monday at 7pm and is facilitated by Tabor Lodge staff. Many who have attended have found it a great source of support, not only for themselves but it also helps them to guide the addicted person to access treatment.

Attendees who complete four weeks are then eligible to join our twelve week community, support groups. Attendances at this service in 2013 totalled 153 and towards the end of the year we advertised the service on local radio in an effort to increase awareness of the service in the wider community.

One to One Review Meetings

One to one review meetings were offered throughout the year to persons who felt the need for this additional support. Reviews are also available at periods of transition or any stage of the programme.

Counselling/ Therapy Sessions

Counselling is available on a one-to-one basis for those who were troubled by their loved one's addictive behaviour. This also offers a 'Family Intervention Service' to those who feel it necessary to address the issue of addiction with a loved one. Family members were facilitated to communicate difficult family issues in a safe, respectful manner, when they did not feel confident or able do this unaccompanied.

Summary & Recommendations

On-going support for those affected by an addict's behaviour and/or attitude continues to be a core provision of our service.

We acknowledge the reality of the possibility of relapse. When it happens, the family member needs to continue to build their own strength and look after their own needs.

On completion of the family programme, it may be necessary to help our service users 'link up' with existing organisations who aim to address similar issues to ourselves e.g. Social & Health Education Project, Grow and the Family Support Network operating under the umbrella of Cork City Partnership.

As part of a marketing strategy, we need to promote our underutilised drop-in service for those affected by another's addiction.

Renewal Women's Residence – Extended Treatment Centre

Opened in 1999, Renewal is an extended treatment centre for women in early stages of recovery. We welcome any woman over 18 years of age who has completed primary treatment and we aim to help and support women in early recovery. To maintain a good sobriety, residents need to come to terms with deep-rooted past issues and change behaviours accordingly. This can be a painful and lengthy process but this change is very achievable, as is proven by our past successes.

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 (NCE), a FÁS-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 2013

Below are our main findings from our activities in 2013 and the detail to support these are found in Appendix 3.

Occupancy

68 women attended for assessment at Renewal in 2013 and 50 were admitted. At 98%, 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. 66% of clients admitted in 2013 fully completed their treatment.

Reasons for Referrals

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

Age of Residents

The predominate age group coming to Renewal would be 25-34 years. This marks a change from other years where the majority of residents would have been in the younger 18-24 years age bracket.

Accommodation Status

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

Number of Clients with Children

Of the 50 Clients admitted to Renewal, 26 or 52% 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, as the clients 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. Part of the Renewal programme is attendance at NCE Ltd for 19.5 hours a week and each and every client works in Community Employment within the structure of NCE. Not only does this enable the women financially but it also offers unique opportunities for training and future employment. This scheme can continue for a period of up two years which gives the clients a good opportunity to retrain and re-join the workforce.

We have had clients that have had the opportunity through NCE to repeat their Leaving Cert, become fitness instructors, childcare workers, admin worker, florists etc.

Area of Origin

The majority of admissions to Renewal are women from Cork. Limerick is the second highest, then Dublin and Tipperary. As already stated, Renewal is the sole extended treatment centre in the country for women so we receive clients from all of the treatment centres in the country.

Aftercare is a very important part of the Renewal ethos.

Resident Drugs Use Profile

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

Residents Use of More Than One Drug

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

Facilitation in a safe environment is key to the success of the programme.

TESTIMONIALS FROM RENEWAL WOMEN'S RESIDENCE

"If I were to read a dictionary cover to cover I would not find a single word that could convey how much you ladies mean to me. In my 35 years of emptiness on this earth nobody was able to penetrate my self-built walls – until you three ladies entered my life. My perception of myself was one of a monster. I had nothing to offer the world. You each saw something else and for that I thank you. You heard all the nastiness that came with my addiction but still looked upon me as human even when I couldn't. For not judging me I thank you. I never looked beyond the next drink because for me there was no beyond. For giving me a future I thank you.

"I don't think words can describe how grateful I am for what you have done for me over the last couple of months. You helped me find, understand and accept myself. You built me up and made me strong and game I hope. Thanks to you all in Renewal I am able to face whatever comes at me. I came head-first and upside down from addiction and landed on my feet when I entered Renewal. Thank you for fixing me. Your kindness, care, support and love mean the world to me.

Eileen Crosbie
Treatment Manager

Fellowship House Men's Residence – Extended Treatment Centre

Situated on its own grounds of 2.5 acres overlooking the Southside of the city at Spur Hill, Togher, Cork , Fellowship House provides a 12 week Residential Extended Treatment Programme for men in recovery from alcohol, drugs and gambling.

At the time of going to print on this report, plans are being finalised to commence the construction of a brand new state of the art facility on the site. When completed, Fellowship House will be in a position to provide a service to 31 residents, compared to the current capacity of 10. This expanded service will allow us to increase capacity in our extended treatment service as well as step-down residential support. It is expected that construction of the new facility will begin in mid-summer 2014, with an estimated completion time of one year.

Our extended treatment programme is based on the Hazelden Minnesota Model and promotes 'Total Abstinence'. The aim of the programme is to build on and consolidate the work of recovery which has already begun in primary treatment. The 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 Twelve Step Programme and life-style changes, thus enabling the development of a contented and healthy sobriety. Group Therapy, one-to-one counselling, mediation 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 system.
- 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.

Construction of the new facility will begin in mid-summer 2014.

FÁS FUNDED C.E. SCHEME

The treatment programme at Fellowship House includes attendance Monday to Friday at a FÁS Funded (C.E. Scheme) for 19.5 hours per week. Residents attend a Health & Fitness Programme at the Sports Village Centre in the morning and this is a F.E.T.A.C. Level 4 Course covering the following subjects:

- Health Related Fitness
- Communications
- Personal Effectiveness
- Food & Nutrition

Residents return to Fellowship House at lunchtime and the Treatment Programme resumes in the afternoon, consisting of one-to-one counselling, group therapy, lectures, mediation etc.

Having completed the 12 week programme at Fellowship House, residents 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. These residents become our tenants and so are provided with stable accommodation after completion of their extended treatment programme. As average stay at this accommodation is approximately 3 months, we therefore offer up to four months of support to those who most need it.

RESIDENT PROFILES AT FELLOWSHIP HOUSE IN 2013

Below are our main findings from our activities in 2013 and the detail to support these are found in Appendix 4.

Occupancy

Fellowship House accommodated 49 residents in 2013.

Assessments

82 assessments took place and 60% of those individuals were admitted. 74% of our residents in 2013 fully completed the programme.

Age of Residents

71% of residents were in the age group 18-34 and just over 40% were in the age group 18-24.

Marital Status

The majority, 88% of men presenting for treatment are single, often with little or no family support.

Employment Status

Unemployment remains alarmingly high at 94%, a slight increase on last year.

Education Level

66% of Residents have some degree of second level education and 92% have a good standard of literacy.

Accommodation Status

Homelessness at 64% remains high and even though those living with family account for another 20%, there is no guarantee that they will be welcome back into the home after treatment.

Source of Referrals

58% of referrals came from the two main treatment centres in the Cork and Kerry area, Tabor Lodge and Talbot Grove, who also provide the Hazelden Minnesota Model of treatments. We accept referrals from all primary treatment centres and we had referrals from a cross section of 10 different treatment centres throughout the country and as far afield as The Priory in London. This has come about without any marketing or promotion but purely by word of mouth.

Background Issues

Residents can come from complex backgrounds with possible violence (64%), family history of addiction (57%), Court and Probation Contact (52%) and self-harm (42%).

Reasons for Referrals

Alcohol still remains the main drug of choice at 94%. Cannabis and Ecstasy appear to be the second most common drug at 88%, with Cocaine use still very high at 76%. The most alarming change seems to be the increase of 72% in the use of Heroin from 21% in 2012 to 38% in 2013.

TESTIMONIALS

"The structure and routine I have in my life now, is incomparable to what I had. I am a lot stronger in myself and able to cope with my addiction. I learned a lot about myself and how to cope with addiction as well. I have acceptance and overall I am very happy in myself".

"I came into Fellowship to get my life back on track. I had no ambition or drive, my self esteem and confidence was shattered. I hadn't much will to live. Now I have peace of mind, ambition, happiness and two very important things for my recovery; gratitude and spirituality. I've learned very valuable coping skills. I'll be ever grateful to Fellowship".

"I have boosted both my self-esteem and confidence. I now feel able for recovery and that there is a better life out there for me. My whole thinking and attitude towards everything has changed for the better. I have gotten over my self will, obsessive thinking and controlling behaviours. I realised what love and belonging feels like and am so grateful to the house and everyone in it".

"I have developed a better understanding of my addiction and its consequences, especially on my partner. I learnt about my defects and my character in and out of addiction, as well as how to make positive changes".

Finbarr Cassidy
Treatment Manager.

58% of referrals came from the two main treatment centres.

Appendix 1

CONTINUING CARE PROGRAMME 2013

Reviews	625
Case Conferences	51
Facilitator Supervision and Training	154
Tabor Lodge Groups	1,066
Cork City Groups	2,379
West Cork Groups	490
East Cork Group	482
Second Year Groups	1,016
Recovery Programme	374
Women's Day Care Programme	649
Calls	1,954
Emails and Texts	2,808
Total Contacts	**12,048**

Appendix 2

ATTENDANCES AT FAMILY PROGRAMME

Service	Contact/ Attendance
4 Week Programme	1090
Community 12 Week Programme	800
Community 12 Week Programme	150
Community 52 week Continuing Care	868
Drop-In Information/Education Group	153
Counselling Support	35
Family Intervention	11
Telephone Calls	798
Total Contact	**3905**

Appendix 3

RENEWAL RESIDENTS' PROFILE

Treatment Centre Referred	No Of Clients	% Of Clients
Tabor Lodge	12	24%
Talbot Grove	10	20%
Aislinn	4	8%
White Oaks	1	2%
Rutland	3	6%
Cuan Mhuire	1	2%
Aiseiri Cahir	4	8%
Aiseiri Wexford	3	6%
Bushy Park	6	12%
Hope House	5	10%
Arbour House	1	2%
Total Admitted	**50**	**100%**

Assessment Undertaken 2013	No Of Clients
Assessments	67
Admissions	50
Completions	33

Age	No Of Clients	% Of Clients
18-24	12	24%
25-34	20	40%
35-44	10	20%
45-54	7	14%
55-64	1	2%
Over 65	0	0%
Total Clients	**50**	**100%**

Marital Status	No Of Clients	% Of Clients
Single	38	76%
Married	3	6%
Partner	2	4%
Separated	3	6%
Divorced	2	4%
Widowed	2	4%
	2	**100%**

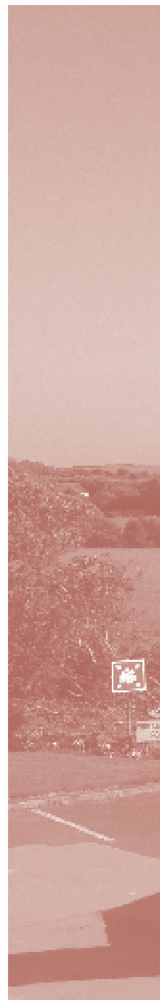
Accommodation Status	No Of Clients	% Of Clients
Homeless	15	30%
Own Home	5	10%
With Family	18	36%
Renting	6	12%
Council House	6	12%
	50	100%

Employment Status	No Of Clients	% Of Clients
Unemployed	45	90%
Employed	5	10%
	50	100%

Education Levels	No Of Clients
Primary	2
Junior Cert	18
Leaving Cert	20
3rd Level	10

Literacy	No Of Clients
Excellent	7
Good	23
Fair	16
Poor	4

Background Issues 2013	No Of Clients
Family History of addiction	68%
Court contact/Probation	24%
Self Harm	62%
Abused (Phys,Emot,Sex)	62%
Psych History	46%
Medication	46%
History Of Violence	70%



By County			
Cork	16	Dublin	4
Kerry	3	Tipperary	4
Carlow	3	Mayo	3
Galway	3	Waterford	2
Limerick	6	Other Counties	6

Drug Of Choice	No Of Clients
Alcohol	98%
Ecstasy	50%
Cannabis	72%
Cocaine	50%
Prescribed Medication	64%
Heroin	18%
Methadone	22%
Speed	42%
LSD	22%
Gambling	10%
Food	24%

Most of our clients are poly-addicted.

Appendix 4

FELLOWSHIP HOUSE RESIDENTS' PROFILE

Age	No Of Clients	% Of Clients
18-24	20	41%
25-34	15	30%
35-44	10	21%
45-54	3	6%
55-64	1	2%
Over 65	0	0%

Marital Status	No Of Clients	% Of Clients
Single	43	88%
Married	4	8%
Separated	1	2%
Divorced	1	2%

Employment and Work Status		
Unemployed	46	94%
Employed	3	6

Education Level		
Primary	4	8%
Junior Level	18	37%
Leaving Cert	14	29%
3rd Level	9	18%
Left Early	4	8%

Literacy		
Excellent	-	-
Good	45	92%
Fair	4	8%
Poor	-	-

Housing Status		
Homeless	31	64%
Own Home	5	10%
With Family	10	20%
Renting	3	6%

Treatment Centre Referred	No Of Clients	% Of Clients
Tabor Lodge	13	27%
Talbot Grove	15	31%
Aislinn	8	16%
High Park	1	2%
Bushy Park	3	6%
Bruree	1	2%
Priory	1	2%
Self Referral	3	6%
Hope House	2	4%
St. Helens	1	2%
St. Pats	1	2%

Assessments Undertaken 2013	No Of Clients	% Of Clients
Assessments	82	-
Admissions	49	60%
Completions	40	74%

Background Issues 2013	No Of Clients	% Of Clients
History of addiction	28	57%
Court contact	17	34%
Probation	9	18%
Self Harm	21	42%
Abused	11	22%
Psych History	16	32%
Medication	13	26%
History Of Violence	32	64%

Drug of Choice	No Of Clients	% Of Clients
Alcohol	46	94%
Ecstasy	43	88%
Cannabis	43	88%
Cocaine	38	76%
Prescribed Medication	32	64%
Heroin	19	38%
Methadone	13	26%
Speed	33	66%
LSD	22	44%
Gambling	11	2%

BOARD OF DIRECTORS

GENERAL MANAGER
Aileen O'Neill

CLINICAL DIRECTOR
Mick Devine

QUALITY & RISK MANAGER
Miriam Rigney

TABOR LODGE

TREATMENT MANAGER
Mick Devine

Counselling Staff
Administrative Staff
Support Staff
Catering Staff
Housekeeping Staff

FELLOWSHIP HOUSE

TREATMENT MANAGER
Finbarr Cassidy

Counselling Staff
Administrative Staff
Support Staff
Catering Staff

RENEWAL

TREATMENT MANAGER
Eileen Crosbie

Counselling Staff
Administrative Staff
Support Staff
Catering Staff

Volunteer Staff, FÁS Staff

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

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.

The Tabor Group is made up of:

TABOR LODGE
Primary Residential Treatment

Ballindeasig,
Belgooly, Co. Cork

Tel: 00 353 21 4887110
Fax: 00 353 21 4887377
taborlodge@eircom.net

FELLOWSHIP HOUSE
Men's Extended
Residential Treatment

Spur Hill,
Doughcloyne,
Togher, Cork

Tel: 00 353 21 4545894
Fax: 00 353 21 4344471
fellowshiph@eircom.net

RENEWAL
Women's Extended
Residential Treatment

Shanakiel,
Blarney Road,
Cork

Tel: 00 353 21 4300844
Fax: 00 353 21 4391395
renewal@eircom.net

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

021 4887110

www.taborlodge.ie