

Annual Report 2018

PEER CONNECTION



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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

GAYE HENNESSEY	Chair
ARUN AMARSI	Treasurer
ANTHONY DENHAM	Director
GARRY ANDERSON	Director
MICHAEL HOWARD	Director
FRANK PLATON	Director
ANDREA TRAVERS	Director

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.

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 Values

PEOPLE	People who have the courage to ask for help have our respect and admiration.
INSIGHT	We believe that people are the experts in their own life.
SELF HELP	We believe in Self Help as mutual healing, passing on the knowledge and skills acquired, as we give and receive help.
RECOVERY	We believe in Recovery – the individual taking ownership of a meaningful and purpose filled life.
LEADERSHIP	We believe in Leadership that is born from direct experience and has the spirit to inspire and advance the wellbeing of all.
COMMUNITY	We believe in Community that includes all members as equal and necessary participants.
ADVOCACY	We believe in Advocacy as a means offered to people to take an essential and active role in a democratic community.



Chief Executive Officer's Report

HEATHER PICKARD, CHIEF EXECUTIVE OFFICER

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



Marney Phillips and Jacinta Genoli representing the FDH Volunteers at the 2018 Higgins Community Service Awards along with the Hon Kelly O'Dwyer, Federal Member for the seat of Higgins, and Ted Baillieu, former Premier of Victoria.



A thank you brunch for our wonderful volunteers was held at Melbourne Botanic Gardens.



Self-care at Peer Volunteer training day, which is fun and lots of laughter.

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.

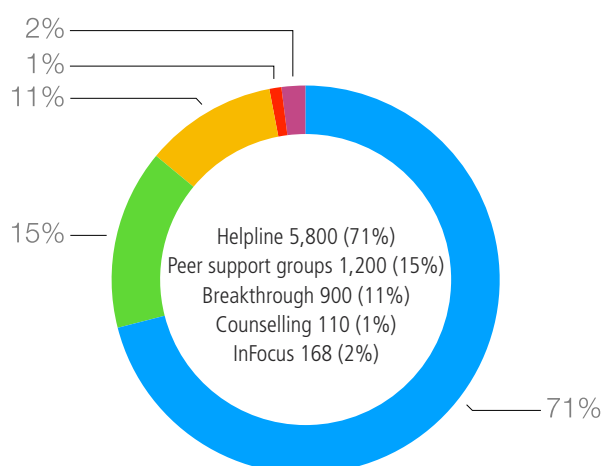
The findings of the project were recently presented at the Victorian Responsible Gambling Foundation conference at Deakin University, in Geelong.



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)



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

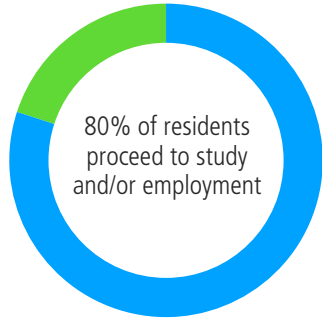
"The good thing about the peer worker is that you don't get a biased opinion with him or anything; anything I told him was a one-on-one thing and was going to stay there. Having him as a male role model was really good, it helped me have some trust in other men." RSS resident

"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



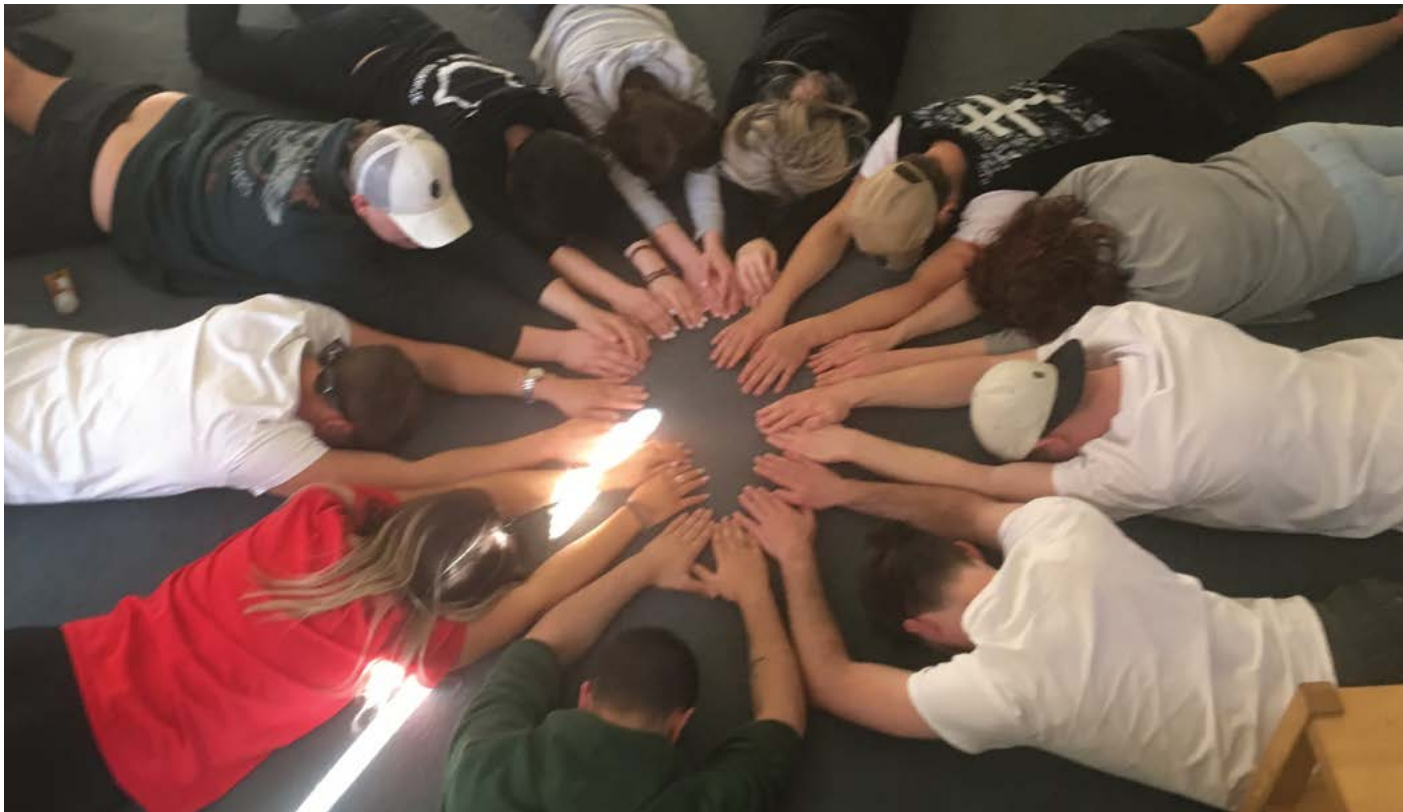
OXFORD HOUSES
22 months average length of stay



RECOVERY SUPPORT SERVICES
10 months average length of stay



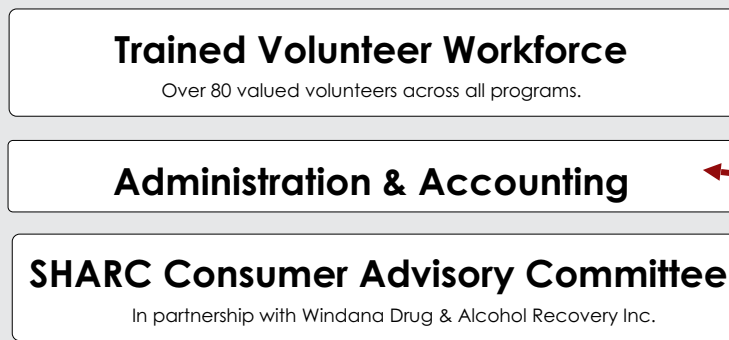
US WOMEN'S RECOVERY PROGRAM
10 months average length of stay





Self Help Addiction Resource Centre

Self Help Addiction Resource Organisation



Trained Volunteer Workforce

Over 80 valued volunteers across all programs.

Administration & Accounting

SHARC Consumer Advisory Committee

In partnership with Windana Drug & Alcohol Recovery Inc.

SHARC Management

SHARC Board

Residential Peer Programs

Funded by the Australian Government Department of Health.



FDH is a program of sharc

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).



Recovery Support Service

RSS is a program of sharc

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.

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.



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.

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.

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

Ice education for families

A community education program for families about Ice.

Developed and delivered in partnership with Turning Point and The Bouverie Centre.

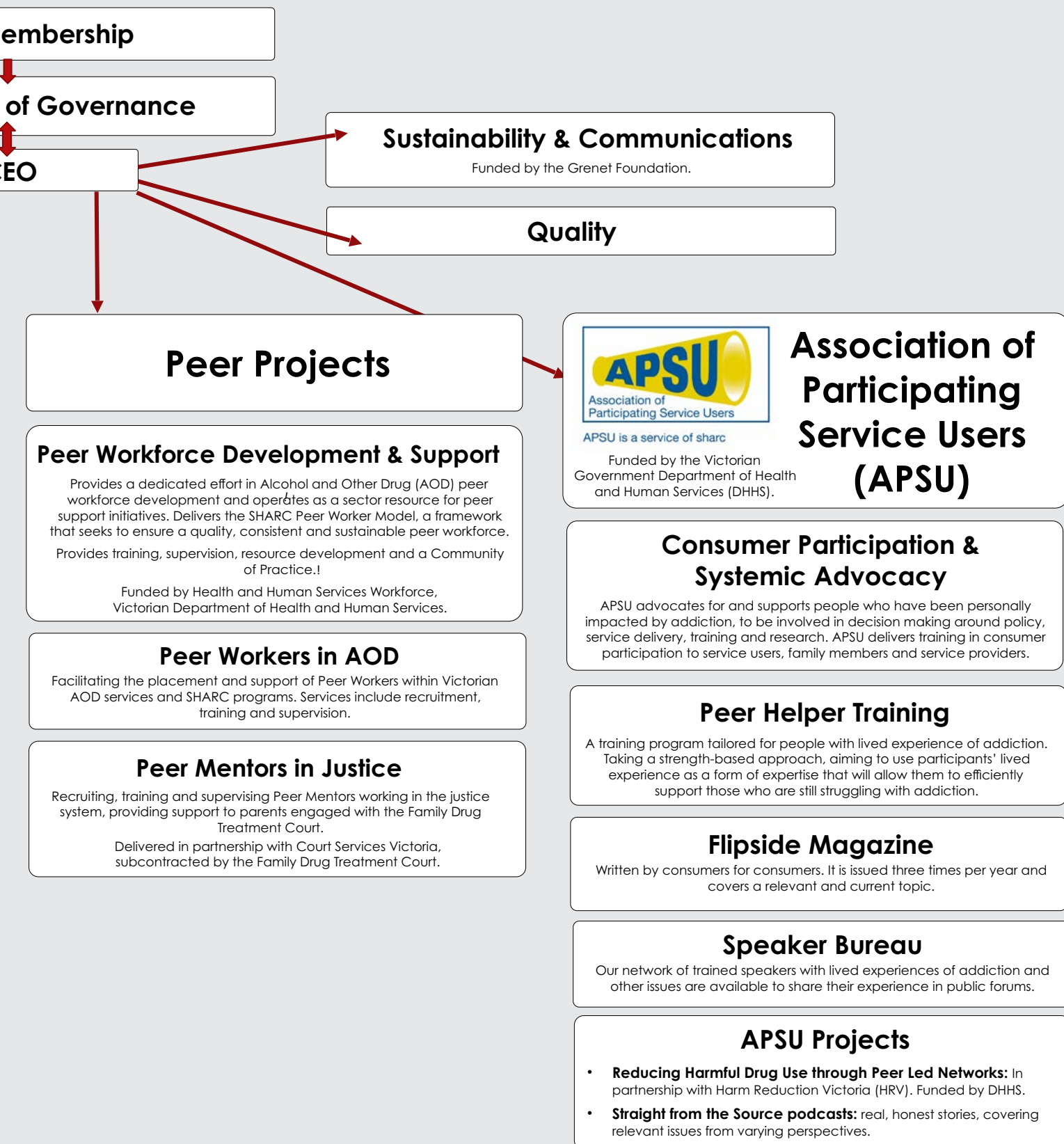
Funded under the Ice Action Plan, Victorian State Government.

Complex Recovery Coordination

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

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.



Peer Projects

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, lending 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.



AOD Peer Workforce Forum, Crystal Clancy – Coordinator, Peer Projects, SHARC and Graham Panther, Co-founder Big Feels Club.

"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.

Peer Workforce Development



27 Peer Workers trained and supported



15 Organisations supported



15 Community of Practice Members



Intentional Peer Support – 37 people trained

Peer Mentors in Justice



4 Peer Mentors



44 Parents supported

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.

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

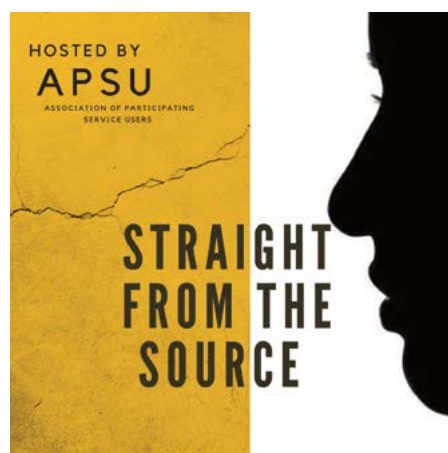
The APSU team hit the ground running with the development of the APSU podcast “Straight from the Source”. The podcast highlights the complex nature of the consumer experience. It reflects on the many different viewpoints and experiences around stigma, barriers to treatment, and various attitudes towards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

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.



SafeScript and Codeine legislation changes forum.



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

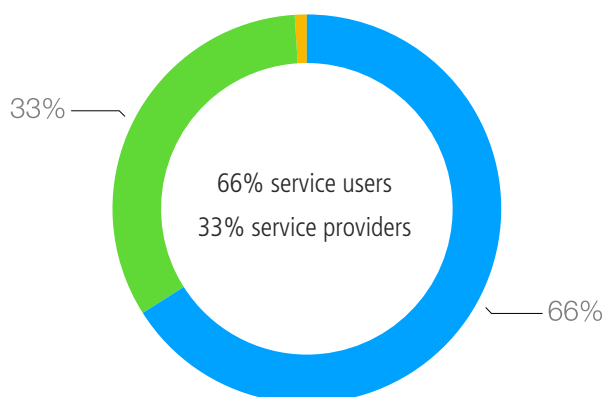
APSU Movie Night – Building and connecting with the APSU community

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 Movie Night – Building and connecting with the APSU community.

750 Members



29 Speaker Bureau events

16 Community and Sector Consultations

2700 copies of *Flipside* magazine distributed

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

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 mean 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

Elzara Ramazanova

Rachael Pallenberg

Stephen Lowe

Rachael Matzka

Rosemary McClean

Association of Participating Service Users (APSU)

Jeffrey Gavin, Manager

Edita Kennedy

Emma Rafferty

Family Drug Help (FDH)

Robert Campbell, Manager

Glenda Nettleton

Manal Shehab

Marney Phillips, Help Line Co-ordinator

John Wynde

Matthew Corbett

Al Shamael Keng

Karen O'Toole

Nicole Lockwood

Angela Ireland

Karyn Down

Tess Darlington

Anne Iversen

Kate Thomas

Tracey Alder

Daina Latta

Leanne Eames

Veronica Henriquez

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

Bella Anderson, Manager

El Leone

Heath Richardson, Co-ordinator

Matthew Rothman

Louise Robinson, Co-ordinator

Mark Lake

Nicole Catmull, Co-ordinator

Pamela Vale

SHARC acknowledges and thanks its many hard-working volunteers and placement students for their valuable contribution.

Financial Reports

Self Help Addiction Resource Centre Inc Statement Of Financial Position as at 30 June 2018

	30 June 2018	30 June 2017
ASSETS		
CURRENT ASSETS		
Cash and Bank accounts	\$639,884	\$706,594
Debtors	\$71,383	\$69,957
Total Current Assets	\$711,267	\$776,552
NON-CURRENT ASSETS		
Property, Plant & Equipment	\$3,241,435	\$2,609,290
Total Non-Current Assets	\$3,241,435	\$2,609,290
TOTAL ASSETS	\$3,952,702	\$3,385,842
LIABILITIES		
CURRENT LIABILITIES		
Commonwealth Bank Loan (Secured)	\$255,718	\$300,286
Creditors and Accruals	\$59,496	\$61,386
GST Payable	\$43,123	\$42,483
Provisions for Annual Leave, Long Service Leave and TIL	\$172,367	\$125,772
Income In Advance	\$280,914	\$315,063
Total Current Liabilities	\$811,617	\$844,989
NON-CURRENT LIABILITIES		
Provision for Long Service Leave	\$33,016	\$18,409
Income In Advance	\$20,831	\$103,819
Total Non-Current Liabilities	\$53,847	\$122,229
TOTAL LIABILITIES	\$865,464	\$967,218
NET ASSETS	\$3,087,238	\$2,418,624
EQUITY		
Accumulated Surplus	\$1,625,670	\$1,595,228
Asset Revaluation Reserve	\$1,461,568	\$823,396
TOTAL EQUITY	\$3,087,238	\$2,418,624

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

	2018	2017
REVENUE		
GOVERNMENT GRANTS		
Government Funding – Federal		
NGOTGP – RSS Halfway Project	\$252,890	\$242,518
SEMPHN – Family Connections	\$233,744	\$226,258
SEMPHN – Complex Care Recovery	\$178,031	\$173,849
Stronger Communities Grant	–	\$5,000
Total Government Funding – Federal	\$664,666	\$647,625
Government Funding – State		
Association of Participating Service Users (APSU) – Research and Development	\$207,594	\$188,839
Family Drug Help – Education and Support	\$324,564	\$311,211
RSS Youth Supported Accommodation (YSA)	\$189,219	\$181,213
Other State Grants	\$158,404	\$149,210
Total Government Funding – State	\$879,780	\$830,474
TOTAL GOVERNMENT GRANTS	\$1,544,446	\$1,478,098
Fee for Service Income	\$674,892	\$500,554
Donations and Philanthropic Income		
Grenet Foundation Ltd	\$180,795	\$53,923
The Ian Potter Foundation	\$58,003	\$19,096
Other Donations	\$21,946	\$16,954
Total Donations and Philanthropic Income	\$260,744	\$89,973
Miscellaneous Income	\$8,037	\$13,684
TOTAL REVENUE FROM ORDINARY ACTIVITIES	\$2,488,119	\$2,082,309
EXPENDITURE		
Administration and Operating Expenses	–\$342,756	–\$286,525
Depreciation Expense	–\$74,220	–\$62,774
Finance Expenses	–\$2,664	–\$2,830
Employment Expenses	–\$1,963,622	–\$1,582,933
Program Expenses	–\$74,415	–\$74,857
TOTAL EXPENDITURE	–\$2,457,677	–\$2,009,919
NET SURPLUS (DEFICIT)	\$30,442	\$72,390
Accumulated Surplus Brought Forward	\$1,595,227	\$1,522,837
Operating Surplus for the Year	\$30,442	\$72,390
ACCUMULATED SURPLUS 30 June 2018	\$1,625,670	\$1,595,227

Supporters and Community Partners 2018

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

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



Self Help Addiction Resource Centre (SHARC)
ABN 18052525948

140 Grange Road, Carnegie VIC 3163
T 03 9573 1700 | F 03 9572 3498
E info@sharc.org.au | www.sharc.org.au

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