Annual Report 2018

PEER CONNECTION

Self Help Addiction Resource Centre

QIC ACCREDITED
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Chair’s Report

GAYE HENNESSEY, CHAIR OF THE BOARD

As Chair of the SHARC Board, I get great pleasure taking time to reflect on the inspiring work undertaken by the SHARC team over the previous twelve months. Tuning in to the needs of the community, combined with a strong understanding of our strengths, has allowed SHARC to extend and improve existing services and offer our expertise to others. None of the important work we do would be possible without our incredible volunteers, our generous philanthropic benefactors and the Federal and State Governments. We remain grateful that they support our work.

Building capacity in peer work, advocacy and family work, our ‘Peer Connection’ theme focuses on SHARC’s central point of difference and true strength in enabling our service users to become contributing members of their communities. For some, it is about re-engaging with those around them in a positive way and for others it may be the first time they have turned outward to build meaningful, satisfying and contributing lives. The building of the vital connections that hold us together as a community works as mutual healing, passing on the knowledge and skills acquired as we give and receive help. This focuses us squarely on SHARC’s values as set out by our founding community members.

SHARC holds, as a central tenet, the contribution that peer connection makes to achieving and maintaining recovery and to rebuilding lives and relationships. The insight, empathy and understanding that comes with having experienced the same journey enriches and extends our work. We also acknowledge the considerable contribution made by those whose experience is informed in other ways and this keeps us humble and open to continuous learning.

This year we embarked on a strategic planning process, conducted as an inclusive and reflective day of considering our strengths, purpose and opportunities. Our newer board members provided valuable insights and experience for the first time and enthusiastically gave their time and energy to SHARC, resulting in our new strategic plan for 2018–2021.

It was exciting to see the dedicated team at SHARC, led steadfastly by our CEO Heather Pickard, continue to cement SHARC’s place as an expert in the field. Amongst other areas:

- providing advice on the development of Victoria’s first Medically Supervised Injecting Facility;
- facilitating consumer consultations on the SafeScript and Codeine legislation changes;
- development of Victoria’s Alcohol and Other Drug (AOD) peer workforce; and
- working with Intentional Peer Support (International) to develop an AOD lens for their model.

Building on this valuable work is the development of APSU’s role in systemic advocacy.

SHARC continues to expand and develop partnerships and funding relationships which are essential to meet the challenges of competitive tendering and allow us to draw on the considerable expertise that others in our field have to offer. To ensure SHARC’s sustainability, we have considered succession and talent planning and sought to ensure that our knowledge and expertise is shared and thoughtfully considered in our planning for the future.

We, as a board, remain committed to SHARC’s continued evolution in its vital role of encouraging the spirit to inspire and advance the wellbeing of those who wish to embark on the journey to a better life. On behalf of the SHARC Board, I express gratitude for the opportunity to play a small part in the terrific work that SHARC does.

Gaye Hennessey
Chair of the SHARC Board
Strategic Plan July 2018 – July 2021

Board of Governance

<table>
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<tr>
<th>Name</th>
<th>Role</th>
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<tbody>
<tr>
<td>GAYE HENNESSEY</td>
<td>Chair</td>
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<td>ARUN AMARSI</td>
<td>Treasurer</td>
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<tr>
<td>ANTHONY DENHAM</td>
<td>Director</td>
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<td>GARRY ANDERSON</td>
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<td>MICHAEL HOWARD</td>
<td>Director</td>
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<tr>
<td>FRANK PLATON</td>
<td>Director</td>
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<td>ANDREA TRAVERS</td>
<td>Director</td>
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Future Key Directions

Over the next 3 years, our key directions are to:

1. Consolidate SHARC’s influence in the development and delivery of practice in family support, consumer participation, peer workforce and recovery orientated practice, with models based on evidence and our unique experience.

2. Provide systemic advocacy and input into government policy direction by being the voice of individuals, families and communities impacted by addiction.

3. Be a sustainable innovative organisation that responds to current issues, is well resourced and has a strong culture and record of effective partnerships.

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

<table>
<thead>
<tr>
<th>Value</th>
<th>Statement</th>
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<tbody>
<tr>
<td>PEOPLE</td>
<td>People who have the courage to ask for help have our respect and admiration.</td>
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<tr>
<td>INSIGHT</td>
<td>We believe that people are the experts in their own life.</td>
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<tr>
<td>SELF HELP</td>
<td>We believe in Self Help as mutual healing, passing on the knowledge and skills acquired, as we give and receive help.</td>
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<tr>
<td>RECOVERY</td>
<td>We believe in Recovery – the individual taking ownership of a meaningful and purpose filled life.</td>
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<tr>
<td>LEADERSHIP</td>
<td>We believe in Leadership that is born from direct experience and has the spirit to inspire and advance the wellbeing of all.</td>
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<tr>
<td>COMMUNITY</td>
<td>We believe in Community that includes all members as equal and necessary participants.</td>
</tr>
<tr>
<td>ADVOCACY</td>
<td>We believe in Advocacy as a means offered to people to take an essential and active role in a democratic community.</td>
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In reflecting and reporting on SHARC’s progress and activities for 2017–2018, it is very clear that as an organisation we have embedded and reflect this year’s theme of Peer Connection.

Recently I had the opportunity to study some of the early documentation from SHARC’s history. Formed by the amalgamation of the US (Understanding & Support) Society and SHASU (Self Help and Substance Use Project), SHARC has been underpinned by the power of peer connection since the beginning.

As a relatively small organisation, funding remains a challenge in this era of competitive tendering. We continue to develop creative funding opportunities and work closely with our funders, in particular the Victorian Department of Health and Human Services and the Southern Metropolitan Primary Health Network, to deliver our programs and services in the community. Philanthropic support remains an essential part of our funding mix. We particularly acknowledge the Merrin Foundation for its support over many years and welcome our new philanthropic partners.

Our Family Drug Help program personifies the power of peer connection: families helping families to deal with challenges and grow strong. We are building the program across culturally diverse communities and including a focus on family violence. Our Family Gambling Help project is proving to be a valuable model of support for families affected by gambling and has secured philanthropic funding for a further two years to continue developing the model.

Our Peer Projects program area, formally established and funded in 2016, has been pivotal in the development and support of Victoria’s emerging Alcohol and Other Drug (AOD) Peer Workforce. Resource development, training, establishing a community of practice and capacity building have contributed to the recognition and understanding of the role of peer workers.

Residential Peer Programs, through its Recovery Support Service, US Women’s Recovery Program and Oxford Houses, continues to demonstrate the power of peer connection and the importance of stable accommodation in achieving long term recovery.

APSU has been integral in facilitating consultations and ensuring consumer voice input into a number of important initiatives, including the Regional Roadshow consulting with mental health and AOD service users across Victoria, in partnership with VMIAC. With a major review and redesign of its activities, and a focus on Systemic Advocacy, APSU will continue to take on the big issues on behalf of its membership.

We do not operate in isolation and we acknowledge and thank our many supporters and partnership organisations – from the generous support of Bluebird House, which regrettably ceased operating this year, to the energy and innovation of new players such as The Big Feels Club.

All this would not be possible without the great work and contribution of my staff, volunteers including the Board, our friends, stakeholders, funders, and of course, the courageous people who come through our doors seeking change and new opportunities. I thank you all.

Looking forward to 2018–2019, I am energised and optimistic for the SHARC community.

Heather Pickard
Chief Executive Officer
Family Drug Help

Family Drug Help (FDH) is all about peer connections. Families and friends impacted by someone’s substance use can seek support, information and referral from those who have ‘been there’. The depth of passion and commitment from our trained volunteers and staff in Family Drug Help forges peer connections in the community. Exciting developments are occurring across FDH from completion of Stage 1 of our Family Gambling Help project to innovations in the use of online services. Family Drug Help continues to be dynamic as it seeks new ways of supporting families through peer connection.

Family Drug Helpline creates opportunities to connect with FDH’s other programs

The helpline continues to be the first port of call for many families and has strengthened its focus on peer connection through a range of innovations. Our volunteer training has been re-developed with an even stronger focus on the peer support model, and for the first time, incorporates an online training component. The helpline is supporting callers in new ways, offering a call back service and follow-up support for participants in FDH programs. People from culturally and linguistically diverse (CALD) communities are connecting with the helpline more frequently with the support of interpreters, and staff and volunteers have undertaken professional development sessions on working with diverse communities. The volunteer team continues to work hard to connect with families in need. This dedication was formally recognised when the helpline was awarded the 2018 Higgins Community Service Award, the first time this award has been given to an entire volunteer team.

The counselling service continues to flourish

The demand over the last year has increased as more families seek a more therapeutic space to talk about their unique needs. We have seen an increase in demand from CALD communities and we are...
utilising the services of interpreters more than ever before. This is encouraging as we look to embrace a more diverse client group.

**InFocus Family Education Program helps families grow**

Nothing fulfils our InFocus facilitators more than watching families grow over six weeks as they bond, share experiences, feel more empowered and encourage each other to bravely try something new. They shift from constant challenges and chaos to a new way of living through information, self-care, coping strategies and support. From the unknown of week one, to see a group come together, smile and laugh as they continue their own personal recovery, is the ultimate satisfaction.

“This program helped me refocus my energy from what is unhelpful, to what can really help. I’ve learned to identify my role, what I can control and what I can’t. I have learnt that by refusing to change my own behaviour, I was keeping myself in a devastating situation. I’ve learnt that change isn’t as scary as feeling trapped by someone’s addiction is. I can’t thank the facilitators enough for paving the way so supportively. This program works.” InFocus Participant

**Support Group members words**

These touching and meaningful words collected from our support group members regarding the gifts of being a group participant, expresses what peer connection means.

“… to feel connected with those that truly understand is the most comforting and levelling experience for us.”

“The support and connection of others who truly understand cannot be put into words.”

“I don’t feel alone any longer.”

“The groups are something we don’t want to belong to, but are so glad that we do.”

**Breakthrough: Ice Education for Families receives overwhelmingly positive evaluations**

The program continued strongly in 2017/18, with a total of 58 Breakthrough workshops run and over 900 participants attending Victoria-wide, in collaboration with Turning Point. The majority of referrals came through the Family Drug Helpline, health services and word of mouth. The Breakthrough website attracted over 2,200 visitors and online initiatives were formed with “Cracks in the Ice” as a resource for families. Participants continued to provide overwhelmingly positive evaluations of the Breakthrough sessions.
Family Gambling Help project has important key learnings

We are pleased to announce that we have successfully concluded Stage 1 of the Family Gambling Help project, and we have secured additional philanthropy funding to further test and evaluate the model over the next two years. Key learnings include:

- There is great unmet need for families to access support and information.
- Generational issues prevail with alcohol and other drug issues often going hand in hand with gambling.
- Family breakup, stress and strain is common.
- Legal and financial issues are overwhelming.
- The negative impact of stigma creates barriers to seeking help.
- Trialing has found the model to be viable, robust and replicable.

The findings of the project were recently presented at the Victorian Responsible Gambling Foundation conference at Deakin University, in Geelong.

Muslim Youth Adult and Family Program has funding extended

This innovative program in partnership with Odyssey House Victoria, the Salvation Army, Youth Support Advocacy Service, SHARC and MyCentre Support Services in the North West of Melbourne is progressing well and has had its funding extended until 30 June 2019.

Family members assisted (Total 8200)

- 2% Helpline 5,800 (71%)
- 11% Peer support groups 1,200 (15%)
- 15% Breakthrough 900 (11%)
- 1% Counselling 110 (1%)
- 1% InFocus 168 (2%)

Volunteer Contribution to FDH

- 97 volunteers contributed 6,568 hours equivalent to 938 days work = 16 FTE

FDH newsletter: 10,000 copies disseminated
Helpline: over 5500 calls
Breakthrough workshops: 68, over 900 participants
Support groups: 26 groups: 1203 members
Presentations to other organisations: 24
Residential Peer Programs

The Peer Worker Initiative

SHARC is the largest provider of supported accommodation beds in Victoria. Our youth program, Recovery Support Services (RSS), has 19 beds, our adult women’s program, Understanding and Support (US) Women’s Recovery Program, and Oxford Houses, SHARC manages 56 beds in total.

We assist people to recover from substance dependency and follow their dreams and, of course, profound change doesn’t happen overnight. We are happy to report that the RSS residents stayed in the program an average of 10.1 months, the women in the US Women’s Recovery Program 10 months and our Oxford Houses residents 22 months. The changes in people's lives included developing positive relationships with others, reconciling with families, engaging in and enjoying creative and recreational activities, gaining access and custody of their children, finding employment, returning to study.

The latest initiative in RPP has been the employment of a Peer Worker to augment the existing strengths of our programs.

“That's great, but what's so different about a peer worker? After all, I'm in recovery, aren't we all peer workers?” RPP staff member.

No. Whilst our other RPP staff have lived experience, they’re employed for their qualifications and sector experience. Peer workers are employed on the basis of their lived experience.

“OK, if we get a peer worker, they can run some group”. “They can do the (accommodation) sign-ups; take some of the busyness from our work load.” “It’ll be great to have an extra pair of hands in the office.” “They can be the recreation coordinator.” RSS team

No. Giving formal Alcohol and Other Drug (AOD) support work to a peer worker is a common trap for organisations. Peer workers may become half clinician/ half peer-worker and, whilst they can learn clinical skills, they may lose the open emphatic connection a focused peer worker can have with consumers.

“SHARC is the Centre for Peer Work and we are going to do this right. We want to be a role model for other organisations.” RSS Leadership Team
We were fortunate to have a valuable SHARC volunteer who had provided many hours of service as our first Peer Worker.

“It seemed like a great opportunity to engage in a meaningful way with the people in the program – an opportunity to turn my own recovery journey into something others might draw from. My Intentional Peer Support training taught me that if you don’t have connection with people it’s difficult to get very far. The age difference between me and the residents didn’t seem to get in the way; you don’t have to be the same and think the same as the people you’re supporting. Peer work is not about fixing people, it’s about being with them and sharing your own experience with life.” RPP Peer Worker

Wanting to separate peer support work from general AOD clinical work, RSS staff designed a simple job description that included:

- The peer worker will be part of the staff team without carrying clinical responsibilities
- They will have the opportunity to develop connection and trust with the residents without pursuing any other program agenda
- They can spend unstructured time – go for a coffee, sit in the sun, go for a walk – with residents at key points of the program, e.g. shortly after admission, returning from time out of the program and planning to exit the service
- They will inform staff if they believe that a resident is at risk of any kind, otherwise, their conversations will remain private

Having a peer worker in our team has broadened the range of connections and support we can give our residents.

“As soon as one of the residents had seen the peer worker, the others started coming up to me and asking when it was going to be their turn. They really appreciated what he had to give.” RSS Program Coordinator.

“It’s 6 months into the program and I’ve had the opportunity meet with all the residents early in their admission and see them change from being fearful and anxious to trying new things and forging relationships with each other and the staff. It’s nice.” RPP Peer Worker

“The good thing about the peer worker is that you don’t get a biased opinion with him or anything; anything I told him was a one-on-one thing and was going to stay there. Having him as a male role model was really good, it helped me have some trust in other men.” RSS resident

“I found having time with the peer worker was beneficial because he understood Narcotics Anonymous and related to me on a peer level; he drew from his own experience. It made it easier to tackle difficult subjects because we could keep things light if I wanted. It was good because the sessions didn’t have a particular goal; we just talked about what was going on – whatever I wanted to talk about.” RSS Resident.

“I much prefer talking to people who have similar experiences as me; it’s more comfortable and easier to open up and you get more out of it. I’m more willing to take on advice from people who have been through the same stuff.” RSS Resident.
3 programs; total 16 houses, 56 beds

RECOVERY SUPPORT SERVICES
80% of residents proceed to study and/or employment

RECOVERY SUPPORT SERVICES
10 months average length of stay
8 houses
19 beds

OXFORD HOUSES
22 months average length of stay
8 houses
32 beds

US WOMEN’S RECOVERY PROGRAM
10 months average length of stay
1 house
5 beds
Residential Peer Programs
Funded by the Australian Government Department of Health.

Recovery Support Service
RSS provides shared community housing and a structured alcohol and other drug day program for people aged 25 – 16 years old wishing to live drug free. The program is based on peer support and offers participants a balance between structure and independence.

Oxford Houses
In partnership with Mind Australia. Funded by the Menin Foundation.

Oxford Houses is a peer support based program that offers drug-free housing in the community for people over 18 years old. A unique program, it provides residents with a peer managed environment that encourages independence, cooperation and mutual help.

US Women’s Recovery Program
Funded by the Grenet Foundation, and Bell Charitable Fund. The USWRP provides safe, secure community housing and groups for women over 26 years old wishing to live drug free and join a supportive community of like-minded people. The program is based on peer support and offers residents links to helpful health, welfare and community resources.

Complex Recovery Coordination
Funded by the South Eastern Melbourne Primary Health Network (SEMPHN).

Family Drug Help (FDH)
Funded by the Victorian Government Department of Health and Human Services (DHHS) and the South Eastern Melbourne Primary Health Network (SEMPHN).

Family Drug Helpline
A 24 hour confidential telephone service providing 7/24 support, information, strategies and referral to family members in need.
Phone 068 660 1300

Family Counselling
Free state-wide counselling service available to families and friends affected by someone’s substance use.

Family Support Groups
Peer support groups that provide opportunities to connect with others having similar experiences. With an educational component, these community based groups offer a supportive forum for members.

InFocus Education Program
A psychoeducational program developed for families and friends affected by someone’s substance use. It offers practical support, relevant information, coping strategies and the opportunity for people to connect through shared experiences.

BreakThrough
A community education program for families about Ice.
Developed and delivered in partnership with Turning Point and The Bouverie Centre.
Funded under the Ice Action Plan, Victorian State Government.

FDH Projects
- Family Gambling Help: developing an education program and support group program for families affected by gambling. Funded by philanthropy.
- Muslim Youth, Adult & Family Program (MYAF): in partnership with Odyssey House Victoria, Youth Substance Abuse Service (YSAS), Salvation Army and MyCenter. Funded by North Western Melbourne Primary Health Network.
Women over 26 years old wishing to live drug free and join a supportive other drug day program for people aged 25 – 16 years old wishing to live drug free. The program is based on peer support and offers participants

USWRP provides safe, secure community housing and groups for

RSS provides shared community housing and a structured alcohol and program, it provides residents with a peer managed environment that community of like-minded people. The program is based on peer

Oxford Houses is a peer support based program that offers drug-free

Complex Recovery Coordination

Funded by the Grenet Foundation, and Bell Charitable Fund.

Funded by the South Eastern Melbourne Primary Health Network

Funded by the Australian Government Department of Health.

US Women's Recovery Program

A balance between structure and independence.

Residential Peer Programs Family Drug

SHARC Consumer Advisory Committee

Administration & Accounting

Trained Volunteer Workforce

In partnership with Windana Drug & Alcohol Recovery Inc.

Over 80 valued volunteers across all programs.

Funded by North Western Melbourne Primary Health Network.

Muslim Youth, Adult & Family Program (MYAF):

Funded by philanthropy.

Family Gambling Help:

Funded by the Victorian Government Department of Health and Human Services (DHHS). Developed and delivered in partnership with Turning Point and Salvation Army and MyCenter.

A psychoeducational program developed for families and friends affected by someone's substance use. It offers practical support, community based groups offer a supportive forum for members. A 24 hour confidential telephone service providing 7/24 support, information, strategies and referral to family members in need.

Funded under the Ice Action Plan, Victorian State Government.

In partnership with Mind Australia.

A community education program for families about Ice.

A training program tailored for people with lived experience of addiction.

Our network of trained speakers with lived experiences of addiction and other issues are available to share their experience in public forums.

Straight from the Source podcasts: real, honest stories, covering relevant issues from varying perspectives.

• Reducing Harmful Drug Use through Peer Led Networks: in partnership with Harm Reduction Victoria (HRV). Funded by DHHS.

• APSU Projects

SHARC ANNUAL REPORT 2017–2018
Peer Projects was established in 2017 to coordinate SHARC’s peer initiatives and provide a dedicated effort in leading peer workforce development in the Victorian Alcohol and Other Drug (AOD) sector.

Over the last financial year, we have seen an expansion of the peer workforce within SHARC and across Victoria. There is a spark in sector enthusiasm for peer work and an increase in departmental investment, evident in Victoria’s alcohol and other drugs workforce strategy 2018–2022.

From the success of the Peer Support Capacity Building Project (2014–2017), the Department of Health and Human Services (DHHS) commissioned SHARC to undertake the Peer Workforce Readiness Project ensuring sector readiness for the emerging peer workforce. This has been a rich and rewarding project, driven by the enthusiasm of peer workers, key agencies and departmental stakeholders. Through our work, we have built the infrastructure required to ensure a quality, consistent and sustainable peer workforce.

**Highlights**

AOD Peer Workforce development has reached new heights this year. Peer Projects have:

- Delivered Victoria’s first AOD Peer Workforce Forum, a successful day of co-learning, connection and celebration
- Facilitated a quarterly AOD Peer Workforce Community of Practice that supports and cultivates the existing and emerging workforce
- Provided SHARC Peer Worker Practice Supervision for peer workers across the state
- Developed a Victorian AOD Peer Workforce Strategy including a vision for the AOD Peer Workforce
- Delivered SHARC’s Peer Worker Training and Organisational Readiness Training locally and interstate with Primary Health Networks
- Completed a project with Intentional Peer Support, lensing their valuable model to the AOD experience

“SHARC has been an integral part of my journey as a Peer Worker from my initial interview to now and for what I hope will be a bright future. Judging by the journey so far I’m sure it will be. I have been extremely fortunate to have completed both the Intentional Peer Support (IPS) and Peer Worker Training courses offered at SHARC and been provided with training manuals, knowledge and resources that have become crucial to my transition into AOD Peer Work. The realness and honesty of the Peer Projects team during this training helped ease my initial fears and the peer connection grew.

Over the course of my short journey thus far both staff members have been absolute rocks, always on the end of the phone when I have had moments of fear or uncertainty providing great advice and direction. I look forward to being able to evolve as a Peer Worker with the assistance of the Peer Projects team at SHARC.” – Peer Worker

**Peer connection in action!**

Peer Workers have had an overwhelmingly positive impact within SHARC services and in agencies around Victoria.
“My Peer Worker has been a uniquely valuable support to me in my time at SHARC. He helps me to process what is going on for me, and suggests coping strategies and different supports that I might utilize. Because he understands the SHARC program and has direct contact with the other staff, he can act as an intermediary between myself and staff if there is something I am uncomfortable raising with them. I find that the informal nature of my sessions with my Peer Worker has enabled me to discuss heavy topics without feeling emotionally drained; as I would after a session with a counsellor or psychologist. I am grateful that the peer model has been implemented at SHARC.” – Resident, Residential Support Services (RSS)

One of our Peer Workers has worked with Day Program participants (in partnership with Windana Drug and Alcohol Recovery and Latrobe Community Health Services) for over a year. The feedback from participants supports his outstanding work.

“That the facilitator was a peer worker having lived experience made it easier to relate and respect the content.” – Participant, Day Program

“I enjoyed the facilitator talking from experience, he knows what it’s like” – Participant, Day Program

SHARC Peer Mentors in Justice continue to provide support to parents in the Family Drug Treatment Court (FDTC) program.

“So far my experience within the Family Drug Treatment Court has been amazing, but not without its challenges. I have found the fortnightly peer support group to be especially beneficial, talking about topics has given me a bit of knowledge as well as strategies to help with making better choices in the future. The support and encouragement I have felt from the Magistrate’s, my case worker, the peer support mentors as well as the participants have given me the strength to believe in myself.” – FDTC Parent

In Victoria, the AOD peer workforce is recognised as an integral part of quality service delivery, with many organisations formalising and integrating peer work into their service. At Peer Projects we are witnessing whole sector investment in the discipline and continue to support the invaluable work of AOD Peer Workers.

AOD Peer Worker Forum: (L-R) Clare Davies – Executive Director Rehabilitation Services, Windana Drug & Alcohol Recovery, Rachel Patterson – Peer Programs Coordinator Wellbeing and Support, Banyule Community Health, Emma Cadogan – Senior Policy Advisor, Health and Human Services Workforce, DHHS, Brendan Ritchie – Peer Worker, Peer Projects, SHARC, Jon Benson – AOD Peer Worker, Western Region Alcohol and Drug Service and Teesha Gardiner – AOD Peer Worker, Banyule Community Health.

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<th>Peer Workforce Development</th>
<th>Peer Mentors in Justice</th>
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<tr>
<td>27 Peer Workers trained and supported</td>
<td>4 Peer Mentors</td>
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<tr>
<td>15 Organisations supported</td>
<td>44 Parents supported</td>
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<td>15 Community of Practice Members</td>
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The Association of Participating Service Users

It is a relationship of mutual reliance of the lived experience that the Association of Participating Service Users (APSU) has with its community.

The community of people impacted by alcohol and other drug (AOD) issues rely on APSU to advocate on their behalf. This includes advocating around systemic issues and creating opportunities for their ideas, opinions, and voices to be heard in order to shape research, policy development, service provision and the development of education and training in the AOD sector. APSU relies upon its community to assist in identifying these issues, sourcing the experience of alcohol and other drug consumers, and contributing to the development and delivery of consumer participation projects throughout the Victorian AOD sector.

With this in mind APSU undertook a redesign of its activities over the past financial year. Three key domains were identified: connect and engage with APSU members and community; provide leadership in the AOD sector around best practice in consumer participation, and systemic advocacy. To support these exciting changes a part time role was created. The APSU team welcomed Emma Rafferty to the new role of Systemic Advocacy Lead.

SafeScript and Codeine legislation changes forum

APSU coordinated the SafeScript and Codeine legislation changes forum. Guest speakers included Malcolm Dobbin from the Department of Health and Human Services SafeScript Team, Dr David Jacka, Addiction Medicine Specialist from Monash Health, two lived experience speakers from APSU’s Speaker’s Bureau, Amy Lopes from AOD@theGP along with APSU representatives. The forum generated great discussion around pharmaceutical dependence, details of the initiative, potential impacts and consumer concerns on making the initiative as safe and effective as possible. A detailed report can be found on APSU’s website.

APSU Podcast – Bringing the lived experience and consumer voice to the forefront

The APSU team hit the ground running with the development of the APSU podcast “Straight from the Source”. The podcast highlights the complex nature of the consumer experience. It reflects on the many different viewpoints and experiences around stigma, barriers to treatment, and various attitudes towards addiction, harm reduction, and recovery. The podcast can be found on the APSU website and Facebook.
APSU Movie Night – Building and connecting with the APSU community

APSU hosted a film night for all members and the broader community. The community came together to watch "A Street Cat Named Bob", a heart-warming film about a guy experiencing drug and alcohol issues and a cat that changes his life. The evening was attended by 18 community members and their families who all enjoyed a BBQ, snacks, chocolates, lollies and theatre style popcorn made fresh on the night.

APSU Speaker Bureau – A speaker’s experience

When I completed APSU’s Speaker Bureau training, I was so eager to get involved. I wanted to share my story and lived experience in a way that would be beneficial and help give people an understanding of drug addiction, treatment and recovery.

The first few talks I did were to family groups. They were support groups for the loved ones of a person going through addiction. I was so nervous. But once I started it, was such an amazing feeling to be able to give these people some hope, insight and an opportunity to ask questions they may not be able to ask the person who is in addiction.

The more recent talks I’ve done have been at high schools about drug education, early prevention and the cycle of addiction. Being faced with 150 high school students was quite daunting. But by the end of it I felt like I had really given them a raw, honest and informative talk. The feedback I’ve received from all my talks has always been so positive and made me feel like I’ve made an impact on them.

My own personal and professional growth from these opportunities has been enormous and I always get a great feeling of fulfilment after finishing.

I used to be embarrassed about my lived experience; being a drug addict and all the horrible things that I’ve done or has come from using. But being involved in the Speaker Bureau has taught me that my lived experience has shaped the person I am today and sharing my story can help others who may be going through similar issues. I feel I am one of the lucky ones who has made it into recovery, when in reality, not everyone does.

Ally W

750 Members

- 66% service users
- 33% service providers

29 Speaker Bureau events
16 Community and Sector Consultations
2700 copies of Flipside magazine distributed
SHARC and Windana Consumer Advisory Committee

Consumer participation in the Alcohol and Other Drug (AOD) sector is a key policy directive in health and community services. SHARC and Windana Drug and Alcohol Recovery Inc. in partnership facilitates the Consumer Advisory Committee, or CAC, which is a consumer group that enriches their consumer participation in their respective organisations.

It’s been an exciting year for the CAC with a number of opportunities to provide valuable feedback at both SHARC and Windana. The CAC provided insight and feedback on SHARC’s:

- “feedback” processes
- Residential Peer Programs website page
- Family Drug Help’s promotion with courts, general practitioners, schools and local councils

The CAC also contributed to Windana’s branding and messaging to its community.

CAC members were asked:

What does it means to be a member and how has it been beneficial to you?

“CAC is a warm, friendly group that works together to find ways to benefit and better services.”

“CAC is a great linking of consumers of both Windana and SHARC and a way for consumers from different perspectives to influence what they decide about services.”

“CAC is a dynamic group where there is exchange of what others have experienced and each member be listened to.”

“Feedback about lived experience is taken on board and put into practice.”

“Members can openly share thoughts in a non-judgemental group and from the start, members feel comfortable and supported to express their thoughts.”

“It’s a place where we express opinions and even when differences arise, CAC members are accepting and respectful of each other’s contributions.”

“Being part of CAC has improved my self-esteem and self-worth and now I believe I am capable of more!”

“Participating has created an opportunity to broaden experiences for growth and to move on at a personal and professional level.”

On behalf of SHARC and Windana we thank all the CAC members for their contributions.
**SHARC Staff 2017–2018**

**Chief Executive Officer**
Heather Pickard

**Administration**

<table>
<thead>
<tr>
<th>Elzara Ramazanova</th>
<th>Rachael Pallenber</th>
<th>Stephen Lowe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rachael Matzka</td>
<td>Rosemary McClean</td>
<td></td>
</tr>
</tbody>
</table>

**Association of Participating Service Users (APSU)**

| Jeffrey Gavin, Manager | Edita Kennedy | Emma Rafferty |

**Family Drug Help (FDH)**

<table>
<thead>
<tr>
<th>Robert Campbell, Manager</th>
<th>Glenda Nettleton</th>
<th>Manal Shehab</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marney Phillips, Help Line Co-ordinator</td>
<td>John Wynde</td>
<td>Matthew Corbett</td>
</tr>
<tr>
<td>Al Shamael Keng</td>
<td>Karen O'Toole</td>
<td>Nicole Lockwood</td>
</tr>
<tr>
<td>Angela Ireland</td>
<td>Karyn Down</td>
<td>Tess Darlington</td>
</tr>
<tr>
<td>Anne Iversen</td>
<td>Kate Thomas</td>
<td>Tracey Alder</td>
</tr>
<tr>
<td>Daina Latta</td>
<td>Leanne Eames</td>
<td>Veronica Henriquez</td>
</tr>
</tbody>
</table>

**Peer Projects**

| Crystal Clancy, Co-ordinator | Felicity Grey | Lana Prince |
| Belinda Farmer | Jessica Madex | Natalie Wloch |
| Brendan Ritchie | Jimmy McGee | Renee Louis |
| Darren Sims | Kaylah Ward | Victoria Monahan |

**Residential Peer Programs**

<table>
<thead>
<tr>
<th>Bella Anderson, Manager</th>
<th>El Leone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heath Richardson, Co-ordinator</td>
<td>Matthew Rothman</td>
</tr>
<tr>
<td>Louise Robinson, Co-ordinator</td>
<td>Mark Lake</td>
</tr>
<tr>
<td>Nicole Catmull, Co-ordinator</td>
<td>Pamela Vale</td>
</tr>
</tbody>
</table>

SHARC acknowledges and thanks its many hard-working volunteers and placement students for their valuable contribution.
## Self Help Addiction Resource Centre Inc

### Statement Of Financial Position as at 30 June 2018

<table>
<thead>
<tr>
<th></th>
<th>30 June 2018</th>
<th>30 June 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CURRENT ASSETS</strong></td>
<td></td>
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<tr>
<td>Cash and Bank accounts</td>
<td>$639,884</td>
<td>$706,594</td>
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<td>Debtors</td>
<td>$71,383</td>
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<td>Total Current Assets</td>
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<td><strong>NON-CURRENT ASSETS</strong></td>
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<tr>
<td>Property, Plant &amp; Equipment</td>
<td>$3,241,435</td>
<td>$2,609,290</td>
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<tr>
<td><strong>Total Non-Current Assets</strong></td>
<td>$3,241,435</td>
<td>$2,609,290</td>
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<tr>
<td><strong>TOTAL ASSETS</strong></td>
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<td>$3,385,842</td>
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<td><strong>LIABILITIES</strong></td>
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<td><strong>CURRENT LIABILITIES</strong></td>
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<tr>
<td>Commonwealth Bank Loan (Secured)</td>
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<td>Creditors and Accruals</td>
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<td>GST Payable</td>
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<tr>
<td>Provisions for Annual Leave, Long Service Leave and TIL</td>
<td>$172,367</td>
<td>$125,772</td>
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<tr>
<td>Income In Advance</td>
<td>$280,914</td>
<td>$315,063</td>
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<td><strong>Total Current Liabilities</strong></td>
<td>$811,617</td>
<td>$844,989</td>
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<tr>
<td><strong>NON-CURRENT LIABILITIES</strong></td>
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<tr>
<td>Provision for Long Service Leave</td>
<td>$33,016</td>
<td>$18,409</td>
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<tr>
<td>Income In Advance</td>
<td>$20,831</td>
<td>$103,819</td>
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<tr>
<td><strong>Total Non-Current Liabilities</strong></td>
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<tr>
<td><strong>TOTAL LIABILITIES</strong></td>
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<td>$967,218</td>
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<tr>
<td><strong>NET ASSETS</strong></td>
<td>$3,087,238</td>
<td>$2,418,624</td>
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<tr>
<td><strong>EQUITY</strong></td>
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<tr>
<td>Accumulated Surplus</td>
<td>$1,625,670</td>
<td>$1,595,228</td>
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<tr>
<td>Asset Revaluation Reserve</td>
<td>$1,461,568</td>
<td>$823,396</td>
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<td><strong>TOTAL EQUITY</strong></td>
<td>$3,087,238</td>
<td>$2,418,624</td>
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</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.
Self Help Addiction Resource Centre Inc  
Statement of Financial Performance for the year ended 30 June 2018

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>REVENUE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>GOVERNMENT GRANTS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Government Funding – Federal</td>
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</tr>
<tr>
<td>NGOTGP – RSS Halfway Project</td>
<td>$252,890</td>
<td>$242,518</td>
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<tr>
<td>SEMPHN – Family Connections</td>
<td>$233,744</td>
<td>$226,258</td>
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<td>SEMPHN – Complex Care Recovery</td>
<td>$178,031</td>
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<tr>
<td>Stronger Communities Grant</td>
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<td>$5,000</td>
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<tr>
<td><strong>Total Government Funding – Federal</strong></td>
<td><strong>$664,666</strong></td>
<td><strong>$647,625</strong></td>
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<tr>
<td>Government Funding – State</td>
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<tr>
<td>Association of Participating Service Users (APSU) – Research and Development</td>
<td>$207,594</td>
<td>$188,839</td>
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<tr>
<td>Family Drug Help – Education and Support</td>
<td>$324,564</td>
<td>$311,211</td>
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<tr>
<td>RSS Youth Supported Accommodation (YSA)</td>
<td>$189,219</td>
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<tr>
<td>Other State Grants</td>
<td>$158,404</td>
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<td><strong>Total Government Funding – State</strong></td>
<td><strong>$879,780</strong></td>
<td><strong>$830,474</strong></td>
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<tr>
<td><strong>TOTAL GOVERNMENT GRANTS</strong></td>
<td><strong>$1,544,446</strong></td>
<td><strong>$1,478,098</strong></td>
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<tr>
<td>Fee for Service Income</td>
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<tr>
<td><strong>Donations and Philanthropic Income</strong></td>
<td>$674,892</td>
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<tr>
<td>Grenet Foundation Ltd</td>
<td>$180,795</td>
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<tr>
<td>The Ian Potter Foundation</td>
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<tr>
<td>Other Donations</td>
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<td>$16,954</td>
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<tr>
<td><strong>Total Donations and Philanthropic Income</strong></td>
<td><strong>$260,744</strong></td>
<td><strong>$89,973</strong></td>
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<tr>
<td>Miscellaneous Income</td>
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<td>$13,684</td>
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<tr>
<td><strong>TOTAL REVENUE FROM ORDINARY ACTIVITIES</strong></td>
<td><strong>$2,488,119</strong></td>
<td><strong>$2,082,309</strong></td>
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</table>

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EXPENDITURE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administration and Operating Expenses</td>
<td>–$342,756</td>
<td>–$286,525</td>
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<tr>
<td>Depreciation Expense</td>
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<tr>
<td>Finance Expenses</td>
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<td>–$2,830</td>
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<tr>
<td>Employment Expenses</td>
<td>–$1,963,622</td>
<td>–$1,582,933</td>
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<tr>
<td>Program Expenses</td>
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<td>–$74,857</td>
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<tr>
<td><strong>TOTAL EXPENDITURE</strong></td>
<td>–$2,457,677</td>
<td>–$2,009,919</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NET SURPLUS (DEFICIT)</strong></td>
<td><strong>$30,442</strong></td>
<td><strong>$72,390</strong></td>
</tr>
<tr>
<td>Accumulated Surplus Brought Forward</td>
<td>$1,595,227</td>
<td>$1,522,837</td>
</tr>
<tr>
<td>Operating Surplus for the Year</td>
<td>$30,442</td>
<td>$72,390</td>
</tr>
<tr>
<td><strong>ACCUMULATED SURPLUS 30 June 2018</strong></td>
<td><strong>$1,625,670</strong></td>
<td><strong>$1,595,227</strong></td>
</tr>
</tbody>
</table>
Supporters and Community Partners 2018

Access Health & Community
Alcohol and Other Drug Consumer & Community Coalition (WA)
Anglicare
Australian Community Support Organisation (ACSO)
Australian Government, Department of Health
Ballarat Community Health
Banyule Community Health
Barwon Child, Youth & Family Services
Barwon Health
Bell Charitable Fund
Big Feels Club
Central Queensland, Wide Bay, Sunshine Coast PHN
Chisholm Institute
Connect Health
City of Glen Eira
City of Monash
Colac Area Health
De Paul House
Deakin University
Djerriwarrh Health Services
Drug Policy Australia
EACH Social and Community Health
Eastern Consortium Alcohol and Drug Services
Eastern Health
Eastern Peer Support Network
Family Drug Treatment Court, Court Services Victoria.
Frankston & Mornington Drug & Alcohol Service
Gamblers’ Help
Genovese Coffee
Glenhuntly Medical Centre
Grenet Foundation
GriefLine
Grill’d Carnegie
Harm Reduction Victoria
headspace
Hepatitis Victoria
Holmesglen Institute of TAFE
Ian Potter Foundation
Intentional Peer Support
Inspiro Health & Community
Islamic Council of Victoria
John T Reid Charitable Trusts
Latrobe Community Health Service
Launch Housing
Local Drug Action Teams
Link Health & Community
Mackillop Family Services
Magistrates Court of Victoria
Merrin Foundation
MIND Australia
Moorabbin Justice Centre
Monash University
MyCentre Multicultural Youth Centre
Narcotics Anonymous
Nexus Dual Diagnosis Service
North and West Metro Alcohol and Drug Service
North Western Melbourne PHN
Northern District Community Health Services Odyssey House Victoria
Penington Institute
Peninsula Health
Portland District Community Health
People’s Choice Credit Union
Primary Care Connect
Red Panther
Relationships Australia Victoria
RE Ross Trust
Salvation Army
Second Bite
SECADA
Stepping Up Consortium
St Vincent’s Health Australia
South Eastern Melbourne PHN
Star Health
Students for Sensible Drug Policy
Sunbury Community Health
TaskForce Community Agency
The Bouverie Centre
The Outdoor Experience (TOE)
Three Sides of the Coin
Turning Point
Uniting ReGen
Victorian Alcohol and Drug Association
Victorian Government Department of Health & Human Services
Victorian Mental Illness Awareness Council
Victorian PHN Alliance
Victorian Responsible Gambling Foundation
Vincent Care
Wellways
Western Region Alcohol and Drug Centre
Windana Drug and Alcohol Recovery
Youth Drug and Alcohol Advice (YODAA)
Youth Support & Advocacy Service
We Help Ourselves (WHOS)

We also gratefully acknowledge the generous support of individual and family donors.
How You Can Support SHARC’s Work

SHARC is grateful for all the support received to help deliver our work in the community. There are a number of ways you can help us to continue to expand our programs and the services we provide.

DONATE       Donations to SHARC are tax-deductable. You can donate on-line, by EFT or cheque, or join our ‘Buy a Brick Campaign’. Visit the SHARC website for more details

SPONSORSHIP  Support a SHARC program or community group financially.

MEMBERSHIP   By becoming a member of SHARC you support our work and engage with the SHARC community. As a member you will receive updates on our work, copies of our newsletters, invitations to SHARC events (including our AGM); and voting rights to elect the SHARC Board of Management.

VOLUNTEER    All our programs depend upon the support of volunteers. There are many different roles available and SHARC provides comprehensive training and support.

BE INFORMED  Learn more about our work and the issues we are addressing and talk about them with your family, friends and colleagues.

To find out more or to discuss any of these options:

www.sharc.org.au  03 9573 1700