



IT'S TIME

lived & living experience

annual report 2021 – 22



Acknowledgement

SHARC acknowledges the Wurundjeri people of the Woi Wurrung, Boon Wurrung and Kulin Nations as the traditional custodians of the country much of our work is carried out on. We pay respect to Elders past, present and emerging, and value the rich history, unbroken culture and ongoing connection of Aboriginal and Torres Strait Islander people to country.



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Reflection Tree - International Overdose Awareness Day

Significant events over the last 12 months

January 22 Staged return to our office following the state government’s advice

SHARC staff gradually transitioned back to working in our Carnegie office after two very disrupted years of pandemic lock-downs.

August 22 Lived and Living Experience Workforce Development Program announced

SHARC is honoured to work on the Lived and Living Experience Workforce Development Program with partner agencies and peaks to progress the work of the Royal Commission into Victoria’s Mental Health System.

September 22 The 2022 Mental Health and Wellbeing Act is passed by the Victorian Parliament

SHARC is well positioned to participate in the design and delivery of integrated treatment services for substance use and mental health issues, with an emphasis on LLE participation and leadership.

November 21 Coming Together: shared conversations with the Lived and Living Experience Workforces in the Mental Health and AOD sectors

With funding support from the Department of Health, and with SHARC as the lead organiser, the forum, attended by over 220 registrants, heard insightful presentations and participated in lively discussions on real issues that impact lived and living experience workers, both in consumer and family/carer workforces.

June 22 Heather Pickard resigns from SHARC CEO role

After 15 years of outstanding service as the CEO of SHARC, Heather has moved on to start the next chapter of her life as a consultant, while involved in some ongoing projects at SHARC. Heather can still be found around SHARC’s corridors from time to time, if you’re lucky!

August 22 SHARC hosts ‘International Overdose Awareness day’ event

The SHARC community came together for the first time in two years at our annual memorial event to remember the lives of loved ones lost to overdose.

This year everyone joined in a tree planting ceremony in SHARC’s reflection space, providing an ongoing, living tribute.

Chair of the Board’s Report



Acting Chair, SHARC Board, Dr Jacqui Sundbery

This year has seen many changes, with increasing calls for climate justice, drug, alcohol and gambling reforms, along with the rising cost of living and housing pressures that are being especially felt by disadvantaged communities.

SHARC has also seen significant change, with the departure of long-term and much loved CEO Heather Pickard, and the arrival of the dynamic, clever and colourful Clare Davies! Clare has already instituted some great initiatives and has the perfect skillset to guide SHARC into a new era! It is a time of transformation and growth with the recommendations from Victoria’s Mental Health Royal Commission presenting SHARC with many opportunities to share its expertise and exert influence in how Lived and Living Experience is integrated across service systems. These opportunities would not have been afforded to the organisation without the capability and commitment of SHARC’s staff and volunteers.

SHARC has a reputation for delivering on its mission because of the heart and dedication demonstrated by the SHARC community.

Many of us have had to dig deep to respond to the enduring impacts of the pandemic both on ourselves and on those who use SHARC services. I want to personally thank all of SHARC’s staff and volunteers for their ongoing commitment, kindness and generosity in providing services throughout the year.

We look forward to a brighter 2023 with SHARC influencing a once in a generation sector reform where Lived and Living Experience is central to service delivery and development.

Dr Jacqui Sundbery
Acting Chair, SHARC Board

Chief Executive Officer's Report



SHARC CEO, Clare Davies

It's Time: Lived and Living Experience, is our theme for this year. Self Help Addiction Resource Centre (SHARC) was founded by people with lived experience to support our own community through mutual self-help. It is truly a watershed moment, to see lived and living experience elevated, respected, and celebrated.

The Royal Commission into Victoria's Mental Health System has enabled SHARC to share our journey and create a future for lived and living experience to lead across all aspects of service planning, delivery, and evaluation.

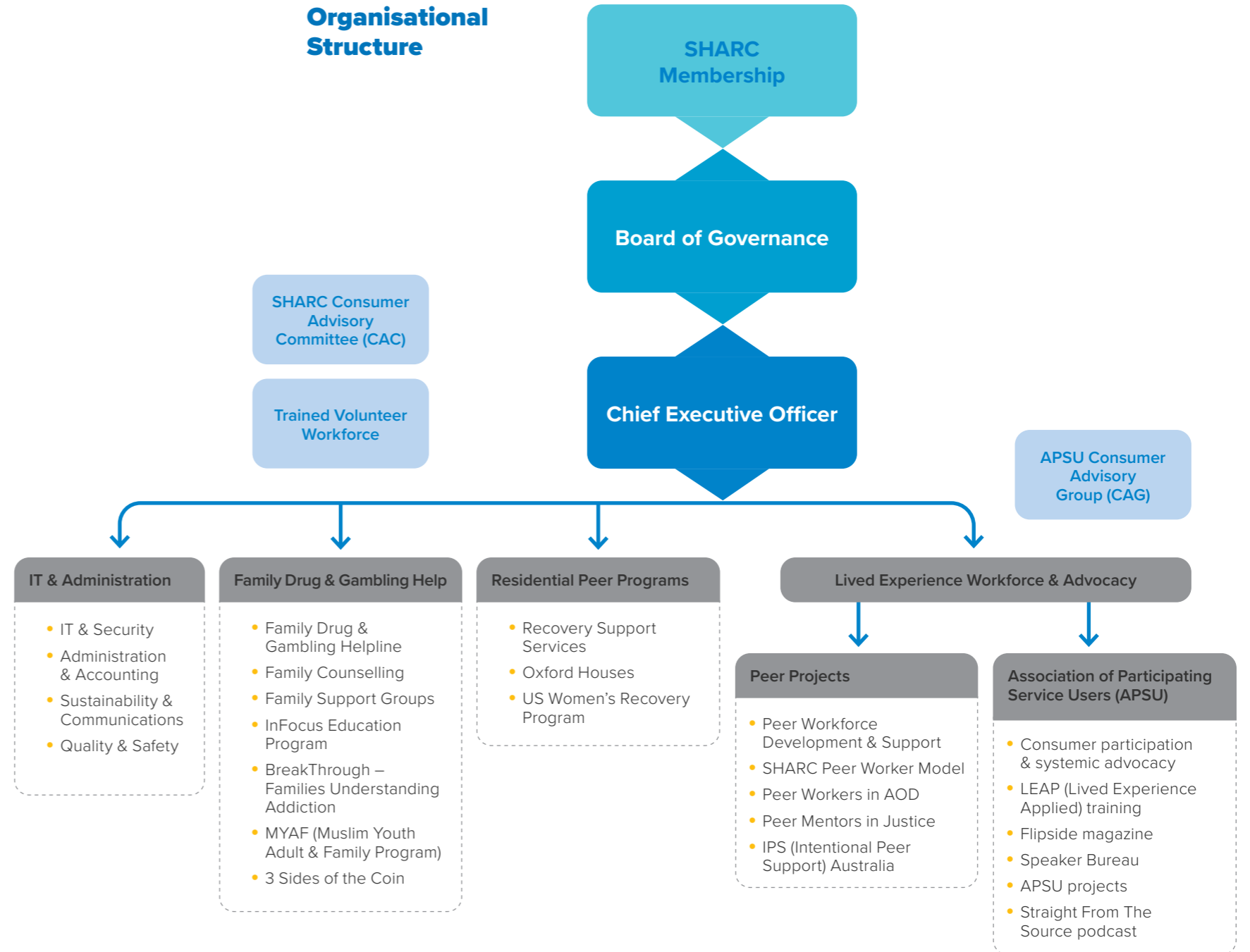
In May 2022, the Australian community voted for a new government and the Prime Minister committed to implementing the Uluru Statement in full. SHARC supports the Uluru Statement, and SHARC will continue the journey towards reconciliation.

This report is a snapshot of the tremendous output of work from SHARC during 2021-2022. SHARC has experienced significant growth over the past year, and we will continue to develop our service offerings, based on the needs of the lived and living experience communities.

On behalf of the management team at SHARC, I want to extend my sincere thanks to our staff, volunteers, supporters and of course the people that reach out, courageously, seeking help. Thank you for welcoming me as SHARC's new CEO and giving me this opportunity to work for and with you.

Clare Davies
SHARC CEO

Organisational Structure



SHARC Board Members

Dr Jacqui Sundbery, <i>Director (appointed Acting Chair, 16 May 2022)</i>
Michael Howard, <i>Treasurer (and Acting Co-Chair since Sep 2021)</i>
Calum Henderson, <i>Director</i>
Dr Catherine Flynn, <i>Director</i>
Prof Margaret Abernethy, <i>Director</i>
Judy Thompson, <i>Director</i>
RESIGNED 2021 – 22
Andrea Travers, <i>Chair</i>
Anthony Denham, <i>Director</i>
Clare Davies, <i>Director</i>

SHARC Management Team

Clare Davies – <i>Chief Executive Officer</i>
Jeff Gavin – <i>Manager</i>
Matthew Corbett – <i>Manager</i>
Nicole Thompson – <i>Manager</i>
Robert Campbell – <i>Manager</i>

LLE: Informing change

The final report of the Royal Commission into Victoria's Mental Health System (the Royal Commission) was tabled in Parliament in March 2021 following two years of intensive inquiry.

The Department has determined implementation of reforms must embed the expertise of people with lived and living experience (LLE) of substance use or addiction and their family members. This determination places SHARC in an important role to deliver this LLE focused approach.

SHARC has been privileged to lead work with our partners across both AOD and mental health (MH) sectors, in aspects such as:

- Provided expert advice across the full suite of Royal Commission recommendations
- Led workforce development activities ensuring the AOD LLE community participated meaningfully in formal processes with the Department
- Project coordination and engagement with the AOD LLE consumers, families, and the LLE workforce
- Facilitated sector input and advice on key policy issues related to the implementation of AOD-related recommendations
- Co-chaired the AOD Lived and Living Experience Advisory Group (AOD LLEAG) for providing advice to the Department



Recommendation 29 'Our Agency'

Recommendation 29 of the Royal Commission into Victoria's Mental Health System is an essential component of the new reformed service system.

SHARC is working in partnership with Victorian Mental Illness Awareness Council (VMIAC) and the Department of Health (DH) to develop Recommendation 29: Our Agency (working title), a new and independent place and space for people with lived experience of mental illness and psychological distress to support mental health and wellbeing.

The Agency will be run by people with their own lived experience of mental illness and psychological distress and will provide wellbeing services, training, and will provide a space for innovative collaboration.



Standardised training for LLE workforces

The Royal Commission's interim report recommended that a standardised training package be co-produced and delivered for all lived and living experience workers, regardless of their role or time spent working within the mental health system and AOD system.

In response, SHARC submitted "Our Future - Developing introductory training for the lived and living experience workforces in Victoria" that outlines curriculum content required for LLE workforces in MH and AOD services and a plan for commissioning development and delivery of training is underway.



Regina Brindle Foundation 2022 grant winners

The Regina Brindle Foundation honours the contributions that Regina Brindle made to the promotion of consumer voices in the AOD and mental health sectors; and to advocate for lived and living experience voices in civil society. Since 2020, the Regina Brindle Foundation has awarded \$5,000 annually for consumer-led projects. In the 2022 round, the successful applicants were:

Emily Unity for "Multicultural Minds". The Grant money was awarded to remunerate people from multicultural backgrounds who shared their experience of mental health issues.

Maryborough & District Mental Health Carers Support Group for "Caring for the Carer".

The project has delivered Wellbeing and Wellness Workshops for carers of loved ones living with mental illness in the rural community in the Loddon Mallee Region.



Big Feels Club



HEAR FROM OTHER PROFESSIONALS WITH 'BIG FEELS'

Working in mental health and addictions is hard, especially when you have your own stuff going on. It can feel like you're walking in two worlds at once.

So many of us come to this work because it strikes a personal chord. But this 'personal + professional' mix can present some unique challenges — whether you're a clinician, a policy wonk, a peer worker, or a CEO.

SHARC is delighted to auspice Big Feels Club (BFC), which is a peer-led mental health initiative founded by Graham Panther and SJ Haywood (aka Honor Eastly), providing peer support independent of the overarching service system.

Big Feels Club supports over 6,000 people with 'big feelings' across Victoria and beyond, who know that sometimes 'the answer' is finding other people asking the same big questions.

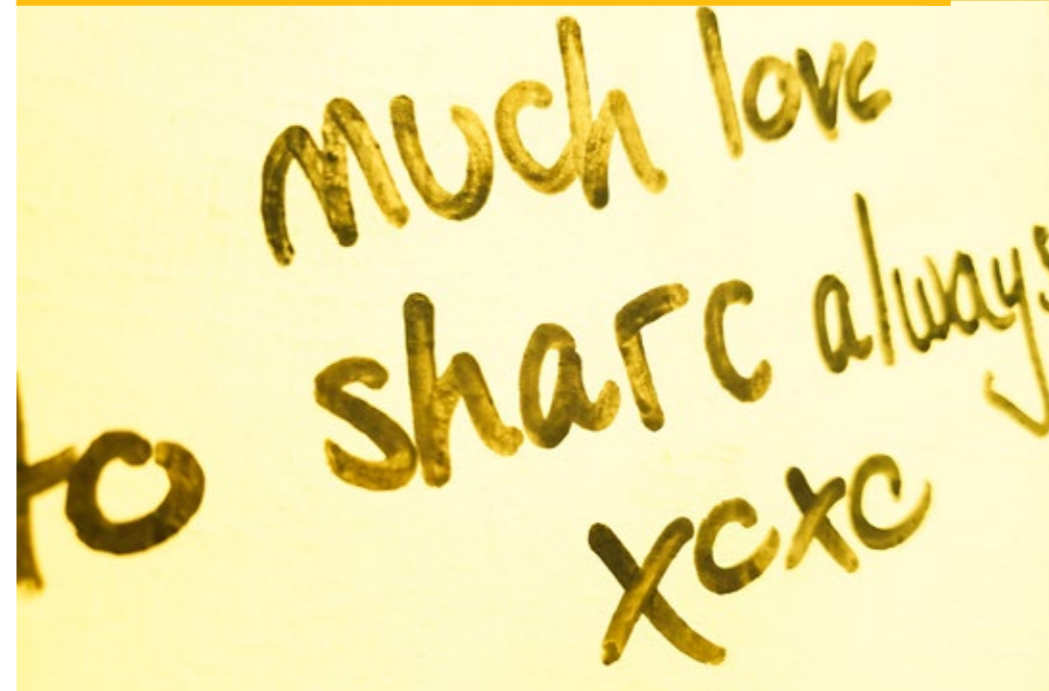
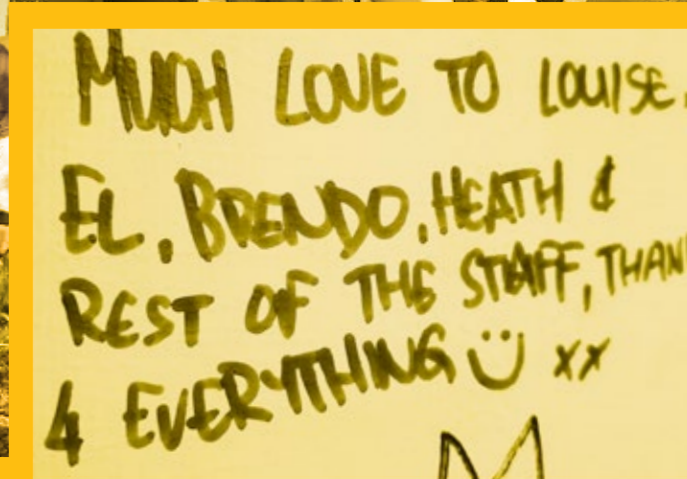
Over the past 12 months, Big Feels Club has been re-funded by the Sidney Myer Fund which has facilitated monthly on-line meet ups, and a third season of Big Feels At Work, a tailored resource for the mental health and addiction workforce with lived experience, funded by Department of Health.

In November 2021, Big Feels co-founder SJ Haywood received the prestigious Australian Mental Health Prize in recognition of BFC, her contribution to Victoria's mental health system and its reform.

THE BIG FEELS CLUB



PROGRAM HIGHLIGHTS



Family Drug and Gambling Help provides practical help, information and support to families and friends affected by a loved one's drinking, drug use or gambling.

Three Sides of the Coin joined SHARC in 2021. This innovative peer-based storytelling project captures the intersectionality of gambling and celebrates recovery.

1.

THREE SIDES OF THE COIN PROJECT
Using theatre to create change.

3.

Continuing with the service delivery innovations that were implemented during COVID, which has improved our engagement with harder to reach groups.

2.

Research and evaluation of FDGH and the BreakThrough program by the Australian Drug Foundation, Turning Point and Monash University, with findings that peer support modalities reduce stigma and isolation, and increase families' empowerment.

ADF | Alcohol and Drug Foundation

Turning Point

MONASH University



Sara Clement

Sara's Story:

My son Jamie had been misusing ice for six years. His communications had dropped off over the past six months and I found out that he had switched to using heroin. Many times, I had unsuccessfully tried to help Jamie recover from his drug misuse, but I had never thought to get help for myself. When I found out about the heroin, I felt that I couldn't cope and decided that I needed a counsellor.

I found FDGH on the internet and phoned the helpline who directed me to the FDGH support group which I have been going to fortnightly, on zoom and in person, for the last year. FDGH organised for me to get six counselling sessions with Tracey Alder. Through FDGH I did the six week *Breakthrough for Families* and six week *InFocus* courses online.

SHARC's services changed my life, and I can't thank them enough. For the first time since my son started misusing drugs I had peer support through my support group, I had one on one counselling and I had education about drug misuse.

I learnt about self-care and how to keep myself healthy and happy even though my son was misusing drugs. This was a revelation for me because prior to this my focus had been on helping my son and I had forgotten about myself.

I learnt how to communicate and interact with my son so that I could help him with his recovery. When my son came to me six months ago to say that he needed help to recover I knew what to do and was able to help him while continuing to practice good self-care. My son is now 100 days sober, and I am booked to follow my dream to become a writer and hike around New Zealand and Australia for the next year.

Good news stories from our FDGH community

Anna Bardsley's Story:

The storytellers of *Three Sides of the Coin* are so grateful to have found a true home at SHARC, where the celebration of lived experience and recovery is at the core of its identity.

We came to this work wanting to change the conversation about gambling, change the language, reduce stigma, and challenge the shame surrounding those experiencing gambling harm. Our audiences have told us that we have made a difference. As we prepare the work, we both work on ourselves and support each other during the process and the performance.

We use theatre to tell our stories and show the intersectionality of gambling with mental health, AOD, justice and family violence, poverty, and homelessness. We want others to know, there is a way out. Thank you for welcoming us to the family at SHARC!



Anna Bardsley

Stories from our residents in support services

A client case study

A 24yr old client entered the SHARC program in April 2021. He reported a 12 year substance abuse history, and an extensive personal history of residing in out of home care and psychiatric institutions. He stated he had not previously been able to maintain abstinence for more than a few weeks which continuously lead to experiencing homelessness.

He entered the SHARC Residential Support Services program and had little hope of anything changing. He participated in daily groups and was exposed to a community of like-minded young people who were committed to creating change. He began to actively participate in groups and received intensive case management support as well as encouragement to continue engagement with his mental health professionals. He focused on engaging with the SHARC community and building a social network of supports, and then was assisted to focus on building his vocational capacity.

He enrolled in a short course which he completed. He stated it was the first time he had completed anything as he left school in year 10 due to his substance use and mental health issues.

During his time in the program, SHARC supported him to remain abstinent and navigate his ongoing mental health challenges. He became a senior in the program and a role model mentor to new clients. After 14 months in the program he graduated from the SHARC's RSS program with 15 months abstinence. After graduating from RSS he was accepted into a transitional accommodation program through sharc with like-minded peers and states his quality of life has never been better.

Tony with his latest work



Tony's story

Tony is a 57 year old male nurse who entered Oxford House Australia (OHA) in February 2022 and was OHA's first referral from the Nursing and Midwifery Health Program Victoria (NMHPV). Tony reported a 30 year history of alcohol misuse and a cooccurring diagnosis of depression, anxiety and PTSD. In addition, Tony came into the program with family and parenting concerns, no social supports, physical health issues related to a broken leg and was in the process of losing his job.

Tony reported feeling fortunate that he has the support of NMHPV and has found the group work with other nurses invaluable; they understand the pressures involved in the role and have helped him process shame related to past decisions. The NMHPV encouraged Tony to attend self-help groups and reconsider his housing situation. This was a scary thought, but it provided an alternative environment to make the necessary life changes, and Tony knew that if he remained at home, he would start drinking again.

On arriving at OHA, Tony felt welcomed by the residents of his house and quickly recognised it as a safe space to address his grief and loss. In this connected group of residents, Tony became aware of unhelpful coping strategies and was supported to change behaviours, resolve conflict and develop assertiveness skills.

Most notable to Tony is the improvement in his mental health. He reports feeling stronger and more able to support others.

Tony has secured new employment in a supportive community health setting and has completed training for drug and alcohol nurses with the aim of exploring alternative areas of nursing. Through personal and family counselling and his willingness to reflect, Tony's relationship with his daughter has improved. Tony is 14 months abstinent, developing friendships, regularly attending support groups and making healthy life choices. He has a renewed sense of passion in life and is pursuing nature photography and pottery classes in his spare time.

Residential Peer Programs (RPP)



We offer residential based programs for adults and young people seeking recovery from alcohol and drug use, supporting those on their recovery journey with accommodation, counselling and life skills.

1. Successfully incorporating education and employment into recovery planning using innovative occupational pathways developed in partnership with Taskforce Community Agency, with:

- seven residents engaging in education
- seven into employment
- two into voluntary work



2.

Providing recovery accommodation for eight nurses through partnership between Oxford Housing and the Nursing Midwifery Health Program Victoria (NMHP).

Providing transitional accommodation followed by long term housing for 17 people exiting AOD rehabilitation into homelessness through Frankston House, delivered in partnership with the Lighthouse Foundation.



3.

Below shows the capacity of each residential program

Residential Support Services



Oxford Houses



US Women's Recovery Program





Peer Projects supports the growth, development and sustainability of Victoria's Alcohol and other Drug (AOD) Lived & Living Experience Workforce

1. Returning to formal AOD Peer Workforce Community of Practice (CoP) meetings. Although online co-reflection sessions were well received through COVID, returning to the formal meeting process has been significant.

2. Following the publication of the 'Our Future' report on training for the lived and living experience workforces in Victoria, for which we were the lead agency, **Peer Projects has doubled in size** to implement the AOD recommendations from the report.

3. Peer Worker Training: we've run the on-line version of the Peer Worker Training twice this year, and run two face to face trainings for the first time since COVID restrictions.



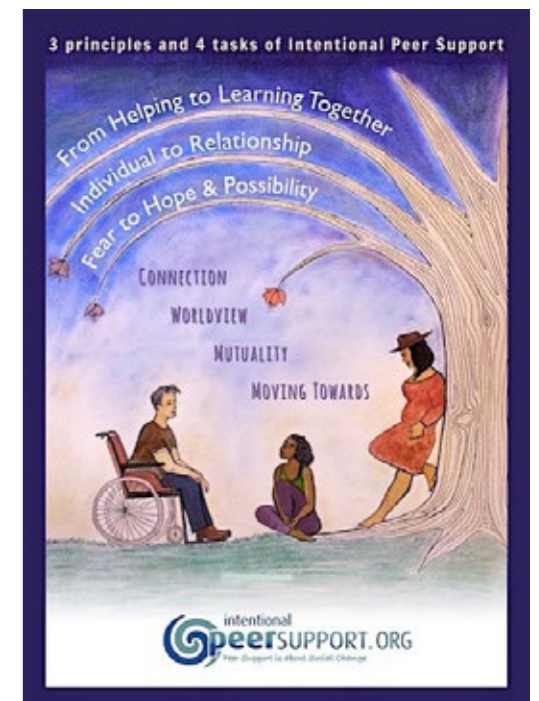
Founded by Shery Mead, Intentional Peer Support (IPS) is an alternative approach to peer support. It is a powerful framework for creating relationships where both people learn and grow together.

SHARC has been privileged to host IPS Australia - one of the 11 global IPS Hubs - for the last four years.

1. Rapidly increasing demand for IPS training saw attendance grow by a factor x 20 between 2018 and 2022, when almost 400 peer workers, emerging peer workers, LLE community members and their lead staff completed the course.

3. Our Australian IPS National trainers Daisy Gleeson and Scotty Rees have qualified to facilitate the anticipated IPS Advanced Training focused on using crisis as an opportunity to connect, maintain mutuality, and create a culture of healing.

2. Following two years of online training, IPS returns face-to-face at SHARC in late 2022. Funded Core Training is delivered as part of the Victorian Department of Health's Lived & Living Experience Workforce program.



From our Peer Mentors in Justice

Ang's story

I started using drugs when I was 16, moved out of my family home not long after and started getting in trouble with the police.

It wasn't long before I became dependent on drugs and life became unmanageable. Over the years I got arrested many times and spent some time in jail.

I have tried pretty much every drug but really struggled with ice and heroin addiction. I have had several drug fuelled relationships that often ended in violence, one relationship ended with me being seriously hospitalised.

These relationships left me very traumatised with major trust issues. I attempted to get clean many times, several attempts at detox and rehab which always resulted in me returning to the drug lifestyle which had become the only way I knew how to live.

I finally found myself in court yet again this time facing a 2 year jail sentence or I had the option of choosing a drug court order. I chose the drug court order and in the beginning it was just to keep myself out of jail so I could keep using because that's all I wanted to do.

At the start of the order I was not doing well - in and out of jail on sanctions and my drug use had gotten worse than ever before.

I was finally given the option to go to rehab or have my order cancelled and finish it out in jail, I chose to go to rehab. I spent 10 months at Odyssey House and have now been clean for two and a half years. I graduated drug court in May 2020 and have since completed my Certificate 4 in Alcohol and Other Drugs.

I'm not going to lie, none of this was easy, it was damn hard. I had to change everything about my life and cut out everyone I knew



who was still using, which was almost everyone I knew. Like I said I started using when I was 16 and I'm now 34 years old so it has been a long road to recovery. But that said with the right support it is possible.

I have now been working in a Peer Mentor Role at Drug Court for over a year. At first it had its challenges, stepping back into the place where I used to come to for treatment was definitely anxiety provoking, but it has since become extremely rewarding, being able to help people who are sitting in the same position I was a few years ago.

I can now really see how sharing my story and the struggles I had on the order is really helping others to know that someone else gets what they are going through.

Being a peer mentor is very satisfying and I am grateful to be able to give back and help others.

IPS Trainer Scotty shares his story

Scotty Rees

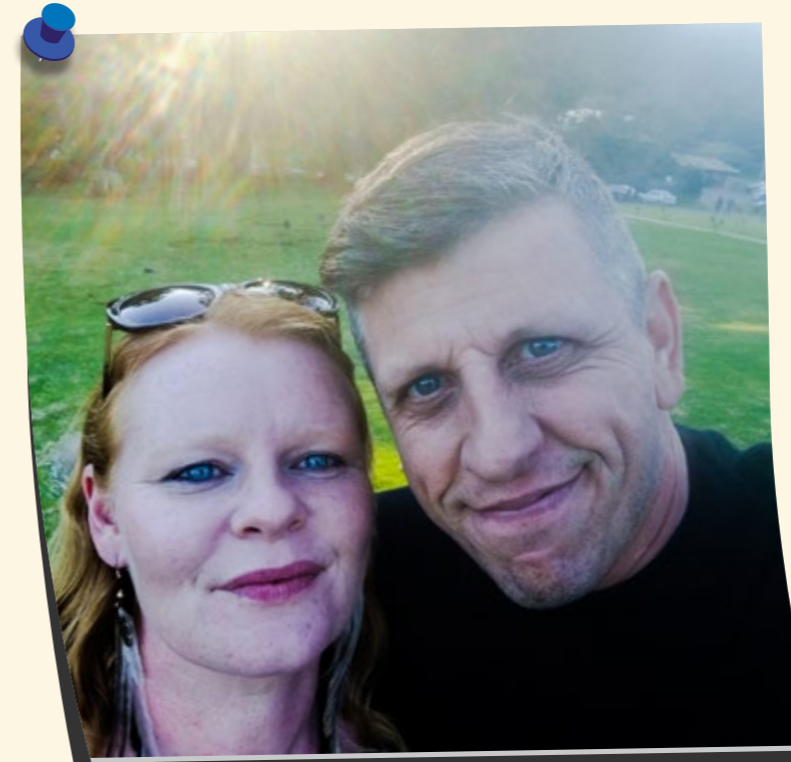
For 35 years Scotty has been courageously (and often brazenly!) navigating the two sides of a mental health system. Layers of lived experience run deep in Scotty and they include long periods of addiction and incarceration and the psychological distress that comes with those adventures. Today Scotty is a fierce advocate for the lived experience community in Australia and revels in the co-creative power of the peer relationship.

After completing the IPS Core training in 2014 Scotty had an everlasting change in perspectives, where he was cracked open to new ways of being with people and most of all, new ways of making sense of how he experienced the world. The pillars of IPS seeped into his bones, he believes, because they worked.

Scotty has since been using the IPS Tasks and Principles in both lived experience and clinical settings across various spaces - community based mental health services, the juvenile and adult justice system, allied health networks and alcohol and other drugs services. Most of his work has been in regional and rural areas across three states of Australia. That's because he's a country fella at heart.

*Scotty describes himself as a connector that thrives in shared human experiences and is just *so* honoured to be an IPS National Trainer (Australia) where he can join in on and observe the ever-reaching ripple of IPS.*

Scotty now lives in Hervey Bay, Queensland, with his Goddess Penny. They are fur parents of two dogs, English Bull Terrier Flynn and his annoying little brother Simon, the King Charles Spaniel.



Scotty Rees (right) with Penny



The Association of Participating Service Users (APSU) is the peak Victorian consumer body for people who use, have used, or are eligible to use alcohol and other drug (AOD) services, including family members and significant others impacted by AOD issues.

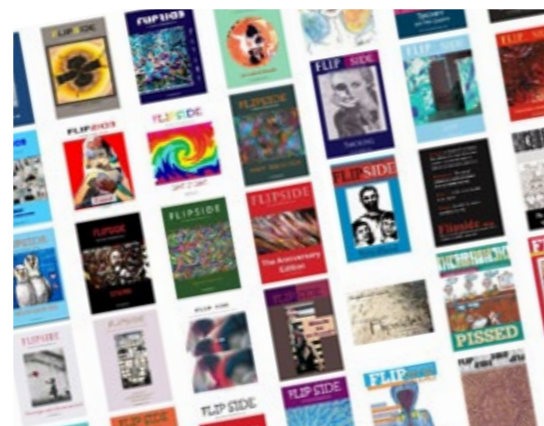
2.

We've been funded to develop a comprehensive Consumer Participation Register to support growth in membership, increase consumer participation opportunities and deliver training on demand including Experts by Experience, Speaker Bureau, and Lived Experience Applied training.

We've led extensive AOD consumer engagement and advocacy activities in relation to recommendations from the Royal Commission into Victoria's Mental Health System.

1.

3. Amelia Berg, APSU's peer researcher, was awarded 'Best Early to Mid-Career Researcher Poster Award' for her co-presentation to the 2022 Monash Addiction Research Centre Symposium (see Amelia's profile for more detail).



Great news for Amelia, APSU's star researcher

Amelia Berg - Peer Researcher | Profile

In 2021 Amelia commenced a new role as a Lived Experience Peer Researcher at SHARC, working in collaboration with the Monash Addiction Research Centre and Peninsula Primary Care Partnerships, on a research project was called "Mapping the Alcohol and Other Drug Treatment Patient Journey to Improve Treatment Access and Engagement in Care". This involved conducting interviews with consumers who had experienced harms associated with their AOD use and who accessed AOD treatment and other health services within the Frankston-Mornington Peninsula region. Local service providers were also interviewed about their perceptions of barriers and enablers to accessing services.

In this role, Amelia participated in the development of qualitative interview schedules that invited consumers and service providers to share their

experiences of accessing care. Using a process called 'dual interviewing' Amelia conducted interviews with an academic researcher. Consumer participants reported being more willing to disclose sensitive information about their experiences in the presence of a peer researcher with lived experience.

Amelia contributed to data analysis using a lived experience lens and co-authored several articles which were submitted to academic journals. Two articles have been published:

"The peer workers, they get it – how lived experience expertise strengthens therapeutic alliances and alcohol and other drug treatment seeking in the hospital setting" (Addiction Research and Theory, 2022) and "Putting out the welcome mat—A qualitative exploration of service delivery processes and procedures as barriers to treatment-seeking for people who use alcohol and other drugs" (Drug and Alcohol Review, 2022, 1-10).

Amelia also co-facilitated a series of workshops that produced graphical representations of the patient journey into AOD treatment and other healthcare services as they are, and in a service-system informed by lived experience.

A series of policy recommendations and resources to reduce stigma towards people who use AOD when accessing healthcare service also came out of this project.

In May 2022 Amelia presented her work at the Monash Addiction Research Centre Symposium in both an oral presentation and a poster presentation. She received the "Best Early-Mid Career Researcher Poster Award" for her poster titled "Language Matters - The influence of language on treatment-seeking for people experiencing alcohol and other drug harms in hospital and primary care settings".



Amelia Berg (Right) with Dr Leanne Francia



Ongoing modernisation of capital asset including Gordon Storey Hall, refit of the communal residential program space, additional bathrooms, and the safe relocation our resident possum family.

1.

Finalising changes to ASIC registration to facilitate national reach of our programs and services.

2.

IT upgrade to improve connectivity for remote server access, and support hybrid service delivery models.

3.

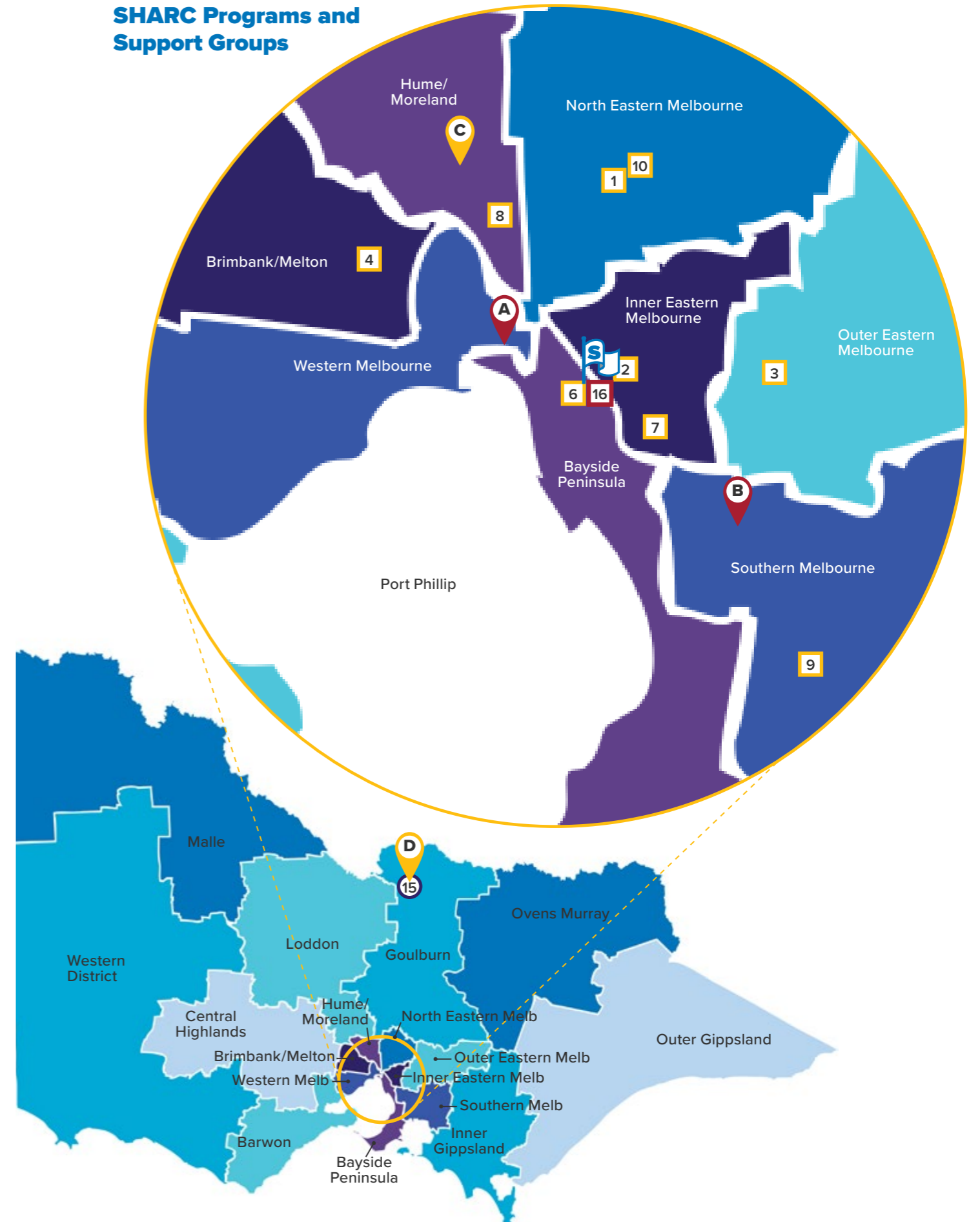
PEER MENTORS IN JUSTICE

- | | |
|--------------------------|------------------------------------|
| Magistrates Court | Family Drug Treatment Court |
| A Melbourne | C Broadmeadows |
| B Dandenong | D Shepparton |

FAMILY DRUG & GAMBLING HELP SUPPORT GROUPS

- | | |
|----------------------|----------------------------------------|
| 1 Watsonia | 8 Coburg |
| 2 Ashburton | 9 Cranbourne |
| 3 Knox | 10 Greensborough |
| 4 Sunshine | 11 ONLINE East Vic |
| 5 Warrnambool | 12 ONLINE West Vic |
| 6 Carnegie | 13 Traralgon |
| 7 Clayton | 14 Watsonia |
| InFocus | Supper Club (Bereavement group) |
| 15 Shepparton | 16 Carnegie |

SHARC Programs and Support Groups



SHARC's financial position as at 30 June 2022 shows a healthy \$4.1 million in net assets, up from \$3.7 million at the same time last year. SHARC's strong Statement of Financial Position has been built progressively over the 12 years prior to 2020-21, during which an average annual surplus of approximately \$60k was delivered.

The Statement of Financial Position was further strengthened by the larger than usual surplus of \$474k in 2020-21, due to government support for Covid-19.

In 2021-22, SHARC incurred a deficit of \$84k, its first since 2008. The deficit was mainly due to the delayed cost impact of Covid-19, together with a Board decision to continue self-funding Family Therapy after government funding ceased.

Notwithstanding the 2021-22 deficit, the Board maintains its confidence in SHARC's financial position and its ability to deliver addiction services for many years to come.

Revenue for 2021-22 was \$4.2 million, a 13.9 per cent increase on the prior comparative period. The largest component of this increase came from the new State Government funding for the Lived and Living Experience Workforce Development program.

SHARC received an additional \$2.5 million for the 2022-23 and 2023-24 financial years in June 2022. This income in advance is reflected in both the June 2022 Statement of Financial Position as income in advance and will be progressively taken to the Statement of Financial Performance over the relevant funding periods.

Statement of Financial Position
As at 30 June 2022

	30-Jun-22 \$	30-Jun-21 \$
ASSETS		
CURRENT ASSETS		
Cash and Bank accounts	\$3,775,764	\$1,321,265
Debtors	\$210,653	\$300,107
Other current assets	\$50,000	\$241,845
Total Current Assets	\$4,036,417	\$1,863,217
NON-CURRENT ASSETS		
Property, Plant & Equipment	\$3,630,416	\$3,127,029
Right-of-use assets	\$235,967	\$104,024
Total Non-Current Assets	\$3,866,383	\$3,231,053
TOTAL ASSETS	\$7,902,800	\$5,094,270
LIABILITIES		
Current Liabilities		
Commonwealth Bank Loan (Secured)	\$462	\$207
Trade and Other Payables	\$506,156	\$280,248
Employee Benefits	\$301,498	\$281,834
Income In Advance	\$2,720,175	\$703,195
Lease Liabilities	\$121,009	\$46,924
Total Current Liabilities	\$3,649,300	\$1,312,408
Non-Current Liabilities		
Provision for Long Service Leave	\$4,977	\$9,964
Lease Liabilities	\$120,638	\$57,747
Total Non-Current Liabilities	\$125,615	\$67,711
TOTAL LIABILITIES	\$3,774,915	\$1,380,119
NET ASSETS	\$4,127,885	\$3,714,151
EQUITY		
Accumulated Surplus	\$2,168,532	\$2,252,583
Asset Revaluation Reserve	\$1,959,353	\$1,461,568
TOTAL EQUITY	\$4,127,885	\$3,714,151

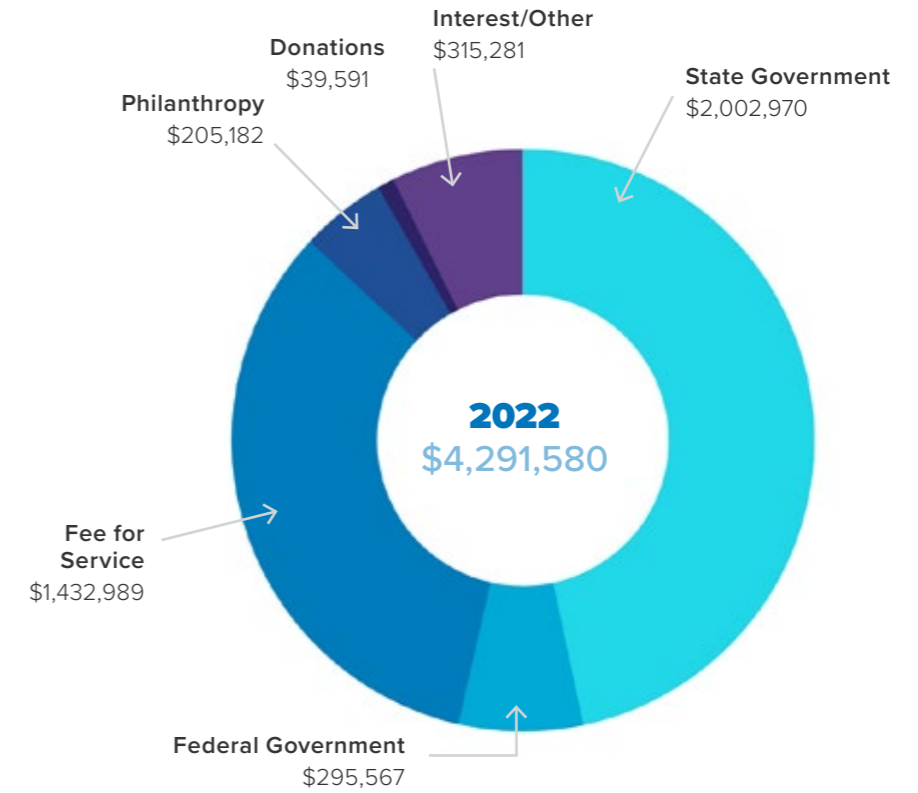
The financial statements shown in this report comprise key financial information only. A full copy of the accounts including relevant notes are available to members upon request.

Statement of Cash Flows
For the year ended 30 June 2022

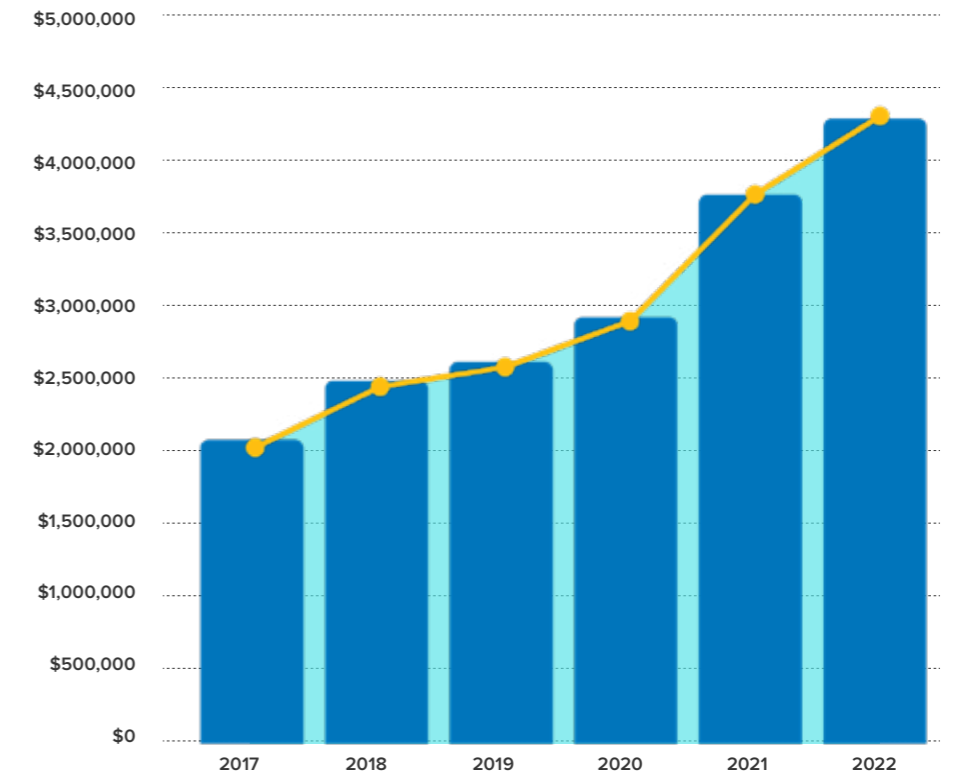
	2022	2021
CASH FLOWS FROM OPERATING ACTIVITIES:		
Receipts from government, donors & customers	\$6,963,681	\$4,302,321
Payment to suppliers and employees	-\$4,315,200	-\$3,576,591
Interest received	\$2,226	\$3,575
Interest paid	-\$9,166	-\$1,636
Net cash provided by/(used in) operating activities	\$2,641,541	\$727,669
CASH FLOWS FROM INVESTING ACTIVITIES:		
Proceeds from sale of fixed assets	\$-	\$5,037
Fixed asset purchases	-\$88,950	-\$56,824
Redemption (placement) of term deposits	-\$98,418	-\$201,582
Net cash provided by/(used in) investing activities	-\$187,368	-\$253,369
CASH FLOWS FROM FINANCING ACTIVITIES:		
Net (repayment)/drawdown of bank loan	\$255	-\$366
Payment for lease liabilities	-\$98,347	-\$35,804
Net cash provided by/(used in) financing activities	-\$98,092	-\$36,170
Net increase/(decrease) in cash and cash equivalents held:	\$2,356,081	\$438,130
Cash and cash equivalents at beginning of year	\$1,019,683	\$581,553
Cash and cash equivalents at end of financial year	\$3,375,764	\$1,019,683

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.

Revenue Mix
2022



Revenue Growth
Five years to 2022



SHARC Supporters and Community Partners

- Access Health & Community
- Alcohol and Drug Foundation
- Anglicare
- Australian Community Support Organisation (ACSO)
- Australian Government, Department of Health
- Australian Nursing and Midwifery Federation (Victorian Branch)
- Ballarat Community Health
- Banyule Community Health
- Barwon Child, Youth & Family Services
- Barwon Health
- Bendigo Health
- Big Feels Club
- Central Queensland, Wide Bay, Sunshine Coast
- Connect Health
- Council to Homeless Persons
- City of Glen Eira
- City of Monash
- Colac Area Health
- Cohealth
- De Paul House
- Deakin University
- Department of Social Services
- Djerriwarrh Health Services
- Disability Resource Centre
- Drug Education Network Tasmania
- Drug Policy Australia
- EACH Social and Community Health
- Eastern Consortium Alcohol and Drug Services
- Eastern Health
- Eastern Peer Support Network
- Family Drug Treatment Court, Court Services Victoria.
- Forensicare
- Frankston & Mornington Drug & Alcohol Service
- Gambler's Help
- Genovese Coffee
- Glenhuntly Medical Centre
- Gladstone Mindcare
- Grand Pacific Health
- GriefLine
- Harm Reduction Victoria
- headspace
- Hepatitis Victoria
- Holmesglen Institute of TAFE
- Ian Potter Foundation
- Intentional Peer Support
- Inspiro Health & Community
- Islamic Council of Victoria
- Latrobe Community Health Service
- Launch Housing
- Lord Mayor's Charitable Foundation
- Mackillop Family Services
- Magistrates Court of Victoria
- MIND Australia
- Moorabbin Justice Centre
- Monash University
- Mullum Mullum Indigenous Gathering Place
- Murray PHN
- MyCentre Multicultural Youth Centre
- Narcotics Anonymous
- Nexus Dual Diagnosis Service
- North and West Metro Alcohol and Drug Service
- North Western Melbourne PHN
- Northern District Community Health Services
- Odyssey House Victoria
- Pennington Institute
- Peninsula Health
- Portland District Community Health
- Primary Care Connect
- Red Panther
- Relationships Australia Victoria
- RMIT
- SANDAS
- Salvation Army Victoria
- Salvation Army Tasmania Bridge Program
- Second Bite
- SECADA
- SES Victoria
- Stepping Up Consortium
- St Vincent's Health Australia
- South Eastern Melbourne PHN
- Star Health
- Students for Sensible Drug Policy
- Sunbury Community Health
- TaskForce Community Agency
- The Bouverie Centre
- The Outdoor Experience (TOE)
- Turning Point
- Uniting AoD
- Victorian Alcohol and Drug Association (VAADA)
- Victorian Government Department of Health
- Victorian Mental Illness Awareness Council
- Victorian PHN Alliance
- Victorian Responsible Gambling Foundation
- Vincent Care
- Wellways
- Western Region Alcohol and Drug Centre
- Windana Drug and Alcohol Recovery
- Youth Drug and Alcohol Advice (YODAA)
- Youth Support & Advocacy Service
- We 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. Make your contribution on-line, by EFT or cheque or join our 'Buy a Brick Campaign'. Visit our website for more details.

1.

MEMBERSHIP

By becoming a member, you endorse of SHARC's work and engage with our community. As a member you will receive updates on our work, our e-newsletter, invitations to SHARC (and affiliated) events; and voting rights to elect the SHARC Board of Management.

2.

SPONSORSHIP

Support a SHARC program or community group financially.

3.

4.

VOLUNTEER

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

5.

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 the ways you can help, call 03 9573 1700 or go to sharc.org.au

It's Time...

**Lived & Living
Experience**

sharc
Self Help Addiction Resource Centre

140 Grange Rd, Carnegie VIC 3163

03 9573 1700

info@sharc.org.au

1300 660 068 Helpline - 24/7