Opportunities for growth
Contents

Chair’s report 1
SHARC Board of Governance 2
Chief Executive Officer’s report 3
SHARC vision, mission and values 4
SHARC partners and supporters 2015-2016 5
Recovery Support Services 6
Peer Support Capacity Building Project 8
Oxford Houses 10
US Women’s Recovery Program 11
Peer Support Mentor Program 12
Association of Participating Service Users 13
Family Drug Help 16
SHARC staff 2015-2016 18
Financial reports 20

Special thanks to Ron Blake for taking the photos at SHARC Open Day 2016.
Chair’s report

This brings my first full year as SHARC board Chair to a conclusion and it has been my privilege to have served in the role.

“Opportunities for growth” is an exciting theme for this year’s AGM. We have sought to extend our areas of expertise by finding opportunities for the growth of our service model and we are looking forward to contributing and learning through these strategic initiatives. We also continue to enjoy seeing the personal growth of our programme participants through the pathways we provide.

SHARC’s commitment to a vision that looks to ensure the model is there for those who come after us means our forward visioning is a priority. This has worked effectively to keep SHARC well positioned through the service sector reform process, a difficult time for smaller organisations, particularly with a lens such as SHARC, that do not deliver one of the six service types defined in the recommissioning. To have remained true to the SHARC mission, expertise and values during this difficult time has been an acknowledgment of the foresight, skill and dedication of our team.

Consideration of the external environment and the possibilities for extending the application of our service models have continued to make the organisation more sustainable. The broad range of service activity and funding sources is a reflection of our strategic plan and the coordination at all levels of the organisation from the Board to Operations.

I am working with a group of knowledgeable and skilled Directors who bring a diverse range of experience and expertise to their role, and I would like to thank them for their positive contributions to the governance of SHARC. I acknowledge the resignation of Kerry Boyd from the Board and thank her for her commitment and skill over her time as a Director.

SHARC’s CEO Heather Pickard has once again worked hard to achieve some great outcomes for SHARC through her relationships with our benefactors, her commercial decision making and leadership of the team. We were very pleased to have Heather commit to a further three years and to have recruited some talented people to join her team. I congratulate Heather and the team on their achievements this year.

Gaye Hennessey
SHARC Chair of the Board
SHARC Board of Governance

Gaye Hennessey – Chair

Gaye holds a Master’s degree in Commerce, has a long term career in Human Resource (HR) Management and currently works at Toll Holdings in HR Consultancy. Along with her professional experience in senior HR roles, Gaye regularly contributes to her community through valuable volunteer engagements. She was a founding member of the Western Bulldogs Football Club Indigenous Youth Committee, has volunteered with AMES Australia supporting refugees and with St Anthony’s Mission in California in crisis management and referral. Her experience encompasses lived experience in alcohol and other drugs along with demonstrated leadership qualities.

Darrell Mahoney – Treasurer

Darrell has primarily been a business academic and senior academic administrator for most of his career; however, he has also worked in the private and not for profit sectors over that time. Darrell’s teaching and research has focused on Accounting and Finance and International Business. Darrell is the Board Chair at the Eastern Innovation Business Centre and is a Trustee of the Bowater Trust. Darrell holds the title of Emeritus Professor at Deakin University.

Carolyn Dalton – Director

Carolyn has had a long career in the education sector, specialising in primary education and special development. She continues her passion for teaching by focusing her skills on individual tutoring. Carolyn has been engaged with her community at all stages of her career including parent/teacher committees, Board appointments and volunteer commitments. She is currently engaged with the Brigidine Asylum Seekers Project that works with, and for, asylum seekers in detention and in the community. Carolyn has been engaged with SHARC for a number of years through FDH, completing many courses and is a committed family support group facilitator.

Emma Hooper – Director

Emma has worked in the drug and alcohol and mental health fields for 13 years, at Sacred Heart Mission working with marginalized women, at SHARC working with young people experiencing issues related to their drug and alcohol use, at FAMDAS as a forensic clinician, and Stepping Up as a drug and alcohol counsellor. Emma is currently the Program Manager at Arrow Health’s Therapeutic Community in Woodend. She has her own history of substance abuse and is committed to supporting others to move forward with their lives without the use of drugs and alcohol. She currently holds a Diploma of Alcohol and Other Drugs Work (NMIT), a Diploma of Community Services – Welfare Studies (Vic Uni), a Certificate IV in Frontline Management (Swinburne) and is currently completing a Bachelor of Social Sciences - Community Welfare Studies at Charles Sturt University.

Barbara Kelly – Director

Barbara has been working in the alcohol and drug sector for over 30 years originally as a community health nurse through to her current position as the Associate Program Director Treatment Services, Statewide Services (Eastern Health) with responsibility for Turning Point Centre and Spectrum (Borderline Personality Disorder) service. A former President of VAADA, her interest in SHARC runs parallel with that of developing an active consumer/carer presence for the sector. As a service provider of alcohol and treatment services, Barbara relies heavily on the work of SHARC to keep consumer and carer voices alive and relevant in the delivery of evidenced-based practice to her clients.

Frank Platon – Director

After being in the public service for eight years, Frank owned his own business for 16 years and has been with Metalsa Australia for the past 17 years. Frank has experience in FDH (Family Drug Help) at SHARC and is currently a facilitator at the FDH support group in Carnegie. His passion and enthusiasm for the AOD sector is strong, as Frank understands how important this work is to so many families.
Chief Executive Officer’s report

It is with great deal of pleasure that I address the SHARC community and stakeholders and inform you of our key milestones and directions for 2015-2016. Reflecting on our theme - “opportunities for growth” - I consider how agile SHARC has needed to become to ride the enormous wave of change the drug and alcohol sector has undergone through the last few years.

Before the recent recommissioning of state-funded services, there was a range of programs meeting the needs of particular groups, however, this review standardised and reduced the number of funded service-types and challenged the survival of non-mainstream programs like SHARC. Fortunately, our strong partnerships with agencies in the newly formed consortia led to our receiving contracts to provide fee-for-service peer support and government funding for a 2-year project to assist agencies to establish their own peer support groups. Whilst disappointed to lose our core funding for peer groups, we are grateful to the Department for continuing to recognise our expertise and resourcing the project to continue this work.

Not only has SHARC had to face and manage funding risks at the state level, our federal funding is also under review. This has forced us to look outside the square for resources and support and we have built strong relationships with philanthropic organisations and other health, welfare and justice programs.

Mind Australia and a philanthropic trust have committed to fund Oxford Houses which means we can see a sustainable future for this valuable service. Thank you so very much to these supporters. We have also gained philanthropy funding to develop peer support for family members impacted by gambling, a great opportunity to broaden our scope of services whilst remaining true to our values and mission. Our work with justice via the Family Drug Treatment Court has doubled this year and we aim to lobby and promote peer mentorship in other areas of justice.

Another boost to our service has been the recent employment of Rachael Pallenberg as our Quality Manager; she will work with all our programs to maintain their high standard of service delivery.

For SHARC to be sustainable going forward, we need to have access to a broad range of funding sources and to prove our worth through robust evaluation and reporting. Everything we do must be strongly aligned with our values and mission and we must continue to demonstrate our expertise and enthusiasm for recovery orientated self-help.

It is a great privilege to work in an organisation where I see this valuable work being performed every day.

I am truly grateful to the SHARC Board, the staff and volunteers, the wider SHARC community and supporters, and the courageous service-users, both family and residents, who come through our doors. I acknowledge with gratitude the champions in the Department and other funding sectors who have been advocates for the SHARC model.

I invite you to read the reports and appreciate the exciting work of Association of Participating Service Users, Family Drug Help, Residential Support Services, Oxford Houses, Peer Support Capacity Building Project, US Women’s Recovery Program and the Peer Support Mentor Program.

Heather Pickard
SHARC Chief Executive Officer
SHARC vision, mission and values

SHARC VISION

We envision a world where all people affected by the impact of addiction can proudly and openly seek help, help each other and demonstrate the living proof that recovery is possible.

SHARC MISSION

To provide opportunities for individuals, families and communities affected by addiction and related problems to recover and achieve meaningful, satisfying and contributing lives.

To provide models of practice for family support, consumer participation and peer based recovery support; and influence practice in the field of addiction and other related health domains.

SHARC VALUES

PEOPLE: People who have the courage to ask for help have our respect and admiration.

INSIGHT: We believe that people are the experts in their own life.

SELF HELP: We believe in Self Help as mutual healing, passing on the knowledge and skills acquired, as we give and receive help.

RECOVERY: We believe in Recovery – the individual taking ownership of a meaningful and purpose-filled life.

LEADERSHIP: We believe in Leadership that is born from direct experience and has the spirit to inspire and advance the wellbeing of all.

COMMUNITY: We believe in Community that includes all members as equal and necessary participants.

ADVOCACY: We believe in Advocacy as a means offered to people to take an essential and active role in a democratic community.
SHARC’s partners and supporters include:

Access Health & Community
Australian Community Support Organisation (ACSO)
Australian Government, Department of Health
Ballarat Community Health
Banyule Community Health
Beaumaris Football Club
City of Glen Eira
City of Warrnambool
Cohealth AOD Response West
De Paul House Community Based Withdrawal Unit
EACH Social and Community Health
Family Drug Treatment Court at the Children’s Court of Victoria
Family Drug Court of Victoria
Frankston and Mornington Drug & Alcohol Service (FAMDAS)
Grill’d Carnegie
Harm Reduction Victoria
Ian Potter Foundation
Inner South Community Health
Link Health & Community
Lions Club of Warragul
Latrobe Community Health
Mackillop Family Services ADD
Magistrates Court of Victoria
Merrin Foundation
MIND Australia
Narcotics Anonymous
On The Line
Odyssey House
Peninsula Health
People’s Choice Credit Union
Rotary Clubs of Victoria
Salvation Army Crisis Service
Second Bite
St John of East Malvern Foundation
St John of God Pinelodge Clinic
Stepping Up Consortium
South Eastern Melbourne Primary Health Network
TaskForce Community Agency
The Outdoor Experience (TOE)
Turning Point Alcohol and Drug Centre – Eastern Health
UnitingCare ReGen
Victorian Alcohol and Drug Association (VAADA)
Victorian Government Department of Health & Human Services
Victorian Mental Illness Awareness Council (VMIAC)
Warrnambool Region Alcohol and Drug Centre (WRAD)
Windana Drug and Alcohol Recovery Inc
Youth Drug and Alcohol Advice Y.O.D.D.A.

We also gratefully acknowledge the generous support of individual and family doners.
Recovery Support Services

Recovery Support Services (RSS) offers young people (16 – 25 years) the opportunity to develop a full and satisfying life; they live in safe supported drug-free community housing, attend a day program at SHARC and become part of a vibrant recovery community.

We are ambitious for our residents and want them to have amazing lives.

The residents’ experiences of personal growth

You get to grow biceps.

At RSS you get to have healthy relationships, you find out that sometimes people don’t meet your expectations, so you learn to accept them as they are.

You can learn the best stuff from people you don’t necessarily like, like acceptance and tolerance.

You learn how to organise your house and your time. You get to learn budgeting, not that I always put it in place but I know how to do it.

You get to break old bad habits, the ones that led you to using, like crime.

You get to make a dickhead of yourself but you also get to understand and forgive yourself. You get to know that this is just another phase of your life—that you can change and get better at things.

Being at RSS for a long time means you get used to the changes of the seasons or your different moods or the things that happen through the year. You get confidence that you can go through a whole range of things without relapsing. You learn endurance.

Being at RSS you learn a whole lot of stuff like how to hang in with things even when you don’t really want to. You get to put ideas in to practice and if you make a mistake you don’t have to leave town.

I learned that sometimes I have to put up with things because I need them. You learn consequential thinking which means that you make better decisions.

You learn that even when people let you down that it’s not the end of the world. You can learn from that mistake, get spiritually tougher and realise that you can’t trust everybody but you can trust some people; that you’re not on your own.

Because you’re always having to meet new people, you learn to be open-minded, that everyone has their own ways of doing things. They might have experienced things you haven’t and could help you if you ever found yourself in that situation.

Sometimes certain people remind you of people from your past and maybe you don’t know how to handle that. But if you get to know them, maybe they’re alright. You get to learn that about yourself.

Everything is a mind-set; if you learn how to be optimistic then, even when things don’t work out, you can still see possibilities. You can get stuck in a hater brain where you hate everyone and everything, but if you can see the best in people you end up feeling better about yourself.

You get the chance to do things for other people. Not like the old days when you never helped anyone unless you thought you’d get something out of it.

I used to get irritated by people in the street, people who are homeless and stuff but now if people come up and want a cigarette I’ll give them one because I feel compassion for them. I feel good about myself when I help them out.

You learn that being honest is all very well, but that you shouldn’t use honesty to hurt people. I realise that you need to be tactful. Kindness is very important.
I don’t need to look to other people for validation; I’ve got self-respect and people can trust me. I’m honest and I’ve got integrity and I do what I say I’ll do. I’m reliable.

I’ve got a second chance at life.

I’m in the position to do what I really want to do.

I’ve used up more lives than a cat, I’m grateful I’m not spending Christmas in a cell.

I’m grateful to my mum for always being there for me.

I’ve got people in my life who tell me they love me and care for me.

I’m going to my family celebrations again, I’m grateful to have them back in my life.

I’ve got lots of opportunities in my life.

I’m doing a course and I’ll be getting a job soon.

I’m employable and finally got a job.

I’m starting a new chapter of my life.

I’ve got people in my life after a long time of being on my own.

I’m grateful for the unconditional love I get from my friends and family these days.

I’m getting a lot of support when I face the big things in my life.

I’ve been learning a lot of things about myself and why I do things; I never had a chance to do this before.

I’m really grateful to be a part of the RSS community.

RSS is what you make it.

Thank you to the residents for sharing their experiences of growth, and thanks to the mighty RSS team: Louise (Senior Support Worker), Matt and El (Support Workers), Pamela (Group Facilitator), Rosie (Senior Clinician), our casual staff Brad, Mark and Ron, our consultants, and our yoga teacher Jo for a wonderful year at RSS.

Bella Anderson
Peer Programs and Projects Manager
Oxford Houses

Oxford Houses (OH) are about providing an opportunity for men and women, seeking recovery from alcohol and other drugs, to establish a life free from substance dependency problems.

The OH program is a working partnership between SHARC and MIND Australia where SHARC provides the staff, and MIND, the accommodation. This valuable program has been made possible thanks to the support of Merrin Foundation.

The core philosophy of OH is to provide a secure, supportive and affordable home environment in which residents can build the foundations of a new life. Residents in each house are responsible and accountable for managing the affairs of their home within the SHARC/Mind Oxford Houses guidelines, strengthening their individual recovery and sharing in the recovery of fellow residents.

OH combines the concepts of self-support and peer role-modelling to help people change their lives for the better. Through self-accountability and responsibility, residents explore their identity, interests, values and goals; they grow together and learn from each other.

OH provides them with a home that supports continued and comfortable sobriety.

Oxford Houses gave me an incredible opportunity to relearn how to live responsibly and to grow in a safe and supportive environment without the fear of impending loneliness and the dependence on old using friends. I have structure while still having personal freedom. I have a voice and I’m learning to ask for what I need. Oxford provides me with a family that extends far beyond my individual house. It’s a place for me to learn how to live again and because of that, I am grateful. (Former resident)

Thank you to the team at MIND Australia, Vaneeta and Denise, the OH alumni and the residents themselves for working together to provide this extraordinary opportunity for people seeking positive change.

Nicki Catmull
Oxford Houses Program Coordinator
US Women’s Recovery Program

The Understanding and Support Women’s Recovery Program (US WRP) offers women over the age of 26 the opportunity to build on their recovery in a home-like setting, utilising self-help, peer and community support.

Funded solely by philanthropy, the program is delivered in a five bedroomed house in Murrumbeena provided by Hanover Housing.

The US House is like a shelter from the outside world. I really needed that safety in early recovery—someplace to be myself, share my experiences with the other women in the house and know that I’m not doing this alone.

The house provides a safe place where the women forge relationships, join a recovery community and build lives full of meaning and purpose.

I feel very secure in the house. I’m learning to live in the community as well as become independent; but when I need to, I can turn to the other women in the house or to Pamela for advice and reassurance.

The women receive mindfulness training, engage in house groups and attend one-to-one sessions with Pamela, the program coordinator, and Rosie, the SHARC Senior Clinician. They are also invited to come to other SHARC recovery activities.

When I feel down I know I don’t need to use drugs, I can get the support I need. I’ve learned other ways to deal with things.

If I think about what the US house has meant to me, I would say everything.

Thank you all our supporters and the SHARC staff.

Pamela Vale
Coordinator US Women’s Recovery Program
Peer Support Capacity Building Project

SHARC has long utilised peer support as an effective and valuable tool for service users and their families. In October 2014, the Department of Health and Human Services (DHHS) commissioned SHARC to enhance the capacity of Victorian government-funded Alcohol and Other Drug (AOD) agencies to deliver peer support activities.

The Peer Support Capacity Building Project was established and developed comprehensive resources for the delivery of peer support groups; provided initial and ongoing assistance to staff liaison personnel; facilitated training for peer leaders and established networking and supervision opportunities for both peer leaders and staff liaison personnel.

The by-products of these activities included the development of staff expertise particular to establishing and sustaining peer support activities; the formation of an AOD peer workforce; and the creation of an AOD peer support community and professional network of agencies who deliver peer support.

Over the course of this two year project, SHARC worked with agencies to establish and support seven service user peer support groups and eight peer support groups for family members. These groups, facilitated by trained volunteer peer leaders, provided group members with mutual support and keep service users engaged in the treatment process.

The project was the first funded initiative to build AOD Peer Support capacity and was embraced by the sector state-wide. Through data collection, ongoing reflection and a formal independent evaluation by Turning Point Alcohol and Drug Centre, we can report that the project has been a success, both in terms of completing assigned key activities and meeting the needs of services users and their families.

The SHARC peer support model, including knowledge, resources, and training was appreciated by agencies participating in the project:

“...you can do your own research and find your own research papers but it’s not the same as having the peak body that sits with that knowledge and that research and holds it then tap into it in a practical way” … SHARC was an acknowledged by staff liaison personnel as “...an essential component of establishing and running a successful peer support group”.’ (Manning, Savic & Thorn 2016).

During this project, the sector experienced the value of peer support on an individual and community level. By virtue of mutual lived experience, peer support group participants have steadily formed strong communities based on authentic empathy and commitment to the recovery process.

The Turning Point evaluation (2016) reported that

‘...engaging in peer-support groups were [sic] associated with a range of salutary effects. Participants reported peer-support groups boosted their inner strength and courage, as well as their sense of control and ability to make changes in their lives.’ (Manning, Savic & Thorn 2016).

For agencies involved, this project provided an opportunity to create or expand and strengthen their peer support activities without reinventing a process. SHARC assisted agencies to embed peer support within their clinical and organisational frameworks, establishing a valuable extension of their existing services.

SHARC would like to extend our gratitude to Turning Point for their comprehensive evaluation of this project and acknowledge the following agencies who participated in this important project:
Outcomes from the Peer Support Capacity Building Project have highlighted the undeniable value of peer support for service users, family members and the agencies who hold these activities. The legacy of knowledge, research and resources created by this project has increased the scope of SHARC’s ability to provide peer support capacity building and we look forward to future opportunities in this space.

Crystal Clancy
Project Development Officer
Peer Support Mentor Program

SHARC’s Peer Support Mentors have been providing one-on-one, face-to-face support, guidance, hope and positivity to parents in the Family Drug Treatment Court (FDTC) program for over eighteen months now. The FDTC is an innovative, first of its kind program in Australia. Led by the Children’s Court of Victoria, it’s designed to assist parents whose substance misuse means they no longer have their children in their care. The goal of the FDTC is for the parents to overcome their substance use issues and to create a safe and stable environment for reunification with their children.

The Peer Support Mentors are highly valued by both the parents and court program members and they are considered to be an integral part of the success of the program. In fact, the Peer Support Mentors are so beneficial to the parents’ journey in this program that SHARC is recruiting and training more people to fill this incredibly important role at the request of the court.

The support of the Peer Support Mentors and Case Managers are the best part of this program. The Peer Support Mentors put us back on track and remind us what we need to do. They have lots of insight and information, and they know what we are going through. They are motivating because they have succeeded. They have walked in our shoes. (FDTC parent)

Natalie Wloch
Project Lead Peer Support Mentor Program

SHARC Open Day 2016 - Natalie with a group of visitors
Association of Participating Service Users

Association of Participating Service Users (APSU) aims to ensure that the opinions, ideas and experiences of people who use alcohol and other drug services contribute to policy, research, service provision and professional development.

Personal growth can be achieved through participation in activities that improve one’s self-awareness, self-esteem, self-worth and self-knowledge. Learning new skills, enhancing existing skills and identifying one’s potential all contribute to the realisation of one’s dreams and aspirations.

It is a great pleasure for me to have this opportunity to highlight some of the activities that have provided such opportunities for growth for service users, family members, community and APSU in the 2015-2016 financial year.

Peer Helper Training

APSU received a large number of applications for the Peer Helper Training in 2015-2016 with ten participants successfully completing the 32 hour course. Five of the ten were able to complete a 12 hour placement at partner organisations within the AOD sector. These placements are a valuable opportunity for growth, however APSU continues to struggle finding a sufficient number of organisations willing to accommodate them.

The value of peer helpers in the AOD sector is immense, and often quoted as a necessary part of recovery for AOD treatment consumers. Consumers are less likely to feel judged or stigmatised by those who have shared a similar experience. The peer-to-peer relationship is built on common knowledge and shared experiences.

Speaker Bureau

APSU’s Speaker Bureau is comprised of people who are willing to speak publically at community or corporate events. Speaker Bureau members nominate themselves for this role and they choose what area of expertise they have and what topics they are prepared to speak about. They are remunerated by the requesting organisation, and trained and supported by APSU. Speakers are empowered in their endeavours to help raise awareness, overcome stigma and shame, and educate people about addiction, recovery and hope.

Speaker Bureau policy, procedures and guidelines have been revised in late 2015, and a four hour training
session has been developed. Since revising Speaker Bureau, growth and demand for speakers has been steadily increasing. There are currently 90 speakers registered in our database, 61 have completed the training and APSU has received over 50 speaker requests at various events across the state.

A special thank you to Alex (APSU Volunteer) for his dedication, commitment and enthusiasm during the development and delivery of the Speaker Bureau training.

**Roundtable discussions**

Service users, family members and peer workers / volunteers welcomed the opportunity to have a say into the recommendations of the independent review of new arrangements for the delivery of mental health community support services and drug treatment services.

The Department of Health and Human Services, in collaboration with APSU, held two roundtable discussions to garner people’s experiences accessing and receiving treatment in Victoria’s adult community-based alcohol and other drug treatment system.

Both roundtable discussions were well represented and participants openly shared their experiences and suggestions of improvements to the Victorian AOD treatment service system.

**Consultation with the Victorian Primary Health Network**

In March 2016 APSU organised a consultation with service users and family members on behalf of the Victorian Primary Health Network Alliance. The consultation aimed to inform the understanding of regional AOD treatment needs and, consequently, the planning of service delivery. The event, attended by 14 participants, developed into a lively discussion, illustrating current gaps in service delivery. Following this consultation, one of the participants had the opportunity to talk about her experiences with services at a planning event organised by North Western Melbourne Primary Health Network for service providers and policy makers in their region.
Experts by Experience

Experts by Experience serves as a participatory mechanism for people to utilise their expertise in contributing to AOD service provision, policy and research. Training consists of advocacy, leadership skills, facilitation and organising skills as well as the principles of consumer participation and empowerment. APSU provided Experts by Experience training sessions to several consumer groups including SHARC/Windana, ReGen, Southern Dual Diagnosis Service and Eastern Health Consumer and Carer Advisory Committee.

Consumer participation training for managers & boards of management in the AOD Sector

APSU and TaskForce Community Agency delivered four practical, one-day training sessions specially developed for senior level management in the AOD sector. Management sessions were well attended with a total of 38 participants attending different locations in and around Melbourne.

This course focused on meaningful consumer participation, its benefits and useful solutions to overcome regularly reported barriers. It also looked at how to assess and realistically implement consumer participation into an organisation by developing a viable action plan.

In addition to the managers’ training, there were five boards of management that received introductory presentations to increase their understanding of consumer participation at a governance level.

Family participation manual

Broadening the source - Fostering family participation in the Victorian alcohol and other drug sector was developed as a companion to the publication Straight from the source.

This manual was developed to acknowledge the significance of family participation in AOD treatment. It provides practical guidance and suggestions on how best to engage family in treatment processes and decision-making processes around AOD treatment, policy and education.

APSU had launched the manual at the APSU/ ReGen Consumer Innovations Forum on 13 May 2016. Over 200 copies have been distributed. To download your free copy or any other APSU resource visit our website www.apsuonline.org.au.

Jeff Gavin
APSU Manager
Family Drug Help

Family Drug Help provides a specialist service to support family members and friends who are concerned about a loved one’s alcohol and/or other drug use.

Family Drug Help provides state-wide services, including:

- Family Drug Helpline: a state-wide 24-hour helpline available for immediate and ongoing support
- BreakThrough: Ice education for families
- Action for Recovery Course (ARC): a six week family education course to learn skills and strategies to cope with a loved one’s addiction
- Family Support Groups: family and friends can gain support, receive educational resources and share their experiences with others
- Family Counselling: a supportive environment to help families develop their relationship by building upon their skills and strengths
- Siblings Support: interactive online support and information

BreakThrough: Ice education for families

BreakThrough: Ice Education for families is providing a valuable resource in the community. BreakThrough is part of the State Government initiative to provide extra funding to addiction support services throughout the state, and is a collaboration between three of Victoria’s leading state-wide services: Family Drug Help at SHARC, Turning Point and The Bouverie Centre.

The educational workshops provide knowledge on what ice is, how it affects people, and coping strategies for families. Importantly, practical approaches in caring for a family member who might be using ice is provided. BreakThrough highlights that family members can provide valuable support to their loved one by influencing the course of their addiction, promoting positive outcomes such as engaging with treatment services, and reducing the negative effects of the addiction on other family members.

Since October 2015, Family Drug Help and Turning Point have delivered 105 workshops to over 2,100 family members affected by a loved one’s ice use. Workshops are delivered to diverse groups in the community, and is a reflection of how concerns about ice use cut across our cities and rural centres. Feedback from families has been overwhelmingly positive.

We thank the tireless work of Family Drug Help staff in BreakThrough.

Establishment of new family support groups

Family Drug Help facilitates family support groups throughout Victoria. These groups continue to welcome new members at every meeting. As a result of families advocating for local resources and support, Family Drug Help continues to establish new support groups, most recently in Portland. With changes in funding, there will be an emphasis on generating fee-for-service family support groups. Staff, volunteers and local
families have worked tirelessly to ensure these groups are engaging, interactive, educational and solution-focused.

Philanthropy grant to build peer support capacity for families affected by problem gambling

We are very excited to announce that SHARC has been successful in its submission to the Ian Potter Foundation to receive an eighteen month grant to undertake a project to develop a community education program, with accompanying resources, and subsequent family peer support groups for families impacted by problem gambling.

The title of the project is Supporting families affected by gambling: building peer support capacity in community organisations.

This grant will enable us to promote and facilitate volunteer led peer-support programs to provide much needed help for families impacted by gambling. The challenges these families face are similar to those faced by families affected by substance misuse. This project will review, adapt for use in the gambling context and trial our evaluated and accredited ARC training, community peer support group model and capacity building approach. Working closely with Gambler’s Help, the program will be trialled in four locations (metro and regional Victoria). The program will be manualised, with accompanying resources and information, and support provided.

Family Drug Helpline volunteer awards

We are proud that the commitment and contribution of our volunteers was recognised in two volunteer awards.

Tess Darlington, a Family Drug Helpline volunteer, was recognised in the 2016 Minister of Health Volunteer Awards. Tess was awarded the Outstanding Achievement by a Young Volunteer for her work on the Family Drug Helpline. She, like our other trained volunteers, has been impacted by a loved one’s drug use and applies her own experience to empathise with callers and offer them support.

Frank Youakim was the proud recipient of the Higgins Community Service Award, which was hosted by the Hon Kelly O’Dwyer, Federal Member for Higgins, in recognition of Frank’s commitment and service as a volunteer at Family Drug Helpline.

Family Drug Helpline uses the lived experience of volunteers to reduce alcohol and drug-related harm to families and friends of a person misusing these substances and to strengthen families in their support of that person. We thank all our volunteers, and recognise the outstanding support and guidance provided by Heath Richardson, our Helpline Coordinator.

Robert Campbell
Family Drug Help Manager
SHARC staff 2015 - 2016

Angela Ireland (FDH)
Anna Guthrie (FDH)
Anne Iversen (FDH, Peer Support Capacity Building Project)
Bella Anderson (Peer Programs and Projects Manager)
Brad Itter (RSS)
Crystal Clancy (Peer Support Capacity Building Project)
Daina Latta (Admin)
Darren Sims (Peer Mentoring Project)
Deirdre Muir (FDH)
Edita Kennedy (APSU)
El Leone (Oxford Houses, RSS)
Elzara Ramazanova (Admin)
Fiona Cornwall (Peer Support Capacity Building Project)
Glenda Nettleton (FDH)
Heath Richardson (FDH)
Heather Pickard (CEO)
James Stone (RSS)
Jeff Gavin (APSU Manager)
Jenni Furby (RSS)
John Wynde (FDH)
Karen O’Toole (FDH)
Louise Robinson (RSS)
Marg Quon (FDH)
Matt Rothman (RSS)
Natalie Wloch (APSU, Peer Mentoring Project, SMSDGF)
Nicki Catmull (Oxford Houses)
Pamela Vale (RSS, US Women’s Recovery Program)
Rachael Pallenberg (Quality Manager)
Renee Louis (Admin, Peer Mentoring Project)
Robert Campbell (FDH Manager)
Ron Blake (RSS)
Rosemary McClean (Funding & Resources)
Rosie Cluett (RSS, SMSDGF)
Ryan Peace (FDH, RSS)
Shamael Keng (FDH)
Stephen Lowe (Admin)
Sue White (Quality)
Tracey Alder (FDH)

This list includes staff members who have terminated their employment at SHARC during 2015-2016 financial year.
## Statement of financial position as at 30 June 2016

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CURRENT ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash at Bank and Petty Cash</td>
<td>296,096</td>
<td>384,050</td>
</tr>
<tr>
<td>Debtors</td>
<td>16,963</td>
<td>26,693</td>
</tr>
<tr>
<td>Prepayments</td>
<td>127</td>
<td>815</td>
</tr>
<tr>
<td><strong>Total Current Assets</strong></td>
<td>313,186</td>
<td>411,559</td>
</tr>
<tr>
<td><strong>NON-CURRENT ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Property, Plant &amp; Equipment</td>
<td>2,597,985</td>
<td>2,584,392</td>
</tr>
<tr>
<td><strong>Total Non-Current Assets</strong></td>
<td>2,597,985</td>
<td>2,584,392</td>
</tr>
<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td>2,911,171</td>
<td>2,995,951</td>
</tr>
<tr>
<td><strong>CURRENT LIABILITIES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Income Received in Advance</td>
<td>91,795</td>
<td>48,898</td>
</tr>
<tr>
<td>Creditors and accruals</td>
<td>70,144</td>
<td>59,596</td>
</tr>
<tr>
<td>GST</td>
<td>22,540</td>
<td>23,207</td>
</tr>
<tr>
<td>Provisions of Annual Leave, Long Service Leave and TIL</td>
<td>100,021</td>
<td>83,025</td>
</tr>
<tr>
<td>Commonwealth Bank Loan (Secured)</td>
<td>74,328</td>
<td>74,328</td>
</tr>
<tr>
<td><strong>Total Current Liabilities</strong></td>
<td>358,827</td>
<td>289,055</td>
</tr>
<tr>
<td><strong>NON-CURRENT LIABILITIES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Commonwealth Bank Loan (Secured)</td>
<td>198,382</td>
<td>422,424</td>
</tr>
<tr>
<td>Provision for Long Service Leave</td>
<td>7,728</td>
<td>9,693</td>
</tr>
<tr>
<td><strong>Total Non-Current Liabilities</strong></td>
<td>206,110</td>
<td>432,117</td>
</tr>
<tr>
<td><strong>TOTAL LIABILITIES</strong></td>
<td>564,938</td>
<td>721,172</td>
</tr>
<tr>
<td><strong>NET ASSETS</strong></td>
<td>2,346,233</td>
<td>2,274,779</td>
</tr>
<tr>
<td><strong>EQUITY</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accumulated Surplus</td>
<td>1,522,837</td>
<td>1,451,383</td>
</tr>
<tr>
<td>Asset Revaluation Reserve</td>
<td>823,396</td>
<td>823,396</td>
</tr>
<tr>
<td><strong>TOTAL EQUITY</strong></td>
<td>2,346,233</td>
<td>2,274,779</td>
</tr>
</tbody>
</table>

The financial statements shown in this report comprise key financial information only. A full copy of the accounts, including relevant notes, are available to members upon request.
# Statement of financial performance for the year ended 30 June 2016

## REVENUE

### GRANTS

**Government Funding - Federal**

<table>
<thead>
<tr>
<th>Service Project</th>
<th>Amount 2016</th>
<th>Amount 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>NIDS Family Project - Family Connections</td>
<td>222,753</td>
<td>219,261</td>
</tr>
<tr>
<td>NIDS Halfway Project - Residential Support Services</td>
<td>238,761</td>
<td>235,018</td>
</tr>
<tr>
<td>NIDS - Substance Misuse Grant</td>
<td>171,156</td>
<td>168,473</td>
</tr>
</tbody>
</table>

**Government Funding - State**

<table>
<thead>
<tr>
<th>Service Project</th>
<th>Amount 2016</th>
<th>Amount 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Association of Participating Service Users (APSU)</td>
<td>181,951</td>
<td>175,114</td>
</tr>
<tr>
<td>Family Drug Help - Support Network</td>
<td>123,500</td>
<td>131,806</td>
</tr>
<tr>
<td>Family Drug Helpline</td>
<td>303,595</td>
<td>288,958</td>
</tr>
<tr>
<td>Youth Supported Accommodation (YSA)</td>
<td>174,588</td>
<td>168,013</td>
</tr>
<tr>
<td>Other State Grants</td>
<td>67,602</td>
<td>22,705</td>
</tr>
</tbody>
</table>

**Total Grants** | 1,483,905 | 1,409,349 |

### INDUSTRY BASED REVENUE

<table>
<thead>
<tr>
<th>Amount 2016</th>
<th>Amount 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>313,017</td>
<td>152,759</td>
</tr>
</tbody>
</table>

### OTHER INCOME

<table>
<thead>
<tr>
<th>Amount 2016</th>
<th>Amount 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>104,701</td>
<td>183,556</td>
</tr>
</tbody>
</table>

**TOTAL REVENUE** | 1,901,623 | 1,745,664 |

## EXPENSES

<table>
<thead>
<tr>
<th>Expenses</th>
<th>Amount 2016</th>
<th>Amount 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative and Other Expenses</td>
<td>-296,364</td>
<td>-274,069</td>
</tr>
<tr>
<td>Borrowing Expenses</td>
<td>-2,935</td>
<td>-3,707</td>
</tr>
<tr>
<td>Employment Expenses</td>
<td>-1,430,227</td>
<td>-1,298,875</td>
</tr>
<tr>
<td>Depreciation</td>
<td>-47,188</td>
<td>-49,180</td>
</tr>
<tr>
<td>Program Expenses</td>
<td>-53,455</td>
<td>-52,782</td>
</tr>
</tbody>
</table>

**TOTAL EXPENSES** | -1,830,169 | -1,678,611 |

## OPERATING SURPLUS / DEFICIT

<table>
<thead>
<tr>
<th>Amount 2016</th>
<th>Amount 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>71,454</td>
<td>67,051</td>
</tr>
</tbody>
</table>

**Accumulated Surplus Brought Forward** | 1,451,383 | 1,384,331 |

**Operating Surplus for the Year** | 71,454 | 67,051 |

**ACCUMULATED SURPLUS 30 June 2016** | 1,522,837 | 1,451,382 |