



DIVERSITY

Annual Report 2017



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DIVERSITY

Chair's Report



It has been another terrific year for SHARC in bringing our vision to life in the communities in which we work. In all our activities and plans we maintain our focus on our primary goal—that of providing opportunities to support those affected by addiction to be able to live purposeful lives where they are able to contribute meaningfully to their community.

Through the generosity of our philanthropy and government partners, and the vision and leadership of Heather Pickard, our CEO, and her committed and enthusiastic team, we have been able to once again extend our reach and influence. The trusting partnerships we have built with our benefactors enable us to look for opportunities to be of service to those whose needs we might meet now and in the future. The Merrin Foundation has contributed to our ability to maintain existing services and position SHARC for a sustainable future. We have developed new partnerships with government and strengthened and formalised relationships with other organisations where our expertise can be used to create new support services.

While looking outward at what we can achieve, our strategic planning stays true to the values set down for our organisation at its inception, keeping us ever mindful to be informed by our community of service users.

On behalf of the Board I'd like to congratulate and acknowledge the success the team at SHARC has had this year. This includes establishing a partnership with world leading Intentional Peer Support (IPS) International, extending services to include the Muslim Youth, Adult and Family program and being nominated as a finalist in the Victorian Public Healthcare Awards.

We had a number of changes to the Board this year and I would like to thank our erstwhile directors Darrell Mahoney, Carolyn Dalton, Barbara Kelly and Emma Hooper for their able and committed service to the board. I would like to welcome Andrea Travers, Anthony Denham, Arun Amarsi, Garry Anderson and Michael Howard. I believe we move into 2018 with an enthusiastic and engaged group and a great mix of lived and professional experience bringing fresh vision and passion with them.

SHARC is a unique organisation with its roots firmly planted in the community of those whose lives are positively changed by being a part of it. I would like to thank all who have contributed over the course of 2016/17 and acknowledge particularly the volunteers who give freely of themselves to help others. I include, in that, our Board, past and present, made up of volunteers working together to help ensure SHARC's work can continue. I thank Heather, who maintains an enthusiasm and dedication to her role one year to the next and leads the organisation with just the right mix of heart and pragmatism. I would also like to thank Heather's team for their continued effort and commitment and, of course, all the inspiring individuals who come to SHARC to help themselves and those about them.

I look forward to a bright 2018 for SHARC and for those who help and are helped through our programs and services.

*Gaye Hennessey
Chair of the Board*

SHARC Board of Governance

Gaye Hennessey – Chair

Arun Amarsi – Treasurer

Anthony Denham – Director

Garry Anderson – Director

Michael Howard – Director

Frank Platon – Director

Andrea Travers – Director

Completed tenure during 2016/2017

Darrell Mahoney – Treasurer

Emma Hooper – Director

Carolyn Dalton – Director

Barbara Kelly – Director



Residents of the SHARC Community

Chief Executive Officers Report



It is a pleasure to report on SHARC activities for 2016 – 2017 and reflect on the theme of diversity.

Being an inclusive and member-driven organisation, SHARC responds and evolves to meet the community's diverse needs and expectations.

Whilst the Government remains our main source of funding, we, and our consortia and other partners, are engaged with many departments and projects. This year we made a successful transition from Commonwealth Department of Health funding and reporting to the Southern Metropolitan Primary Health Network.

We are very grateful to our friends in philanthropy for their ongoing support. The Merrin Foundation has enabled the employment of a Communications and Sustainability Lead to better inform the community, funders and stakeholders of our activities, and they also support the US Women's Recovery Program. In conjunction with Mind Australia, the Merrin Foundation also funds Oxford Houses. We are indebted to both organisations for this assistance.

With support from The Ian Potter Foundation, we are developing and trialling a program for families affected by gambling based on Family Drug Help's current, evaluated and effective model.

We are also very excited about the establishment of the Muslim Youth, Adult and Family (MYAF) program developed to assist families to respond to problem drug and alcohol use by family members. Engaging with and

learning more about this community and how best we can work with and assist the families, is a richly rewarding experience.

This year saw the expansion of the Family Drug Treatment Court Peer Program, completion of the Peer Capacity Building Project and the expansion of our activity in peer workforce development

In the peer space, we established a partnership with Intentional Peer Support (IPS) International, a world-recognised leader in peer worker development, and are looking forward to bringing their model to the Australian alcohol and other drug sector.

Our Residential Peer Programs continue to provide recovery-focused accommodation for a range of residents with a variety of needs—our Recovery Support Service supports young people, the US Women's Recovery Program supports adult women and Oxford Houses offers longer term recovery support for adult men and women.

APSU continues to work to ensure the voice of service users is heard and factored into policy and service design—they were engaged in a range of consultations and forums, maintained the Speaker Bureau and facilitated a Consumer Participation Conference that led to the establishment of a state-wide network.

This year we entered the Family Drug Help program into the Victorian Public Healthcare Awards and were thrilled to be selected as a finalist in the Minister for Mental Health's Award for excellence in supporting the mental health and wellbeing of Victorians.

The SHARC community is bound together by commitment and common goals and I thank 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 look forward to 2017-2018 with optimism and believe that we can continue to thrive in a funding environment that challenges smaller organisations such as SHARC.

Heather Pickard
Chief Executive Officer

Consumer Advisory Committee

SHARC and Windana Drug and Alcohol Recovery Inc. joined forces in 2015 to establish a joint Consumer Advisory Committee (CAC) to facilitate consumer participation in service provision and policy development at SHARC and Windana.

Consumer participation is broadly defined as the process of involving health consumers in decision-making about health service planning, policy development, priority setting and quality in the delivery of health services.

The SHARC and Windana CAC is a vital and effective forum for both organisations. The CAC is utilised to obtain consumer feedback regarding information provision, service practices and programs, service development and evaluation, as well as providing suggestions for each organisation's improvement.

At SHARC over the past year, the CAC has contributed in meaningful ways to our service delivery. Outcomes for SHARC, to name only a few, have included the development of:

- our new 'Information for Consumers' brochure detailing rights, responsibilities and opportunities for consumer participation
- our new 'Feedback' brochure detailing the process for compliments and complaints and serving as a feedback submission form
- our new online 'Feedback' portal to enhance accessibility for consumers to provide compliments and complaints.

The CAC has become a key part of our organisational structure here at SHARC and provides an untapped resource for co-design opportunities and consumer driven feedback. This has enriched our organisational culture and overall service delivery to the communities we serve.

Crystal Clancy

Peer Projects Project Development Officer



SHARC brochures for consumers developed by the CAC



SHARC & Windana CAC

From a CAC Member

My experience on the committee has been really positive and empowering because of the opportunities that have come from this and the people I have been blessed to work with.

There is a lot of diversity on the committee across age, gender, ethnicity, cultures, our abilities, our work backgrounds, and from people who live or grew up in suburban, regional and country areas. I strongly believe that there are strengths inherent in our differences and we need to value and embrace these, especially when we disagree.

I see co-design, co-production and consumer workers as being essential to respectful community engagement, service delivery and practice. Often services only make up a small percentage of peoples' recovery journeys (and) need to be empowering consumers in their journeys and link them in with supports that will stick by them for the long-term, whether that be family, friends, community, and/or peer support groups. For major co-design decisions that involve the future direction of the organisations, we suggested organising massive consultations or think tanks where all consumers, staff and relevant stakeholders can attend and have their voices and perspectives heard and considered.

I recommend all organisations that do not have mechanisms in place for co-design and consumer and carer advisory committees, to push through the barriers as to why they don't exist and to start them up. The benefits flow across whole organisations and have ripple effects for other consumers, carers, their families and communities.

It is a privilege and an honour to be involved with this committee and to work to create changes from our lived experiences. The focus on our strengths has been empowering for me because I have been able to turn my negative experiences in the service system into changes that are applied on the ground and will change the way other consumers and carers experience the services they receive in the future.

Cina

SHARC & Windana Consumer Advisory Committee Member

Residential Peer Programs

SHARC's Residential Peer Programs comprise Oxford Houses, Recovery Support Services and the Understanding & Support (US) Women's Recovery Program

Our current residents range in age from 19 to 70 years.

They were born in Cambodia, Columbia, the UK, New Zealand, local indigenous communities, rural towns, regional and metropolitan centres in Australia.

Their parents were builders, beauty therapists, teachers, victims of domestic violence, office managers, receptionists, production managers, fire fighters, real estate agents, drug dealers, cleaners, accountants and ...

Our residents used alcohol, cannabis, synthetic cannabis, GHB, LSD, crystal methamphetamine, heroin, prescribed and over-the-counter opiates, benzodiazepines, steroids, diet pills and ...

They were referred by withdrawal services, public hospitals, private rehabilitation services, therapeutic communities, homelessness services, mental health case managers, gaol, remand, outreach services, youth services, care and recovery coordinators, their mothers, their uncles and themselves.

They have started to study, recommenced work, applied for private housing, had their teeth fixed, addressed long-standing health issues, reconciled with family, learned how to avoid some family members, won best and fairest awards, turned 21 and had a party, learned to cook Italian food, relapsed, received counselling, tried trusting other people, engaged in treatment for long-standing trauma, learned to fish, painted pictures, hiked and canoed on wilderness camps, joined a cricket club, sang in choirs, survived their first Christmas and New Year and stayed drug-free, had a decent night's sleep and dreamed of something better for themselves.

They came to the SHARC Residential Peer Programs to get their parents off their backs, avoid jail, have a breather, stop breaking their own hearts, regain their general health, learn a better way to live, find new friends, challenge their demons, grow a garden, have somewhere safe to live, save their mental health and live drug-free.

In SHARC Residential Peer Programs, they learn to recover.

Bella Anderson
Residential Peer Programs Manager



Recovery Support Services recreational activity

From a Resident

I started using drugs, mainly cannabis, at the age of 13 or 14. Thirty years later I found myself heavily dependent on crystal meth and admission into a private rehab facility was my only option.

After five weeks in rehab I made great progress, but was still faced with the huge challenge of rebuilding my life from scratch. Thirty years of almost continual drug use had damaged me physically, mentally and emotionally.

Fortunately for me, I was given the opportunity to move into an Oxford House within a month or so from being discharged from rehab. This turned out to be a crucial step in my continued recovery as I found myself in a safe environment with no outside influences threatening my recovery. Total abstinence from all drugs is a strict requirement at Oxford with immediate consequences if I were to relapse on anything, even alcohol, which is a drug that is widely accepted in the mainstream, and would have posed a serious risk to me in my early days.

Living separately from family and old friends allowed me to carefully reintroduce (some of) those connections back into my life, thus limiting my exposure to emotional stress or any form of 'social' drinking and using.

I had an opportunity to create a new life, one that was absolutely centred around recovery. Financial pressure was minimised, so I didn't feel the need to rush back into full-time work.

I had the time to attend daily 12 step meetings, to cultivate new friendships and networks based around recovery. I was able to gradually start to look at a range of personal issues and make some progress into areas that had been neglected for literally decades.

Most importantly, I could do all this without the pressures that come from people, places and things that have little knowledge of addiction and high expectations on people to conform and be normal.

For the first time in my life, with the help of Oxford Houses, I now have the mental clarity and physical freedom to really focus on myself and gradually start to rebuild a life that I thought was no longer possible.

Oxford Houses Resident

Association of Participating Service Users (APSU)

It's been an exciting 12 months in APSU with many opportunities for consumers to have a say and let their voices be heard. These opportunities have come in a variety of ways. Service users and family members have participated in a number of round-table discussions, forums, workshops and focus groups with the Department of Health and Human Services, Primary Health Networks, independent consulting services and mental health services.

Discussions, forums, workshops included:

- Capital Design Guidelines for AOD Residential Rehabilitation Services
- Client and family workshops for alcohol and other drugs service planning
- Accessing Victoria's AOD Services – Intake and Assessment
- The Peer Experience - Working as a peer in Victoria's adult community-based alcohol and other drug treatment system
- Co-design online and service specific training for mental health staff of both youth and adult services
- Consumer consultation for the Real Time Prescription Monitoring Initiative - Training for General Practitioners and Pharmacists.

In addition to the number of opportunities for people to contribute through consultations, APSU, through its Speaker Bureau, organised and supported over 30 speaking events in 2016-2017, with some events having up to 4 speakers. Speaker Bureau members are people who are willing to speak publicly about their lived experience at forums, meetings, conferences and other community or corporate events. Speakers are empowered in their endeavour to help raise awareness, overcome stigma and shame, and educate people about addiction, recovery and hope.

I would like to thank everyone who has participated with APSU, whether through contributing stories and artwork to Flipside, completing the Peer Helper Training, taking part in the consultations or as a speaker in the community. Each and every individual's journey and experience is unique and valued. Participation at all levels provides invaluable insights, feedback and knowledge to the AOD sector, government bodies, and community as a whole. We look forward to ensuring the consumer voice is heard in the 12 months ahead.

Jeff Gavin
APSU Manager



CARE consumer participation event

From an APSU member

In June this year I was lucky enough to be accepted into the Peer Helper Training through SHARC and APSU. I'm currently studying Drug and Alcohol work and thought this opportunity would be great for learning how to use my lived experience to help others going through addiction and recovery.

During the three weeks of the course I met some great people, learnt a lot about myself and was given insight into using my lived experience positively and appropriately. Each day of the course we covered different areas of the sector such as mental health, the first 30 days of recovery, the make-up of the AOD sector, advocacy, harm reduction and risk assessment. Each session was presented by a different facilitator, had great information and was up to date with the industry at this point.

Before I started the Peer Helper Training, I didn't know just how powerful using lived experience could be. I've been able to learn boundaries and use my lived experience and training in my AOD course, student placement and other programs successfully. After completing the course I was given the opportunity to do a 12-hour placement at SHARC's RSS program. I was able to put the skills I had learnt into place while working alongside the workers and clients.

The course is excellent and I couldn't speak highly enough of it. Thank you to SHARC and APSU for the training!

Ally

APSU Member and a Peer Helper Training Graduate

Consumer Participation Event

As part of our Capacity Building Consumer Participation Project we hosted the CARE (Consumer; Action; Recovery; Empowerment) Ideas Exchange, Melbourne, in May 2017. Over 90 people, from across Victoria and interstate, attended this event focusing on the role and future of consumer participation in the Alcohol and Other Drugs (AOD) sector.

This was a first-of-its-kind event for all those working in, supporting or wanting to get involved in consumer participation. There was opportunity to network with like-minded people, share ideas for innovation, hear from consumers and family members about their experiences of participation at various levels, and explore options for ongoing collaboration.

A major objective of the day was to develop networks to support and promote the growth of consumer participation in the AOD sector. A lively networking activity resulted in the identification of a network of champions from across Victoria who will support sustainable consumer participation activity.

Our feedback survey showed an overall satisfaction of 8 out of 10, with the majority being 'most likely' to increase consumer participation activity in their service and interested in being involved in the Consumer Participation Network in their region/area, as a result of attending this event.

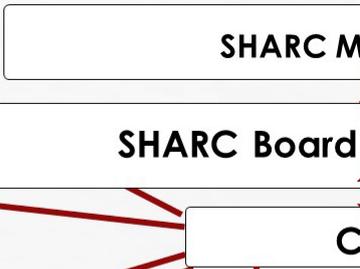
Natalie Wloch

APSU Project Lead



Self Help Addiction Resource Centre

Self Help Addiction Resource Organisation



Residential Peer Programs
Funded by the Australian Government Department of Health (DoH)

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

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

Family Drug Helpline
The helpline is a 24 hour confidential telephone service. It provides support, information, strategies and referral to family members in need.
Phone **1300 660 068**

Oxford Houses
In partnership with Mind Australia. Funded by the Merrin 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.

Family Counselling
Our free state-wide counselling service is available to families and friends affected by someone's substance misuse.

US Women's Recovery Program
Funded by the Grenet Foundation.
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.

Family Support Groups
Our support groups are an opportunity to connect with others who are having similar experiences. They have an educational component and offer a supportive forum for you to share what's going on for you.

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

InFocus Education Program
InFocus is 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 their shared experiences.

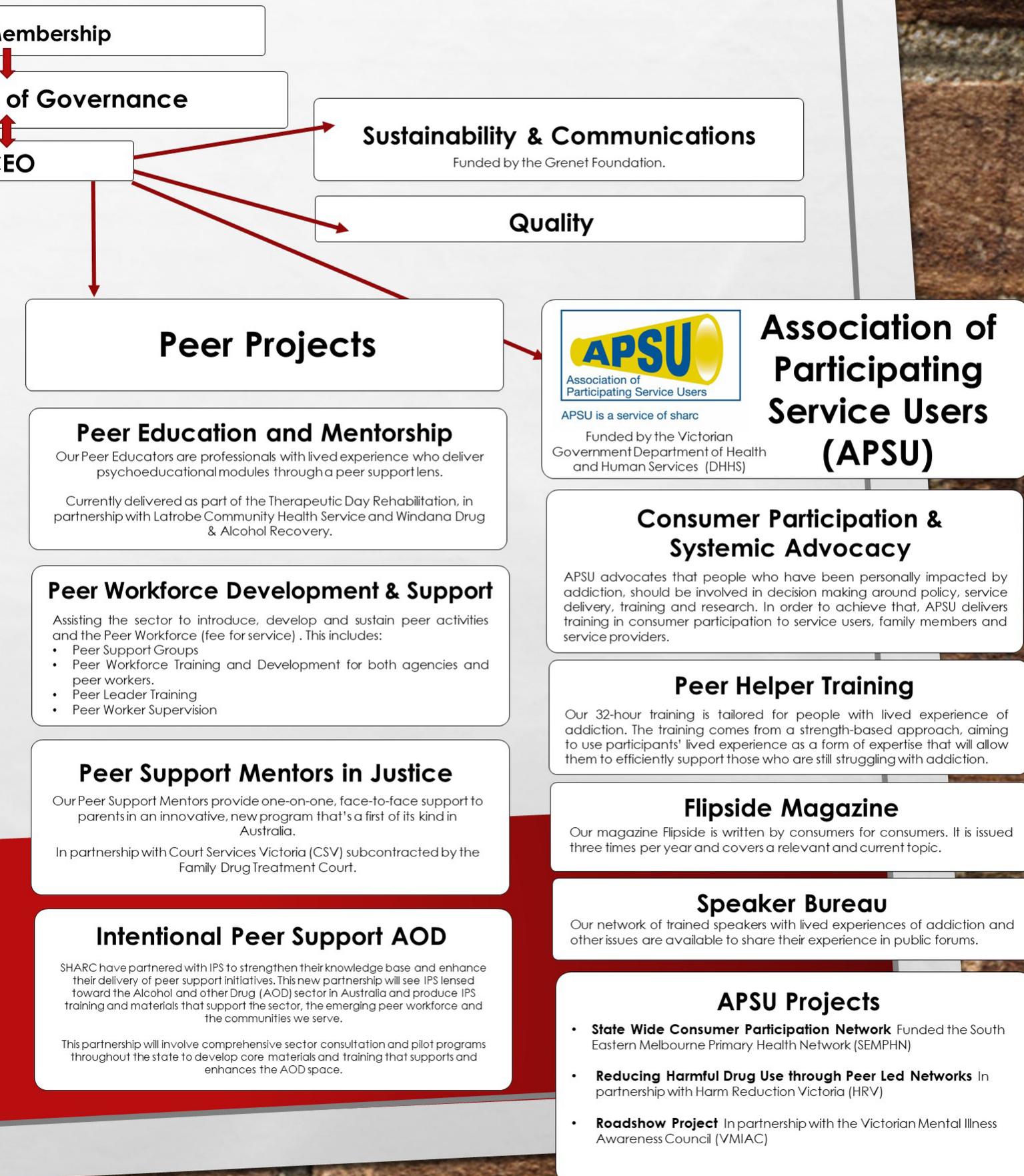
BreakThrough
BreakThrough is an education program for families about Ice. Developed and delivered in partnership with Turning Point and The Bouverie Centre. Funded by the Victorian State Government under the Ice Action Plan.

FDH Newsletter
FDH Newsletter produced quarterly for those affected by someone's drug and alcohol use.

FDH Projects

- **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 (NWMPHN).
- **Families affected by problem gambling** Education program and Support Group. Funded by The Ian Potter Foundation

Source Centre (SHARC) Organisational Structure



Family Drug Help

This has been an exciting year in Family Drug Help underpinned by diversity and opportunity. Some of the highlights include:

Recognition of Family Drug Help, our volunteers and the Helpline

SHARC was a finalist in the 2017 Victorian Public Healthcare Awards for the great work done in Family Drug Help. This is special recognition of the invaluable work done by our dedicated volunteers, staff and supporters.

Each year we nominate our volunteers for awards in recognition of the valuable work they do in the community. Nick Foster was awarded at the Higgins Volunteer Awards for his work on the Helpline. Colleen Grima attended the Victorian Premier's Volunteer Awards in recognition of her work as a peer lead in a family support group. We have over 45 trained volunteers in the Helpline and over 20 trained peer leads in the support groups.



Nick Foster, FDH volunteer, at the Higgins Volunteer Awards reception, with the Governor of Victoria Linda Dessau and the Hon Kelly O'Dwyer MP

Brief Interventions Supporting Families in Western Victoria

SHARC has partnered with Western Region Alcohol and Drug Centre, Brophy Family and Youth Services, and Portland District Health to provide brief intervention support to families in the western district of Victoria. Family Drug Help will be providing family education, support groups and follow-up support, funded by the Western Victoria Primary Health Network.

InFocus Family Education Program

This year has seen the launch of the new InFocus Education Program - a community-based psychoeducational program for families and friends affected by someone's drug and alcohol use. For over 12 years we successfully delivered our Action for Recovery Course (ARC).

ARC was developed through evidence-informed practice, augmented by the personal needs of our consumers and the experience of FDH staff members. Angela Ireland was central to FDH developing and delivering ARC as part of a continuum of support alongside the counselling service, support groups and helpline. As a result of new learnings, ongoing independent evaluation data and current research we have redeveloped ARC into the new InFocus Education Program. We thank Angela for the foundation on which InFocus has been built. InFocus reflects FDH's many years of experience and has been adapted to local conditions through input and feedback from participants, FDH staff members and volunteers.

Muslim Youth, Adult and Family (MYAF) Program

SHARC has partnered with Odyssey House Victoria, Salvation Army, Youth Substance Advocacy Service and MyCentre to support individuals and families from the Islamic community in the northwest of Melbourne who are being affected by someone's substance use. This program is unique and is a funded program from North Western Melbourne Primary Health Network. SHARC is providing family education, support groups and brief interventions for families.



Veronica Henriquez, Abdiaziz Farah, Sheikh Abu Hamza, Rob Campbell and Shamael Keng at the MYAF announcement event.

Working with Families Impacted by Someone's Gambling

SHARC is piloting a model working with families impacted by gambling. The aim is to make effective responses to gambling more accessible to families, and builds upon SHARC's developed, trialled, and documented peer support programs which have been evaluated and shown to be effective and best practice. SHARC is partnering with a number of community organisations and Gamblers Help sites to run an adapted family education program titled 'InFocus', and will set up support groups for affected families. We thank The Ian Potter Foundation for funding this pilot.

BreakThrough Ice Education for Families

BreakThrough continues to be an effective education program delivered across Victoria in partnership with Turning Point and The Bouverie Centre. It is a valuable opportunity for families to be informed about ice (methamphetamine) and learn strategies and connect with local supports. In 2016-2017, SHARC delivered 48 sessions of BreakThrough to over 500 people.

Support Groups

Our support groups continue to be a vital opportunity for families to connect with others who are having similar experiences. With an educational component, they are a forum to share what's going on for families in a supportive space. Our groups operate all year round in various locations around the state, with new ones being set up in Knox, Lilydale, Geelong, Colac, Camperdown and Portland.

Counselling

Family counselling continues to be a valuable part of the continuum of supports at FDH. Our counselors are skilled, credentialed clinicians who operate through the lens of family experience.

Unity and Diversity

While we have extraordinary diversity in our programs, we are unified in a single purpose – providing support to friends and families impacted by substance use and gambling.

*Robert Campbell
Family Drug Help Manager*

From a Family Member

My son was using the drug ice and, whatever I did, there seemed to be nothing that would stop him. Our family was in this tangled web of trying to maintain normality and at the same time dealing with the ups and downs of his drug use. I realized this was way beyond me to fix this, so I sought support. I wanted the tools to "fix it". Unfortunately, I found there was no easy fix. At the Family Drug Help's InFocus program, I learnt something each week, and I looked forward to being in a room with other families that were going through similar situations. I learnt some strategies and ideas of what to do for me. No simple tools that will fix him. I learnt about boundaries and enabling. I followed up with going to the Support Group in Carnegie.

After the program, my son was not living with us and over the next months there were numerous events that were extremely distressing: anger, abuse, psychotic episodes, arrests, living on the street, weeks at a time in the high dependency unit at the Alfred Hospital and even suicide attempts. We had made it very clear that whilst he was using drugs he could not live with us. To say that this was excruciating to watch is honestly an understatement.

About 6 months after he had stormed out of home, (he asked) us if he could come home. He had not spoken to us for several weeks, so with very mixed feelings of dread, fear and lots of anxiety, as well as overwhelming relief that this might be the end of the nightmare, we let him come home with a list of boundaries that we had carefully written out with the help of the program. He stayed in his room for almost two months, and our only interaction with him was the odd grunt when he was spoken to. Slowly, things improved and he started to re-engage with the family and with life.

Fast forward to now and I am so pleased to say that he is working full time ... he is happy and fun to be around, and is again very engaged with his mother and sisters. He even asked us if he could join us on a recent family holiday to Queensland, something that would have been like a prison sentence to him a year or two ago. These may not seem like major milestones for a normal family, but for us, it represents an enormous leap forward and my wife and I pinch ourselves every day just to make sure that we are not dreaming!

I mainly wanted to tell this story to let others know that there is always hope and good things do happen. The support that I received and the information and encouragement that I got from FDH and the parents support group, helped put us back on the track of walking alongside him and gave us the strength to let him face the consequences of his actions. The most difficult thing for us to come to terms with as parents was the realisation that as much as we wanted to protect him, we could not fight his battles for him! I am so grateful to SHARC and FDH for all the support, training and information that I received during this awful period and am overjoyed to be able to say with a growing confidence that we finally have our son back!

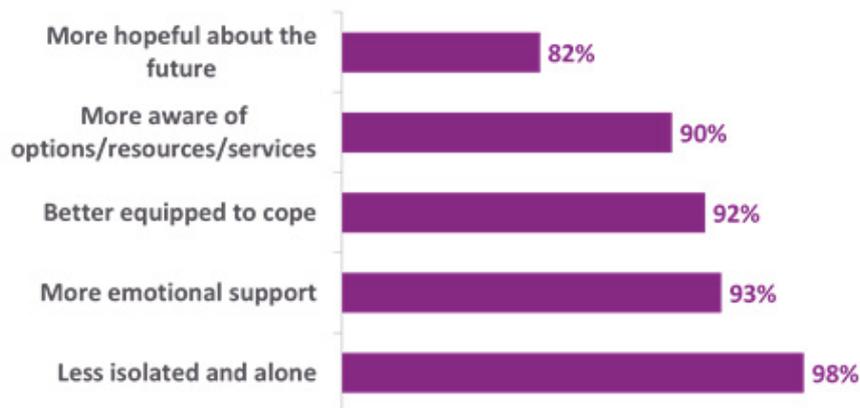
Grateful Father

Peer Projects

SHARC's model of practice and service delivery has been underpinned by peer support since its establishment, with a long history of delivering peer based projects, programs and services. Peer Projects seeks to embed, expand and sustain the peer workforce across a number of domains.

Peer Support Capacity Building Project 2014-2017

This year SHARC completed the Peer Support Capacity Building Project 2014-2017. Commissioned by the Department of Health and Human Services (DHHS), SHARC successfully partnered with agencies across the state to establish 17 peer activities across the sector. Feedback from the participants was overwhelmingly positive. An independent evaluation by Turning Point found that the activities facilitated by SHARC, including knowledge, resources, and training, was appreciated by participating agencies. SHARC was acknowledged by agency liaison personnel as '.... an essential component of establishing and running a successful peer support activity', (Manning, Savic & Thorn 2016).



Summary of participants' survey responses regarding benefits of peer support group activity
From: Manning, V., Savic M., & Thorn, P. (2016). *An evaluation of SHARC's Peer Support Capacity Building Project*. Turning Point: Melbourne

The project saw the re-emergence of peer support as a valuable treatment modality within the sector, and the development of a flourishing peer support community. The organisational peer worker readiness training and established peer activities during this period has provided a solid foundation in the sector to grow the peer workforce.

The evaluation identified a number of key elements that contribute to effective peer support and found that peer support can play an important role in AOD treatment system. Findings from the evaluation will contribute to program improvements and sustainability and add to the evidence base for peer support.

Peer Support was a good opening introduction to recovery outside of treatment and assisted me to integrate into the community. At peer support I received connection, understanding and support which enabled me to develop the confidence to reintegrate into society and pursue my goals.

Anon, Peer Support Group

We are witnessing the emergence of peer support across the sector as a valuable treatment model in the form of peer mentors and educators, the development of peer support groups and the expansion of the peer workforce. Peer Workers will expand the diversity of options available for individuals seeking support.

These trends are welcomed by SHARC, we are optimistic that these activities will continue to grow, and will remain supported and sustained by the SHARC peer worker model.

Peer Workforce Development and Support

SHARC's Peer Projects are the lead providers of sector-wide Peer Workforce Development and Support. SHARC's Peer Projects deliver:

- Peer Workforce Training and Continuous Professional Development - educating peer workers across a number of domains
- Peer Workforce Supervision – providing a model of group supervision specific to the needs of Peer Workers, facilitated by a professional clinical supervisor who is also a peer
- Agency Training for Peer Workforce Readiness and Capacity Building - assisting those managing the peer workforce to effectively introduce, support and sustain the peer workforce
- Peer Support Group Establishment and Maintenance – providing agencies with a comprehensive framework to introduce and sustain a peer support group.

Our learnings have shown us the importance of standardised training, specialised support and consistent resource provision in maximising the success of the peer workforce - these additional resources ensure that ongoing development for the peer workforce is evidence-based, consistent, effective and sustainable.

SHARC continues to be commissioned by agencies around the state and nationwide to deliver peer workforce training, ongoing professional development, peer supervision, and expert consultation. As the peer workforce emerges in the Victorian AOD treatment sector, SHARC will offer a framework that supports and sustains this movement.

Peer Education and Mentorship

Peer Educators deliver educational content to participants, provide support, and connect through the peer-to-peer relationship in a number of settings.

Our Peer Educators are professionally qualified workers who educate and mentor through the lens of their lived experience. In an evaluation of our Peer Education, participants reported that they appreciated “Engaging and being heard, understood and appreciated” and “Loved the comfortable way we shared with (the Peer Educator)”, and of most value is “The lived experience the facilitators offer”.

Thank you for taking the time to show me the grass is greener on the other side. Thanks for all the help and support.

Participant, Latrobe Therapeutic Day Rehabilitation (TDR)

Intentional Peer Support (IPS) AOD

For nearly twenty years, IPS has been inspiring and training people in community, peer support, and human services settings all over the world to be intentional about the way they connect and build mutual relationships. IPS has been widely used as a foundation training for people working in both traditional and alternative mental health settings and is current best practice in peer worker training.

IPS is a way of thinking about and inviting transformative relationships. IPS moves people from helping to learning together, from individual to relationship, and from fear to hope and possibility. Peer practitioners learn to develop greater awareness of personal and relational patterns, and to support and challenge each other to expand their horizons.

SHARC is the Australian partner with IPS International. This new partnership will see IPS reframed toward the AOD sector nationally and produce IPS training and materials to support the sector, the emerging peer workforce and the communities we serve.

This partnership will involve comprehensive sector consultation and pilot programs throughout the state to develop core materials and training that supports and enhances the AOD space. We look forward to including the AOD community in this exciting new initiative.

IPS offers both an analysis of the challenges of trying to help people who are struggling – which sometimes (unintentionally) involves disempowering people, getting stuck in unhelpful dynamics or shying away from difficult conversations – as well as a way to think about how we can work to share power, figuring out how to get through tough times together. IPS offers a framework and a language for how people might figure out ways forward together, without either of us being the “expert” on anyone else’s life.

Flick Grey, IPS

Peer Support Mentors in Justice

SHARC’s Peer Support Mentors provide one-on-one support to parents in the innovative Family Drug Treatment Court (FDTC) program. The goal of the FDTC is for parents to overcome their substance use issues and create a safe and stable environment for reunification with their children.

Now in the third year of this partnership, the FDTC, influenced by the evaluation of the program and the benefit to the parents’ journey, requested SHARC to double the number of Peer Support Mentors, as well as establish a Peer Support Group located at the FDTC. This program is the model SHARC is cultivating for expansion into the Drug Courts and we are optimistic that this will materialise towards the end of 2017.

The support of the Peer Support Mentors is one of the best parts of this program. They 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

We are pleased that our annual objectives have been exceeded and that SHARC is now positioned to expand and advance the peer workforce across the sector. SHARC aims to set a new standard in peer support activity to ensure that the value of this work is recognised and supported at all levels.

Crystal Clancy
Peer Projects Project Development Officer

SHARC staff 2016-2017

Angela Ireland (FDH)
Anne Iversen (FDH, Peer Projects)
Bella Anderson (Residential Peer Programs Manager)
Crystal Clancy (FDH, Peer Projects)
Daina Latta (Admin, FDH)
Darren Sims (Peer Projects)
Deirdre Muir (FDH)
Edita Kennedy (APSU, FDH)
El Leone (Residential Peer Programs)
Elzara Ramazanova (Admin)
Fiona Cornwall (FDH)
Glenda Nettleton (FDH)
Heath Richardson (FDH)
Heather Pickard (CEO)
Jeff Gavin (APSU Manager)
Jessica Madex (Peer Projects, Admin)
Jimmy McGee (Peer Projects)
John Wynde (FDH)
Karen O'Toole (FDH)
Karyn Down (Residential Peer Programs)
Leanne Eames (FDH)
Leanne Garry (Admin)
Louise Robinson (Residential Peer Programs)
Mark Lake (Residential Peer Programs)
Matt Rothman (Residential Peer Programs)
Natalie Wloch (APSU, Peer Projects)
Nicki Catmull (Residential Peer Programs)
Pamela Vale (Residential Peer Programs)
Rachael Pallenberg (Quality Manager)
Rebecca Keys (Admin, Peer Projects)
Renee Louis (Admin, Peer Projects)
Robert Campbell (FDH Manager)
Ron Blake (Residential Peer Programs)
Rosemary McClean (Sustainability and Communications)
Rosie Cluett (Residential Peer Programs, SMS-DGF)
Shamael Keng (FDH)
Stephen Lowe (Admin)
Tess Darlington (FDH)
Tracey Alder (FDH)
Veronica Henriquez (FDH)

This list includes staff members who have terminated their employment at SHARC during 2016-2017 financial year.

SHARC's partners and supporters include:

Access Health & Community

Australian Community Support Organisation (ACSO)

Australian Government, Department of Health

Banyule Community Health

Barwon Child, Youth & Family Services

Brophy Family and Youth Services

Connect Health

City of Glen Eira

Colac Area Health

Depaul House Community Based Withdrawal Unit

EACH

Eastern Consortium Alcohol and Drug Services

Eastern Peer Support Network, Eastern Health

Family Drug Treatment Court at the Children's Court of Victoria

Family Drug Court of Victoria

Frankston & Mornington Drug & Alcohol Service

Headspace

Hepatitis Victoria

Gambler's Help

Genovese Coffee

Glenhuntly Medical Centre

Grenet Foundation

GriefLine

Grill'd Carnegie

Harm Reduction Victoria

Intentional Peer Support

Inspiro Health & Community

Islamic Council of Victoria

Latrobe Community Health

Launch Housing

Local Drug Action Teams

Mackillop Family Services ADD

Magistrates Court of Victoria

Merrin Foundation

MIND Australia

Moorabbin Justice Centre

MyCentre Multicultural Youth Centre

Narcotics Anonymous

North and West Metro Alcohol & Drug Service

North Western Melbourne PHN

Odyssey House

Penington Institute

Peninsula Health

Portland District Community Health

People's Choice Credit Union

Primary Care Connect

Relationships Australia Victoria

Salvation Army

Second Bite

Stepping Up Consortium

South Eastern Melbourne Primary Health Network (PHN)

Star Health

Sunbury Community Health

TaskForce Community Agency

The Bouverie Centre

The Ian Potter Foundation

The Outdoor Experience (TOE)

Three Sides of the Coin, Link Health and Community

Turning Point – part of Eastern Health

UnitingCare 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

VincentCare

Wellways

Western Region Alcohol and Drug Centre

Windana Drug and Alcohol Recovery Inc

Youth Drug and Alcohol Advice (YODAA)

Youth Support & Advocacy Service (YSAS)

Western Victoria PHN

We Help Ourselves (WHOs)

We also gratefully acknowledge the generous support of individual and family donors.

Financial reports

Statement of financial position as at 30 June 2017

	30 June 2017	30 June 2016
ASSETS		
CURRENT ASSETS		
Cash at Bank	705,375	294,490
Debtors	69,957	16,963
Petty Cash	1,219	1,605
Prepayments	-	127
Total Current Assets	776,551	313,186
NON-CURRENT ASSETS		
Property, Plant & Equipment	2,609,290	2,597,985
Total Non-Current Assets	2,609,290	2,597,985
TOTAL ASSETS	3,385,841	2,911,171
LIABILITIES		
CURRENT LIABILITIES		
Commonwealth Bank Loan (Secured)	74,328	74,328
Creditors and Accruals	61,385	70,144
GST Payable	42,483	22,540
Provisions for Annual Leave, Long Service Leave and TIL	125,772	100,021
Income In Advance	315,063	91,795
Total Current Liabilities	619,030	358,827
NON-CURRENT LIABILITIES		
Commonwealth Bank Loan (Secured)	225,958	198,382
Provision for Long Service Leave	18,410	7,728
Income In Advance	103,819	-
Total Non-Current Liabilities	348,187	206,111
TOTAL LIABILITIES	967,217	564,938
NET ASSETS	2,418,623	2,346,233
EQUITY		
Accumulated Surplus	1,595,228	1,522,837
Asset Revaluation Reserve	823,396	823,396
TOTAL EQUITY	2,418,623	2,346,233

The financial statements shown in this report comprise of 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 2017

	2017	2016
REVENUE		
Government Grants		
Government Funding - Federal		
NGOTGP - RSS Halfway Project	242,518	238,761
NGOTGP - Family Connections	226,258	222,753
NGOTGP - Building Consumer Participation	173,849	171,156
Stronger Communities Grant	5,000	-
Total Government Funding - Federal	647,625	632,670
Government Funding - State		
Association of Participating Service Users (APSU) - Research and Development	188,839	181,951
Family Drug Help - Education and Support	311,211	303,595
RSS Youth Supported Accommodation (YSA)	181,213	174,588
Other State Grants	149,210	195,255
Total Government Funding - State	830,474	855,389
Total Government Grants	1,478,099	1,488,058
Fee for Service Income	500,565	352,931
Donations and Philanthropic Income		
Grenet Foundation Ltd	53,923	35,000
The Ian Potter Foundation	19,096	-
Other Donations	16,954	22,187
Total Donations and Philanthropic Income	89,973	57,187
Miscellaneous Income	13,672	3,447
TOTAL REVENUE FROM ORDINARY ACTIVITIES	2,082,309	1,901,623
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EXPENDITURE		
Administration and Operating Expenses	-359,240	-343,552
Borrowing Expenses	-441	-2,935
Employment Expenses	-1,575,357	-1,430,227
Program Expenses	-74,881	-53,455
TOTAL EXPENDITURE	-2,009,919	-1,830,169
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NET SURPLUS / DEFICIT	72,390	71,454
Accumulated Surplus Brought Forward	1,522,837	1,451,383
Operating Surplus for the Year	72,390	71,454
ACCUMULATED SURPLUS 30 June 2017	1,595,228	1,522,837
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DIVERSITY

