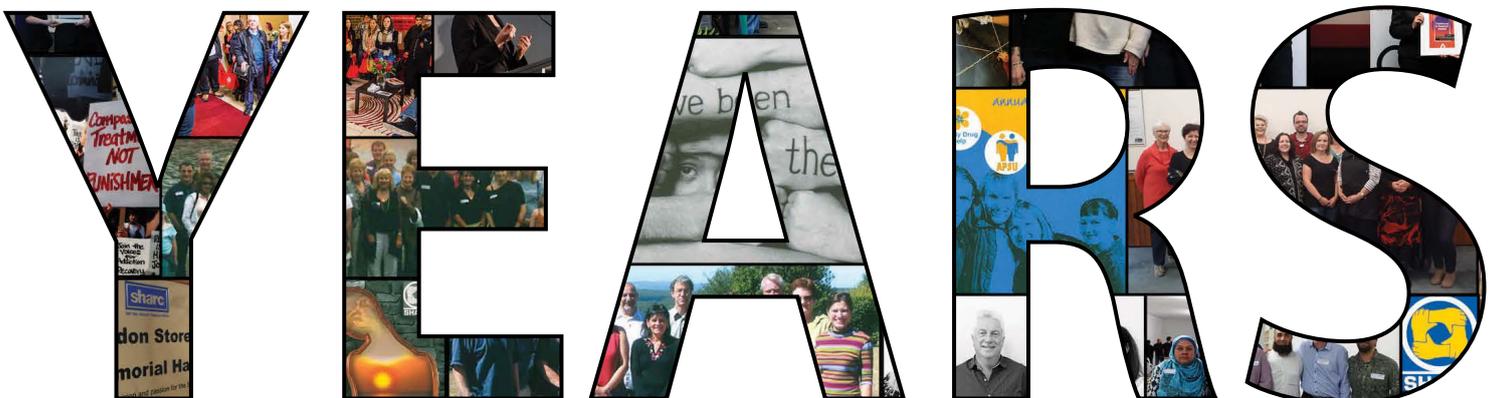


# CELEBRATING



**sharc** | ANNUAL REPORT 2019  
Self Help Addiction Resource Centre



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## Chair's Report

Andrea Travers  
Chair of the Board

It is a great pleasure, as Chair of the SHARC Board, to share some reflections on the continued achievements of this wonderful organisation. In keeping with this year's theme, there is so much to celebrate.

Above all else, we find great satisfaction in the fact that SHARC continues to provide options for people affected by addiction and other issues to recover and achieve meaningful, satisfying and contributing lives. This central unifying purpose inspires our work, and we celebrate the hope, possibility and opportunity offered by recovery.

Across the course of the past year, SHARC has continued to leverage its strengths as a respected organisation that develops its own services while working towards strengthening practice and building capacity across the sector. SHARC's ability to join and influence others means we have been able to position ourselves to make a significant contribution to larger projects, especially in terms of weaving our expertise into the work of other organisations or agencies.

Over the past year, SHARC's collaborative work has extended right up to and beyond the boundaries of our home state. The Family Drug Treatment Court is an example of a regional initiative that SHARC has engaged with. At the same time, our Peer Projects staff have travelled widely, including to Queensland for delivery of Peer Workforce Training and Organisational Readiness Training. We are also very proud that SHARC is a key player in the launch of the lived experience workforce strategies, a major event for which we have been preparing with partners in mental health and DHHS.

These activities support SHARC's mission 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. Notably, the SHARC presence at conferences and consortia meetings was significant, including presentations at the sector providers meeting,

VAADA conference, Gambling Sector Forum and many more.

None of this wonderful work would be possible without SHARC's committed, hard-working volunteers and the talented, dedicated staff. The Board commends the work of all paid and unpaid staff across the organisation.

Under the leadership of CEO Heather Pickard, the organisation has been able to build a reputation and a range of programs that position SHARC in a unique way that is both independent and interdependent.

A key element of this work is in the area of strategic partnerships and funding relationships – vital for securing support, collaborating on program delivery and exchanging professional expertise. Led ably and energetically by Heather and the leadership team, these partnerships have continued to grow and strengthen throughout the past year. SHARC has been invited to apply for several funding pools, which is a very positive reflection of our success in this area.

We also gratefully acknowledge our philanthropy, government, community and corporate partners, whose support and generosity ensures our ongoing existence.

As Chair, I am personally grateful to the Board for their sound stewardship, commitment and contribution. In the past year we have been delighted to welcome Jacqui Sundbery, Catherine Flynn and Margaret Abernethy. Frank Platon left in February, and we thank him wholeheartedly for his service over many years.

I would particularly like to acknowledge the leadership of our previous Chair, Gaye Hennessy, who also stepped down in February. Gaye consistently provided the Board and SHARC Executive with calm, considered guidance that was deeply appreciated.

We, the Board, remain committed to SHARC's continued evolution in its vital role of inspiring and advancing the wellbeing of those who seek a path away from addiction, towards a life of participation and contribution. We invite you to join with us in celebrating the terrific work that SHARC does.



## Chief Executive Officer's Report

**Heather Pickard**  
Chief Executive Officer

Preparing the Annual Report is an opportunity to reflect on the past year's achievements and challenges, but how exciting it is this time to look back on almost twenty-five years.

SHARC's heritage goes back even further. It was the amalgamation of two important community-based, mutual self-help organisations – the Understanding and Support (US) Society, founded in 1983, and the Self Help and Substance Use Project (SHASU), founded in 1987 – that led to the establishment of SHARC in 1995.

The early years were tough, as we established our credentials and secured funding, and SHARC has many organisations and individuals to thank for supporting and championing our cause. I would particularly like to acknowledge the pioneering work of Gordon Storey, SHARC's first CEO, and Professor Margaret Hamilton, then Director at Turning Point, who provided essential support and advocacy. The relationship between these organisations remains close to this day.

SHARC has worked consistently to champion, develop and deliver peer-based initiatives, and build recognition of the value that lived experience brings to services. SHARC has been instrumental in the progress from having to explore and define what peer support meant, to the present day where peer-based programs and the peer workforce have become embedded in AOD frameworks and policies. SHARC is now funded by DHHS to act as a state-wide resource for peer work and this has presented

opportunities to learn and grow with lived experience workforces from other sectors.

Reviewing the past year and the work we have been involved in illustrates the breadth and depth of SHARC's influence and impact. Highlights for me include developing the Strategy for the Alcohol and Other Drug (AOD) Peer Workforce; preparing submissions to the Royal Commission into Mental Health Services, based on consultations with our community; and taking home the 2019 National AOD Excellence and Innovation Awards: Treatment and Support Award. You can read more about these and our other activities in the program reports that follow.

A successful organisation is built on the contribution and teamwork of its committed and talented people. This is so very true of SHARC – including board members, staff, program participants, residents, volunteers, families, consumers and the whole SHARC community. A rich and diverse collection of people have made SHARC what it is today.

I would like to pay tribute to two special individuals who we have lost recently. We are honoured to continue their legacy in our work.

**Regina Brindle:** a committed consumer and human rights advocate, Regina spent five years at SHARC as Manager of APSU and was instrumental in having consumer participation recognised as fundamental to good service and policy development.

**Hugh McKinnon, OAM:** a passionate advocate for recovery who founded Oxford Houses (Australia) to assist people in early recovery by providing safe, drug-free housing.

So, while we celebrate the past, we look forward to the future. There are still many challenges, including securing long-term and sufficient funding, building a robust evidence base, and continuing to influence policy change. SHARC will continue to push forward on these issues.

# 25 Years of SHARC

## A Snapshot of Our Journey

The story that truly defines SHARC is a human one: moments and experiences shared by people committed to honesty and understanding in the face of adversity.

Nevertheless, what follows is a brief chronology of the organisation.



# Association of Participating Service Users (APSU)



For the past year, APSU has continued its work to ensure that the voices, opinions and experiences of consumers are heard, respected and integrated into service and policy. Our podcast, *Straight from the Source*, continues to improve and gather recognition, and was deservedly nominated in the media category at the National AOD Excellence and Innovation Awards. We completed our work on *The Power of Words*, a collaborative project with ADF, DHHS, HRVic and Penington Institute, aimed at addressing stigma around AOD issues, by providing a language guide for professionals. We also submitted consumer feedback to the Mental Health Royal Commission, and, together with VMIAC, delivered *Sitting on the Outside, Looking In*, a rural and regional roadshow project that reported on the issues faced by people who utilise services in these areas. Alongside these projects we continued to deliver a wealth of focus group facilitations, presentations and training, as always with consumers at front and centre.

## Looking Back

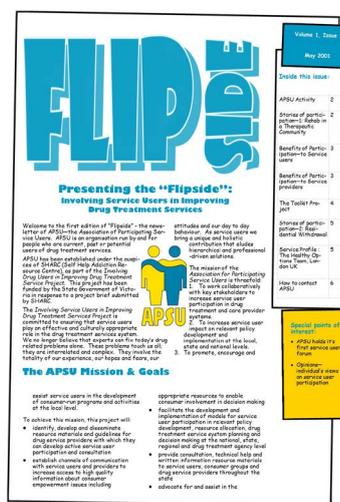
As SHARC nears its 25th birthday, we value the opportunity to reflect on APSU's journey so far. We are reminded of the courage and tireless



Gordon Storey on the steps of Parliament in 2004

work of those who preceded us, who dragged this service into being and sustained it through countless challenges and periods of great change.

Since its inception, APSU has been on an ever-evolving journey. All our current efforts are the continuation of the legacy of those before us who laid down the groundwork.



The first edition of *Flipside*, a single-page newsletter

APSU was created to advocate for the rights of current, ex- and potential drug treatment service users to have a voice and participate in all aspects of the drug treatment service system, including planning, design, implementation, service delivery, policy formulation and evaluation of drug treatment services.

What began as a grassroots movement became funded by the DHHS in 2001, after persistent lobbying by then SHARC CEO, Gordon Storey. It was the first, and to this day the only, service of its kind in Australia.

APSU has created a 'culture of empowerment' and built a solid organisational infrastructure for consumer participation. Its achievements are too numerous to record here, and in doing so we could scarcely hope to capture the energy and passion that drove them, but what follows is a snapshot of our diverse activity over the years.

## 2001–2006

### **APSU receives its first funding and begins to create new opportunities for service users' voices to be heard.**

- Instigates *The Toolkit Project* to develop, trial and implement a model of consumer participation within two leading Victorian AOD services
- Facilitates a psychoeducational group for people who participate as service user representatives on advisory groups and reference committees
- Develops and recruits service user members to guide and inform APSU's future activities
- Creates the first APSU website and publishes the single-page newsletter that would become *Flipside* magazine, an essential and captivating forum for consumers to share their experiences
- Initiates, facilitates and contributes to numerous research projects and consultations with consumers
- Creates first draft of 'The Charter of Rights and Responsibilities for Service Users', later to become a key document for Victoria-wide AOD services
- Leads the 'Stigma Kills' awareness campaign, culminating in a demonstration on the Parliament steps in June 2004, aimed at fighting stigma around addiction
- Establishes the APSU Steering Committee to ensure consumer guidance of its activities

## 2007–2012

### **APSU continues to create opportunities for consumer participation, consolidating early gains and formalising its knowledge and experience.**

- Creates *Alcohol Booklet* in collaboration with Family Drug Help, offering consumer-led guidance to all those with a family member or close friend affected by drinking
- Contributes to *Are You Experienced?* and other international research into the lived experience of recovery
- Conducts a report on service waiting times, which leads to public pressure and subsequent improvement

- Develops the Speaker Bureau, which pairs consumers with paid speaking engagements
- Creates core manuals and programs for training peers in service delivery, advocacy and volunteer activity
- Publishes first edition of *Straight from the Source*, a practical guide to consumer participation in the Victorian AOD sector
- Collaborates with the Victorian Auditor-General's Office to set up consumer focus groups, as part of the audit of the Victorian AOD sector
- Co-facilitates a forum on the Gender Sensitive Training Resource for AOD services in Victoria



Emma Rafferty in training with Podcast Services Australia

## 2013–2018

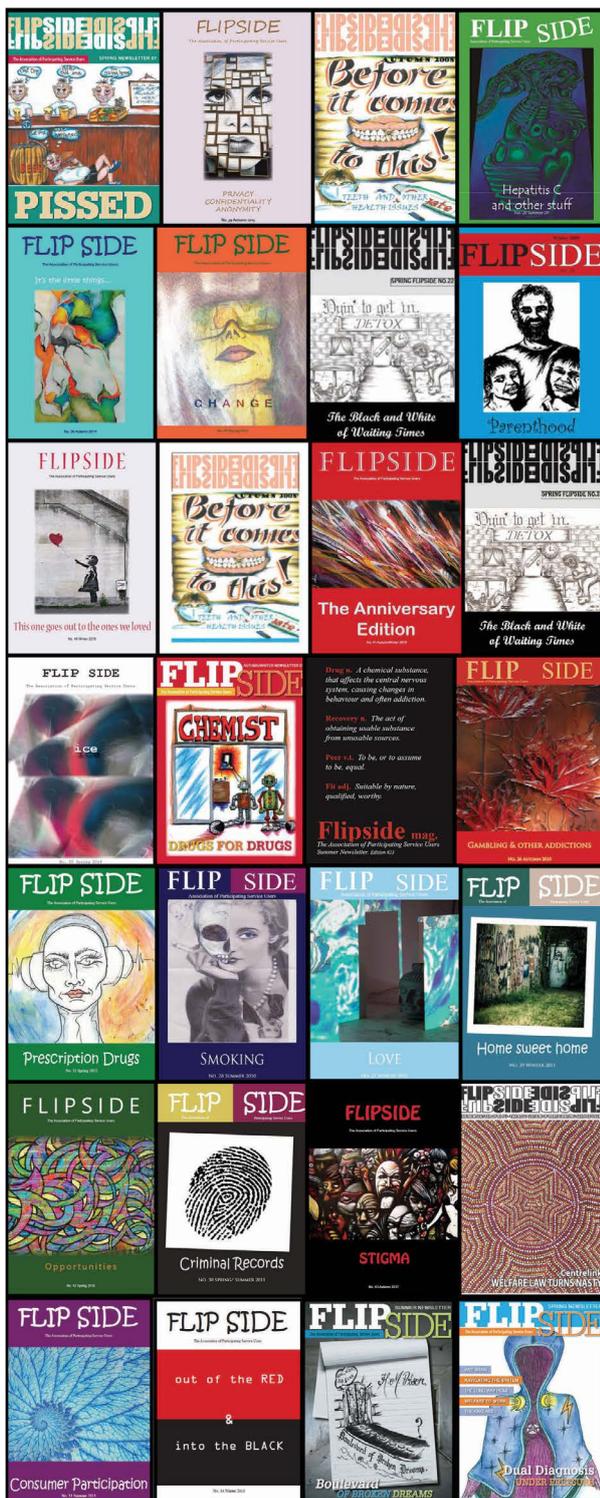
### **APSU continues to grow and diversify its activities, adapting to the rapidly changing, post-reform environment.**

- Develops and rolls out new consumer participation training, with *Straight from the Source* manual as core
- Recruits and consults to create the Southern Region Community Advisory Council Project (SRCAC), intended to expand consumer participation practice in the area
- Creates 'Your Feedback Matters' surveys, tracking changes resulting from reforms in the Victorian AOD sector
- Publishes *Broadening the Source* manual, which 'not only acknowledges the significance of family involvement in the sector, but offers practical guidance and

- suggestions for how best to engage them in advisory and treatment processes'
- Introduces the APSU podcast, *Straight from the Source*, offering listeners an intimate and personal insight into experiences of stigma, barriers to treatment and attitudes towards addiction, harm reduction, and recovery

- Works with consumers to create resources concerning changes impacting AOD service delivery in relation to new family violence legislation

With these many achievements in mind, we look forward to another era of challenges and opportunities for APSU and the consumers we proudly represent.



Back issue covers of *Flipside* magazine

## A Changed Man

I have never foreseen the use-by-date of my association with APSU, since the day in 2012 when I found them and was a shadow of my former self.

In recovery you tend to move through services and associations, 'picking the eyes out of them' and taking away what you deem will benefit you in your quest to reassimilate.

APSU seems to have no end to its appetite for innovation and instilling goodwill.

I am now a principal peer worker at several sites in Eastern Health AOD and mental health services. I sub-edit and contribute to a newsletter, participate at forums and staff presentations and, to boot, sit both humbly and proudly on the APSU Advisory Committee.

It's difficult to imagine I could have accomplished any of this without the grounding, training and opportunities afforded to me by APSU. If I hadn't been encouraged to benefit from the Peer Helper Training (LEAP), sit on the Southern Region Community Advisory Council, or submit articles to APSU's *Flipside* magazine, things in my life wouldn't have the same shine as they do now.

Russell Chilcott  
 APSU Member & Advisory Committee Participant

# Family Drug Help

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Family Drug Help (FDH) was established in 2000. Drawing together the skills, passion, and expertise of three existing organisations – SHARC, Parents for Drug Information and Support (PDIS) and Turning Point Alcohol and Drug Centre – FDH was the innovation of three passionate and committed individuals: Brenda Irwin, Gordon Storey and Margaret Hamilton.

Family Drug Help's motto is 'We've been there,' so we asked long-time staff member and volunteer Angela Ireland to reflect on her history with FDH.

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In 1999, a time when the *Herald Sun* ran a daily heroin toll, I joined the steering committee for a new program to support families affected by addiction, meeting at Mary of the Cross in Fitzroy, with representatives from other relevant community services.

Brenda Irwin, a mother who sadly lost her daughter to an overdose, took this initiative to Gordon Storey, then CEO of SHARC. With SHARC's support, DHHS funding was secured and FDH was born. Initially the focus was a helpline run by trained volunteer family members, housed at SHARC and partnered with Turning Point to take the out-of-hours calls using their professional staff.

The helpline was situated in what was formerly a garage beneath SHARC's residential program office in Glenhuntly Road. The floor sloped down to the street. We had to sit behind our desks facing the street to prevent rolling down and hitting the window!

My role was to promote the helpline and develop new services. There were only a couple of volunteers, so I could be doing a radio interview and answering calls at the same time. The response was huge – a radio interview would

result in a flood of calls, as this was one of the first services for affected families.

The initial program also included a support group housed at another service in St Kilda.

In 2006 I took up the position of Project Development Officer. Observing and consulting with the families attending our Dandenong and Frankston support groups, we developed a comprehensive psychoeducation component for our support groups: the six-week Action for Recovery (ARC) program for families. In 2017, ARC was extensively reviewed and updated to become the InFocus program.

We have published many booklets and a quarterly newsletter that is still operating, covering different topics relevant to families.

The FDH model has evolved to provide a continuum of services to support family members – from contacting our helpline, being referred to a local support group, attending our education program, to receiving family counselling. This model has been independently evaluated and found to be effective and best practice.



(L-R) Brenda Irwin; Steve Bracks, then Premier of Victoria; John Thwaites, then Deputy Premier; and Gordon Storey launching Family Drug Help, March 2001

As gaps in meeting the needs of families were identified, new programs and services have emerged, including

- the Supper Club, a special support group for families who have lost a loved one, which meets monthly at Carnegie.
- the Sibling online program for siblings identified as in need of support due to the sense of intense grief and loss they experience.
- Breakthrough: Ice Education for Families across Victoria, in partnership with Turning Point and the Bouverie Centre.
- Family Gambling Help, supporting families affected by gambling.

FDH currently

- has over 85 volunteers.
- handles 6000 calls a year from family members.
- runs more than 20 InFocus programs annually.
- facilitates 21 support groups across Victoria.

We've come a long way from the garage under RSS.

*With much reluctance we went to the first session, but it changed our views completely. The group has increased our optimism and understanding about appropriate strategies for helping our son.*

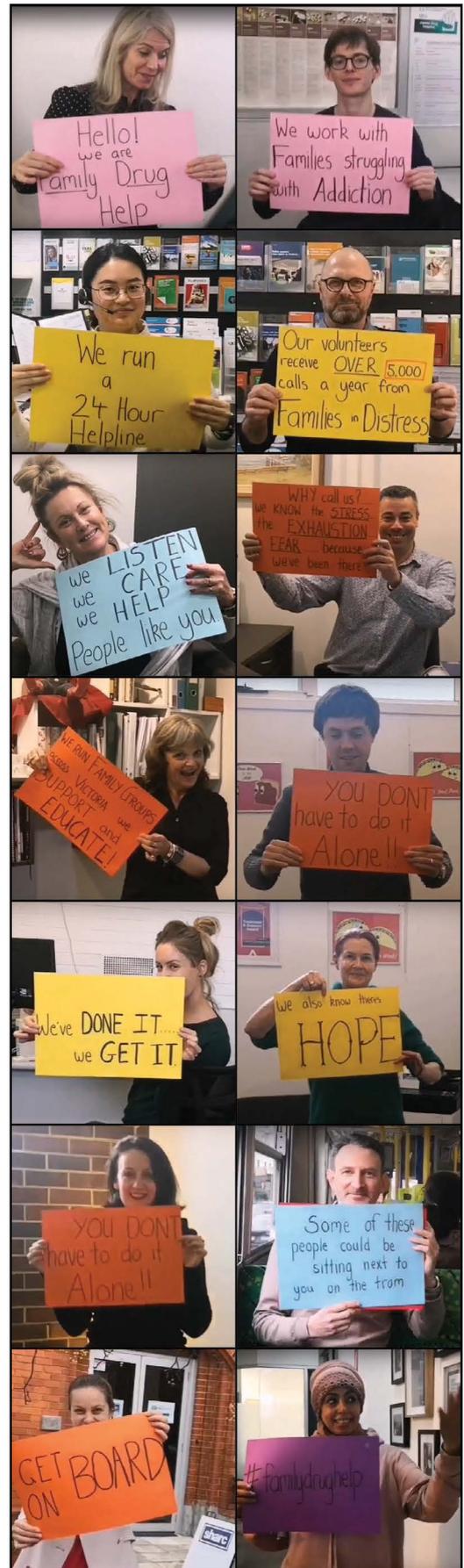
Family Peer Support Group member

*Thank you for your help and information. I can't thank you and your colleagues enough. Already I feel that I am not alone and that there is help available.*

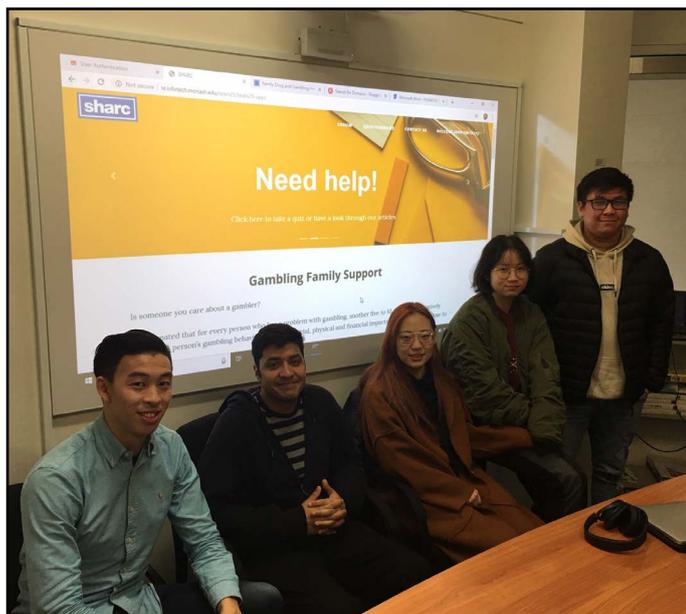
Helpline caller

*This program has helped me refocus my energy from what is unhelpful, to what can really help. I have learned that by refusing to change my own behaviour, I was keeping myself in a devastating situation. I can't thank the facilitators enough for paving the way so supportively. This program works.*

InFocus Education Program participant



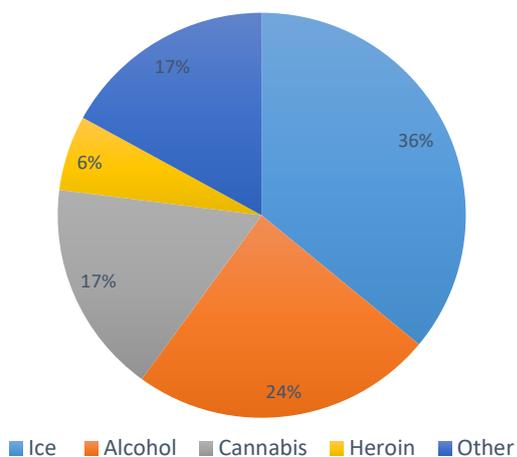
Images from a volunteer-made promotional video



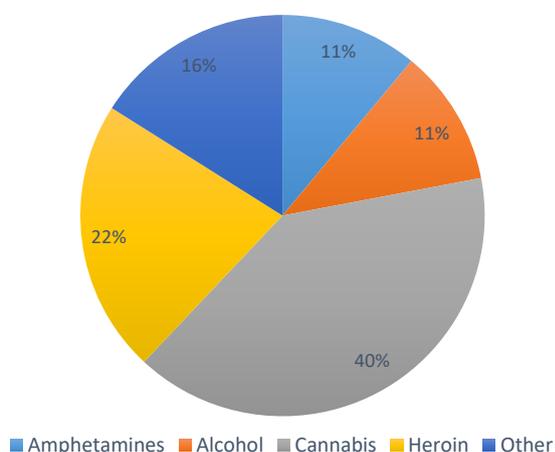
The TechKnow team, final-year Monash IT students who worked with Family Gambling Help to develop a website

### FDH Calls: Drug Profile

2018-19



2001-02



## Office Boy to Boss

Around five years after SHARC was founded, I was a member of a Families Anonymous (FA) group. A woman came to our group to tell us about a new service for families that had been formed and was seeking volunteers for a telephone helpline. The service was Family Drug Help, or FDH. At the time I was not in a very good state. However, our daughter volunteered and was one of the founding members of the helpline team. She shamed me into volunteering a year later, and I completed my training with the second cohort in 2001.

I look back on some 18 years at SHARC: with FDH as a helpline volunteer, at one time a director, then chairman and acting CEO, and then more helpline – the classic 'office boy to boss' career. What it means to me is being part of an association that has good values, sticks to its peer support philosophy and grows into areas where this philosophy can be helpful.

In my first year, the helpline had about 20 volunteers. Half the calls taken were from parents, 11% from partners, and 70% of callers were women. Drug types were: 40% related to cannabis, 22% to heroin, and alcohol and amphetamines 11% each.

In this last financial year, the 38 helpline volunteers responded to calls with a similar caller profile but a very different drug topic profile: 36% related to ice, 24% alcohol, 17% cannabis and 6% heroin.

In 2018-2019 our 87 FDH volunteers (helpline and support groups) have contributed 6120 hours. This equates to 15 full-time employees at a cost of \$360,000.

The wonderful thing about statistics is that one can choose the numbers that suit the purpose. Research by The International Association for Volunteer Effort shows that \$1 of volunteer work returns \$4 to the Australian economy. For FDH, this corresponds to a contribution of \$1,440,000.

An important statistic is that FDH's retention rate for volunteers is 97%. So I am not the only one who loves being part of FDH.

James Guthrie

# Peer Projects



Peer Projects was established in 2017 as a program under the SHARC umbrella to coordinate SHARC's peer initiatives and provide a dedicated effort in leading peer workforce development in the Victorian AOD sector.

A newer program of SHARC, Peer Projects builds on SHARC's 25 years of experience and commitment to peer support. Peer Projects acts as the central resource for AOD peer workforce development, ensuring that the workforce is meaningfully established, supported and integrated across the sector.

We are actively building a community that supports the recognition and growth of peer work. Our relationships span sectors, states and countries, as we work collaboratively with key stakeholders to define, support and advocate for the peer work discipline.

## A Bit of History

Since its incorporation, SHARC has supported the establishment of peer support activities, and provided sector and community consultation on peer support approaches.

*Our resources are extended, in essence, by converting helpees into helpers. Essentially, people's problems become assets and people affected become part of the solution...this qualitative expansion occurs because of people's unique empathic understanding that comes from having lived and struggled with a problem in concrete ways.*

SHARC profile, 2000

Jumping forward to 2014, SHARC was commissioned to deliver the *Peer Support Capacity Building Project*, which established peer support groups across all catchments in Victoria. From the success of this project and resulting growth in peer support, SHARC was funded to undertake sector readiness for the emerging AOD peer workforce.

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. To meet the needs of this growth, Peer Projects continues to sustain and expand its workforce development activities.

## What We Have Achieved So Far

- Developed and implemented a framework for peer workforce development, implementation and sustainability
- Since 2015, provided peer support mentors supporting parents in the Family Drug



A recent class of Peer Worker Training participants

Treatment Court program, operating out of the Children's Court of Victoria

- Since early 2016, a SHARC Peer Educator has worked with participants at the Therapeutic Day Rehabilitation delivered by Latrobe Community Health Service and Windana Drug & Alcohol Recovery.



Established 15 peer support and facilitated peer support group training for 15 agencies and over 100 volunteer peer leaders



Delivered 9 peer worker trainings and 7 organisational readiness trainings



Facilitated 10 AOD peer workforce communities of practice and continued to supervise 21 AOD peer workers

- Co-designed an appendix for peer work implementation in *Victoria's AOD Program Guidelines (2018)*, including the

key features and service requirements of peer work, as well as organisational guidelines on planning, development and sustainability

## Highlights This Year

- Co-developed a strategy for the AOD peer workforce, which was launched alongside the workforce strategies for carers and consumer lived experience workforces in the mental health sector
- Became established as host for Intentional Peer Support (IPS) Australia, an alternative approach that works to enrich localised models of peer support
- Awarded the 2019 National Alcohol and Other Drugs Excellence and Innovation Awards: Treatment and Support Award, for its Peer Workforce Development program

Since the establishment of Peer Projects we have witnessed consistent growth in the peer workforce, along with growing cross-sector enthusiasm for the value of the lived experience workforce.



The Family Drug Treatment Court team: (L-R) Brendan Ritchie, Darren Sims, Lana Prince & Farouk Mitri



Heather Pickard, SHARC CEO, and Crystal Clancy, Peer Projects Coordinator (right of centre, displaying the Treatment & Support Award), with other recipients at the 2019 National AOD Excellence and Innovation Awards

Our work has been rich and rewarding, driven by the enthusiasm of Victoria’s AOD peer workers, key agencies and departmental stakeholders. Cross-sector relationships, especially with our allies in mental health, are also paramount in this growth. Together we have built the infrastructure required to ensure a high-quality, consistent and sustainable peer workforce. We look forward to future investment in, and growth of, lived experience in the sector.

*I've been receiving supervision from Peer Projects for a while now, and it's been a fantastic experience. The greatest part about the supervision is that they really understand the role and can help with some of the things we as peer workers experience. I feel really supported by SHARC.*

*Peer worker supervision helps improve my understanding of the role and how to apply it in the environment in which I work. Peer Projects are always helpful with resources, trainings and other professional development opportunities. The supervision they provide gives me a safe space to be able to talk about everything going on within my role. I can share similar experiences that the supervisors can relate to, and that really makes me feel understood.*

Russell, Supervisee  
Windana Drug Alcohol & Recovery



Peer Projects graduates displaying their certificates

# Residential Peer Programs



## RESIDENTIAL PEER PROGRAMS

From its beginning, SHARC has provided housing to people seeking recovery: safe, secure accommodation with peer-based and clinical support. In 2000, due to funding limitations, this was scaled back to a youth-focused program, Residential Support Services (RSS).

In 2009, SHARC commenced its partnership with Mind Australia to support ongoing delivery of the Oxford Houses program. In 2014, SHARC established the Understanding and Support Women's Recovery Program for women over the age of 26.

Together these programs provide 56 beds across 16 houses, giving residents the opportunity to build on their recovery in a home-like setting, utilising self-help with peer and community support.

This year we would like to give special thanks to Dr Tony Hammond, who has been supporting our clients as GP since 2003 and is going into semi-retirement in October.

## Celebrating the Smaller Things

As residents and staff discussed the celebration theme for this report, we acknowledged that many of us celebrate events such as turning 21 or Australia winning The Ashes; we also celebrate significant individual recovery milestones – days, months and years of recovery, graduations and completing studies – the big things. But what about the smaller, more intimate successes that have huge impacts on our lives and relationships?



RSS residents on a recent camping excursion

This report from Residential Peer Programs seeks to consider those so-called smaller things. We asked a group of residents to identify some smaller things to celebrate.

*I don't even know what you mean by celebrating smaller things.*

Exactly. Yet, there is so much to celebrate.

*I'm celebrating having a fresh start.*

- I've got a chance to get away from my old world of people, using drugs and being stuck in the old self-destructive ruts. Now I'm free to try something different.

*I'm celebrating having choices. I can have dreams of what I want in my life.*

- Rather than repeating the same old mistakes and feeling unable to get free of the patterns of hurting myself and others, I've learned that I don't have to act on every thought. I can choose what I want to do and now I'm planning for my future. I'm going back to study; it's awesome.



The Oxford Houses program recently celebrated its 20th birthday.

*I'm celebrating that, somehow, I've begun to accept other people and want to understand them better.*

- I used to think only of myself, so I didn't really know what was happening for other people. I couldn't even listen to them properly so I was always banging into them in some way. Now my relationships are so much easier, and honest too.

*I'm celebrating my honest and open relationship with my family.*

- I never told them anything – sometimes to get away with things, other times to protect them from what I was doing, but that left them wondering and worrying. I've had the chance to clear up some of the confusion and reduce their stress. By saying sorry, I've created the opportunity for them to start to trust me again.

*I'm celebrating my job, but it's not just any job. It's in the field I'm passionate about.*

- It's one thing to have a job, don't get me wrong, it's good to have a job, but this one is amazing. It's in the field I've always wanted to work in. It confirms my intention

to study, and I can see myself having a career.

*I'm celebrating my new friends who actually care about me.*

- Of course I've had friends, but the ones I've developed in recovery ask about how I'm going. They listen to me and offer to help me and I'm able to help them too. That's what's new.

*I'm celebrating that I'm able to be present for my family.*

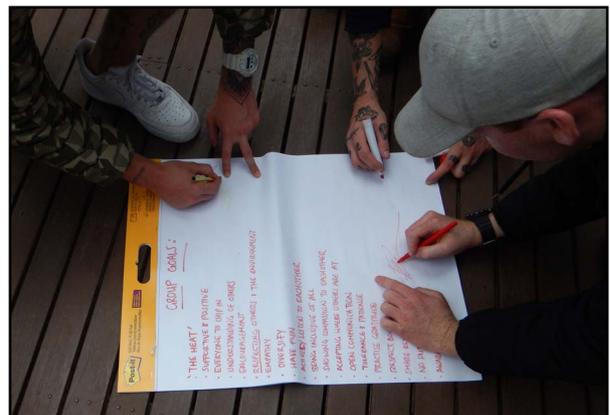
- When I was using, even when I was with my family, it was like I was absent. In some ways I felt that I was missing everyone, alone. Now I only miss them when they're gone. I can sit and listen, care and respond. Things are so much better.

*I'm celebrating getting my memory back. I can remember things.*

- Being able to remember what happened more than five minutes ago means that I can learn stuff. I can remember the past, remember why I want to change things and make better decisions about my life.

*I'm celebrating starting to like myself.*

- I knew I didn't like myself much. I was always criticising what I did and I had really low self-esteem. It's new and hard to explain, but I can appreciate some of the



RSS residents draw up shared goals.

things I do, and I can let other people into my life.

*I'm celebrating getting my health back.*

- I found out I was sick when I was in hospital, and the doctors thought I had something really serious and, if I was going to save my life, I needed to stop using. It was a good impetus for me to change. I know I'm getting better – I can feel the healing.

It didn't take long to identify these amazing successes, but how would we celebrate them? Fireworks over the MCG seemed a little excessive, and cakes can lose their power if there are too many of them.

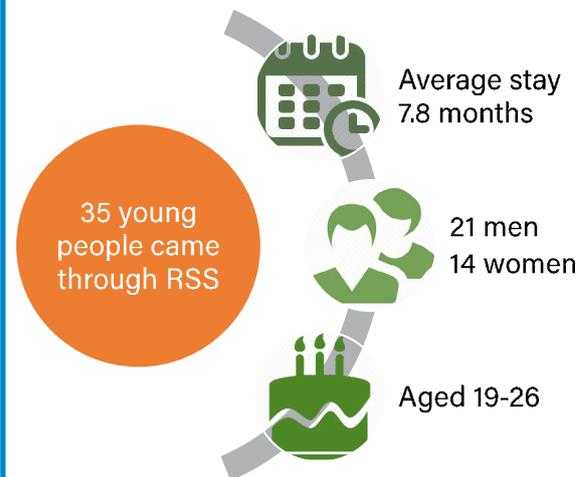
We thought we could celebrate these events and successes by

- sharing these milestones with people who understand where we've come from – friends, housemates, family members and staff. We can share details about the things we've changed and have other people share about their lives – we can appreciate each other.
- being easier with ourselves – when we make a mistake, we can remind ourselves of our positive changes.
- doing nice things for ourselves, while remembering what we are celebrating e.g. this is my self-respect massage.
- writing a thank you letter to ourselves or to someone else for the things they've achieved.
- being more aware of our changes, through journaling.

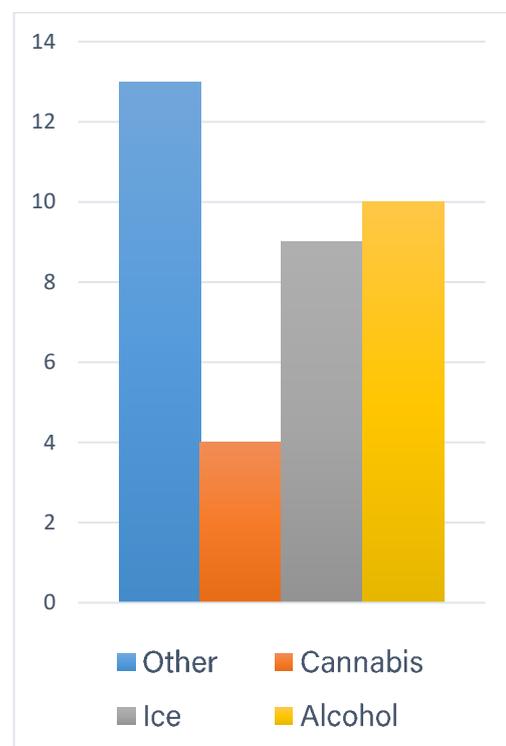
We are open for more ideas. Please forward the ways you celebrate the small/big stuff to the SHARC staff and residents on [rssgroup@sharc.org.au](mailto:rssgroup@sharc.org.au) – we'd be happy to hear from you.

## RSS in Numbers 2018-2019 Financial Year

### Residents



### Primary Drug



# SHARC & Windana Consumer Advisory Committee

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The SHARC and Windana Community Advisory Committee (CAC) has continued its work to ensure the consumer voice is integral to the development and delivery of programs and services.

Formed in June 2016, the CAC has its own Terms of Reference and Code of Conduct. The function of the committee is to respond to requests from the partners for feedback on service practices and provision, and policy development.

The CAC has five consumers with personal experience of AOD services, and five consumers with family experience of AOD services. It is engaged as a consultant to the partners. The CAC meets monthly, alternating between SHARC and Windana.

There are plenty of jokes about committees and consultants. So far, this CAC has avoided derision by providing valuable responses to requests from the partners.

The CAC has responded to requests to review consumer rights and responsibilities, information packs for families and friends, complaints processes, evaluation of services, peer worker documents, training, the draft findings from consultation on Mental Health Royal Commission, and even corporate branding.

The CAC remains available to provide input into regional AOD issues and policies that affect SHARC and Windana.

*Written by a CAC member*



A few of the current members of the SHARC and Windana Consumer Advisory Committee

# SHARC Staff 2018–2019

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## Chief Executive Officer

Heather Pickard

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## Administration

Tania Evers  
Rosemary McClean  
Katherine Thomas

Stephen Lowe  
Rachael Pallenberg  
Natalie Wloch

Rachael Matzka  
Elzara Ramazanova

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## Association of Participating Service Users (APSU)

Jeffrey Gavin, Manager

Edita Kennedy

Emma Rafferty

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## Family Drug Help (FDH)

Robert Campbell, Manager  
Leanne Eames  
Glenn Hunter  
Al Shamael Keng  
Karen O'Toole  
John Wynde

Tracey Alder  
Manal El-Hallab  
Angela Ireland  
Nicole Lockwood  
Marney Phillips

Matthew Corbett  
Veronica Henriquez  
Anne Iversen  
Glenda Nettleton  
Manal Shehab

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## Peer Projects

Crystal Clancy, Coordinator  
Felicity Grey  
Farouk Mitri  
Brendan Ritchie

Marco Bravo  
Jimmy McGee  
Kerry O'Neill  
Darren Sims

Belinda Farmer  
Leah McKenner  
Lana Prince  
Kaylah Ward

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## Residential Peer Programs

Bella Anderson, Manager  
El Leone  
Brendan Ritchie  
Pamela Vale

Nicole Catmull  
Jimmy McGee  
Louise Robinson

Matthew Corbett  
Heath Richardson  
Matthew Rothman

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**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 2019

	30 June 2019	30 June 2018
<b>ASSETS</b>		
<b>CURRENT ASSETS</b>		
Cash and Bank Accounts	\$792,328	\$639,884
Debtors	\$85,462	\$71,383
<b>TOTAL CURRENT ASSETS</b>	<b>\$877,790</b>	<b>\$711,267</b>
<b>NON-CURRENT ASSETS</b>		
Property, Plant & Equipment	\$3,199,198	\$3,241,435
<b>TOTAL NON-CURRENT ASSETS</b>	<b>\$3,199,198</b>	<b>\$3,241,435</b>
<b>TOTAL ASSETS</b>	<b>\$4,076,988</b>	<b>\$3,952,702</b>
<b>LIABILITIES</b>		
<b>CURRENT LIABILITIES</b>		
Commonwealth Bank Loan (Secured)	\$308	\$255,718
Creditors and Accruals	\$65,079	\$59,496
GST Payable	\$74,730	\$43,123
Provisions for Annual Leave, Long Service Leave and TIL	\$221,369	\$172,367
Income in Advance	\$556,678	\$280,914
<b>TOTAL CURRENT LIABILITIES</b>	<b>\$918,163</b>	<b>\$811,617</b>
<b>NON-CURRENT LIABILITIES</b>		
Provision for Long Service Leave	\$31,280	\$33,016
Income in Advance	–	\$20,831
<b>TOTAL NON-CURRENT LIABILITIES</b>	<b>\$31,280</b>	<b>\$53,847</b>
<b>TOTAL LIABILITIES</b>	<b>\$949,443</b>	<b>\$865,464</b>
<b>NET ASSETS</b>	<b>\$3,127,544</b>	<b>\$3,087,238</b>
<b>EQUITY</b>		
Accumulated Surplus	\$1,665,976	\$1,625,670
Asset Revaluation Reserve	\$1,461,568	\$1,461,568
<b>TOTAL EQUITY</b>	<b>\$3,127,544</b>	<b>\$3,087,238</b>

## Statement of Financial Performance for the Year Ended 30 June 2019

	2019	2018
<b>REVENUE</b>		
<b>GOVERNMENT GRANTS</b>		
<b>GOVERNMENT FUNDING - FEDERAL</b>		
NGOTGP – RSS Halfway Project	\$257,007	\$252,890
SEMPHN – Family Connections	\$237,951	\$233,744
SEMPHN – Complex Care and Recovery	\$180,983	\$178,031
Stronger Communities Grant	\$5,000	–
<b>TOTAL GOVERNMENT FUNDING - FEDERAL</b>	<b>\$680,941</b>	<b>\$664,666</b>
<b>GOVERNMENT FUNDING - STATE</b>		
Research and Development – APSU	\$204,928	\$207,594
Education and Support – FDH	\$337,727	\$324,564
Youth Supported Accommodation – RSS	\$196,648	\$189,219
Other State Grants	\$164,014	\$158,404
<b>TOTAL GOVERNMENT FUNDING - STATE</b>	<b>\$903,316</b>	<b>\$879,780</b>
<b>TOTAL GOVERNMENT GRANTS</b>	<b>\$1,584,257</b>	<b>\$1,544,446</b>
<b>Fee-for-Service Income</b>	<b>\$730,294</b>	<b>\$674,892</b>
<b>Donations and Philanthropic Income</b>	<b>\$299,159</b>	<b>\$260,744</b>
<b>Miscellaneous Income</b>	<b>\$4,622</b>	<b>\$8,037</b>
<b>TOTAL REVENUE FROM ORDINARY ACTIVITIES</b>	<b>\$2,618,332</b>	<b>\$2,488,119</b>
<b>EXPENDITURE</b>		
Administration and Operating Expenses	\$362,612	\$342,756
Depreciation Expenses	\$83,232	\$74,220
Finance Expenses	\$2,224	\$2,664
Employment Expenses	\$2,050,766	\$1,963,622
Program Expenses	\$79,192	\$74,415
<b>TOTAL EXPENDITURE</b>	<b>\$2,578,026</b>	<b>\$2,457,677</b>
<b>NET SURPLUS (DEFICIT)</b>	<b>\$40,306</b>	<b>\$30,442</b>
Accumulated Surplus Brought Forward	\$1,625,670	\$1,595,227
Operating Surplus for the Year	\$40,306	\$30,442
<b>ACCUMULATED SURPLUS</b>	<b>\$1,665,976</b>	<b>\$1,625,670</b>

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.

# Supporters and Community Partners

Access Health & Community	Eastern Health	Penington Institute
Alamein Neighbourhood Learning Centre	Eastern Peer Support Network	Peninsula Health
Alcohol and Other Drug Consumer & Community Coalition (WA)	Eastern Region Dual Diagnosis Consumer & Carer Advisory Council	Portland District Community Health
Al-Siraat College of Victoria	Family Drug Treatment Court, Court Services Victoria	Primary Care Connect
Anglicare	Frankston & Mornington Drug & Alcohol Service	Reclink
Australian Community Support Organisation (ACSO)	Gambler's Help	Red Panther
Australian Government, Department of Health, Department of Social Services, Stronger Communities	Genovese Coffee	Relationships Australia Victoria
Ballarat Community Health	Glenhuntly Medical Centre	RE Ross Trust
Banyule Community Health	Grenet Foundation	RMIT
Barwon Child, Youth & Family Services	GriefLine	Sacred Heart Mission
Barwon Health	Grill'd Carnegie	Salvation Army
Bayside Health	Harm Reduction Victoria	Second Bite
Bell Charitable Fund	headspace Bentleigh	SECADA
Bendigo Bank, East Ringwood	Hepatitis Victoria	Sisters4Sisters Support Services
Big Feels Club	Holmesglen Institute of TAFE	Stepping Up Consortium
Brook Red	Intentional Peer Support	St Vincent's Health Australia
Centre for Mental Health Learning Victoria	Inspiro Health & Community	South Eastern Melbourne PHN
Central Queensland, Wide Bay & Sunshine Coast PHN	Islamic Council of Victoria	Star Health
Children's Court Victoria	John T. Reid Charitable Trusts	Students for Sensible Drug Policy
Chisholm Institute	Latrobe Community Health Service	Sunbury Community Health
Connect Health	Launch Housing	TaskForce Community Agency
Council to Homeless Persons	Local Drug Action Teams	The Bouverie Centre
City of Glen Eira	Life Without Barriers	The Outdoor Experience (TOE)
City of Monash	Link Health & Community	Three Sides of the Coin
Colac Area Health	Mackillop Family Services	Turning Point
Craigieburn Connections	Magistrates Court of Victoria	Uniting ReGen
Danks Trust	Merrin Foundation	Victorian Alcohol and Drug Association
De Paul House	MIND Australia	Victorian Government Department of Health & Human Services
Deakin University	Moorabbin Justice Centre	Victoria Police
Dhauwurd Wurrung Elderly & Community Health Services (DWECH)	Monash Health	Victorian Mental Illness Awareness Council
Djerriwarrh Health Services	Monash University	Victorian PHN Alliance
Drug Court Victoria, Magistrates Court of Victoria	Moreland City Council	Victorian Responsible Gambling Foundation
Drug Policy Australia	Moreland City Libraries	Vincent Care
Duke St Community House, Sunshine	Muslim Youth Adult Family Services	Wellways
EACH Social and Community Health	MyCentre Multicultural Youth Centre	Western Region Alcohol and Drug Centre
Eastern Consortium Alcohol and Drug Services	Narcotics Anonymous	Windana Drug and Alcohol Recovery
	Nexus	WIRE Women's Information
	North and West Metro Alcohol and Drug Service	Youth Drug and Alcohol Advice (YODAA)
	North Western Melbourne PHN	Youth Support & Advocacy Service
	Northern District Community Health Services	We Help Ourselves (WHOS)
	Odyssey House Victoria	

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 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:

	<a href="mailto:info@sharc.org.au">info@sharc.org.au</a>
	(03) 9573 1700
	<a href="http://www.sharc.org.au">www.sharc.org.au</a>

