

Integrated Health Promotion for Problem Gambling

Annual Report



PCP: Bendigo Loddon PCP
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July 2011

Annual Report

1st July 2010 – 30th June 2011

Project title: Integrated Health Promotion for Problem Gambling
Organisation: Bendigo Loddon Primary Care Partnership
Report Prepared by: Steph Jelbart
Date submitted: July 2011

Status update on project

Provide a status update on the intended deliverables for the reporting period – please indicate whether or not each deliverable has been achieved and provide a brief summary of the activity.

The Bendigo Loddon Primary Care Partnership (BLPCP) has been funded by the Office of Gambling and Racing (OGR) as a non-priority funded PCP within the Problem Gambling Primary Care Partnership Program. The BLPCP reached agreement with OGR to deliver three integrated health promotion objectives/outcomes in 2010-2011. These were:

1. To improve mental health literacy amongst health workers in the Bendigo Loddon catchment
2. To increase social connectedness amongst an 'at risk' group
3. To build capacity to address the harm and impact of problem gambling

BLPCP has continued to address the [mental health literacy of health workers in the Bendigo Loddon](#) catchment by offering training opportunities, through partnership, for staff working in health and community service agencies. The BLPCP has continued to [build the capacity to address the harm and impact of problem gambling](#) by participating as an active member of the Problem Gamblers partnership group, offering support and opportunity to member organisations and their staff.

Furthermore, in 2010-2011 BLPCP partnered with Women's Health Loddon Mallee to deliver an additional project to [address the social connectedness amongst an 'at risk' group](#).

Strategies were implemented for each of these health promotion deliverables and we are pleased to report that these deliverables have been achieved as follows:

Objective/Outcome	Strategies	Summary of Activity
1. To improve mental health literacy amongst health workers in the Bendigo Loddon catchment	1.1 Facilitate a Mental Health Promotion Short Course in the region.	The BLPCP facilitated an introductory training module developed by the Australian Network for Promotion, Prevention and Early Intervention for Mental Health (Auseinet). The module was designed to introduce participants to the principles and concepts underpinning mental health promotion, prevention of mental ill-health and early intervention and their relevance and applicability to a range of sectors and work settings. Twenty participants attended this training.
2. To increase social connectedness amongst an at risk group	2.1 Work with Women's Health Loddon Mallee (WHLM) to develop and implement a 'Train the Trainer' course for the 'Scraptherapy' program to be delivered in the Bendigo Loddon catchment, to women aged 55-74 years, with a focus on improving the social determinants of health	Following the success of 'Scraptherapy', a program designed and implemented for the Integrated Health Promotion for Problem Gambling PCP Program 2009-2010 to address social connectedness, it was established there was a need for this program to be further implemented across the Bendigo Loddon catchment due to its overwhelming success and interest raised. Women's Health Loddon Mallee and associated partners agreed that an opportunity to train other professionals to run the Scraptherapy program with their clients should be created, and therefore continue meeting the needs of the target audience across the Bendigo Loddon catchment. Hence, a Facilitator Training program was designed and

		delivered, complemented by the creation of a 'Train the Trainer Guide', for service providers in the Bendigo Loddon region. This project has been included as the case study within this report. BLPCP sponsored Bridget Nutting of Women's Health Loddon Mallee to attend the Australian Health Promotion Association's 20 th National Conference in Cairns 2011. Bridget presented a poster display of the Scraptherapy Program which raised awareness and interest nationally.
3. To build capacity to address the harm and impact of problem gambling	3.1 Meet on a regular basis with the St Luke's Community Educator and other identified Gamblers Help Staff	Due to the lack of partnership meetings held during this reporting year, the PCPs initiated a meeting with St Luke's Anglicare and have now adopted Terms of Reference to ensure these meetings are held quarterly. One meeting has been held in June 2011.

Partnerships

Please provide your reflections on the partnership between the PCP and Gambler's Help Service – outline how this has matured over the reporting period and reflections on enablers and barriers.

One meeting was convened during 2010-2011 and this was in June 2011. At this meeting, the four PCPs in attendance with Centacare Ballarat and St Lukes Anglicare agreed to develop Terms of Reference and convene regular meetings every quarter. It is expected that the partnership will mature with regular meetings. The objectives of the ToR will become the enablers for the partnership:

1. To share information, data and research about gambling issues in the Loddon Mallee Region and the State of Victoria.
2. To jointly plan and report on Integrated Health Promotion, Service Coordination and Community Education.
3. To discuss local issues when relevant and seek solutions or advocate for resources to address these issues.
4. To prioritise our effort and resources to maximise our resources and integrate our activities.
5. To combine resources and planning expertise to present an annual forum in various locations in the Region.
6. To identify potential partnership opportunities to progress gamblers help and problem gambling programs across the Loddon Mallee Region.

Integrated Health Promotion (only applicable if funding directed towards IHP)

Demonstrate how PCP member agencies have planned and delivered evidence-based upstream Health Promotion interventions which address problem gambling – it is preferred but not required that you use the Department of Health IHP case study template to provide information on one health promotion intervention which addresses problem gambling (See Appendix A).

Since the commencement of the Problem Gambling PCP Program, a significant increase in the awareness of the risk factors for problem gambling has been achieved. The BLPCP IHP Plan for 2009-2012 includes a range of social inclusion and mental health strategies for those at risk of problem gambling and the PCP IHP Plan is provided as Attachment 5 and demonstrates this evidence. Particular IHP strategies addressing the social determinants of problem gambling contained in this Plan are:

1. Establish and maintain a Committee to implement the Bendigo Loddon Alcohol Action Plan
2. Conduct a Mental Health Week event
3. Bring together local services, businesses, community groups and clubs to showcase their services and distribute information in a festival style event.
4. Conduct population based men's health events during September.
5. Conduct a population based women's health event.
6. Establish and maintain a Greater Bendigo Healthy Minds Network.
7. Support the Loddon Campaspe Family Violence Advisory Committee.

8. Assist aboriginal people in South Loddon to access mainstream mental health and social support services as required.
9. Maintain the Loddon Shire Healthy Minds Network
10. Support the implementation of the Loddon Mallee Region Problem Gambling Integrated Health Promotion Catchment Plan 2009-2012.
11. Develop and implement a program for women aged 55-74 years in Greater Bendigo and Loddon with a focus on improving the social determinants of health.
12. With other members of the Rural Women Leading Change Reference Group take action to increase the numbers of women in leadership, increase social connectedness, and raise metropolitan women's awareness of rural issues of women.
13. Run activities that promote social connectedness such as book club and film nights.
14. Run group programs such as choices, challenges and change; anger and other emotions; Upbeat; Wisdom of Older Women; Sharing and Caring over 70's; meditation and emotional strength building.
15. Develop a program for women dealing effectively with change.

The Case Study in this report is the IHP Project 'Scraptherapy – Train the Trainer Guide' (Appendix A). A copy of the session outlines and participation evaluations of the program is included as an attachment to this report (Appendix B).

Service Coordination

(only applicable if funding directed towards Service Coordination)

Please provide a reflection on what has/has not been achieved in regards to problem gambling and Service Coordination – in particular, highlight how the PCP have established and/or strengthened referral pathways for people experiencing gambling-related harms.

NA – This funding has been directed to Integrated Health Promotion at BLPCP

Budget

Provide a summary of the project expenditure against the budget breakdown for the period of reporting – please identify any funds that will be rolled-over to the following year.

Deliverable	Expenditure	Amount
To improve mental health literacy amongst health workers in the Bendigo Loddon catchment	Hosting the 'Understanding Mental Health and Wellbeing' Workshop (Auseinet) for 20 participants	803
	Event Management – 24 hrs at \$36 per/hr	864
To increase social connectedness amongst an at risk group To build capacity to address the harm and impact of problem gambling	2 Day 'Train the Trainer' Experiential Course (12 participants)	8,258
	Evaluation of project and reporting (including follow-up contact with participants – 15 hours at \$27 per/hr	405
	Total	\$10,330

Once design began for the 'Scraptherapy Facilitator Training', a decision was made to make the manual a thorough and comprehensive resource for workers participating. Feedback from the trainees indicated that they valued the comprehensive nature of the manual, and found it to be a very usable document.

There are no funds to be rolled over.

Issues/risk management

Provide a summary of issues that occurred during the project and the risk management strategies employed to address these issues.

The need to encourage greater links between the health promotion partner organisations and the Problem Gamblers Consortium Group is evident. Whilst strategies are in place to encourage networking and capacity building, time is often the barrier which prevents this occurring. The way that the PCP has managed this issue is to ensure that the PCP Project Worker has a portfolio of IHP for Problem Gambling and that the PCP uses the skills of the Project Worker to build the capacity within PCP Health Promotion partners rather than facilitating the Gamblers Help Community Educator to assist in this work. This has been an effective model as can be evidenced by the objectives and strategies contained in the 2009-2012 IHP Implementation Plan for the Bendigo Loddon catchment.

The Gamblers Help Regional Community Education Health Promotion Plan has not included reviews by the PCP Integrated Health Promotion Plan Governance Group. This issue has been managed by inviting the St Lukes Community Educator to attend the IHP Plan Governance Group meetings. The Problem Gambling Community Educator now works part-time as an IHP worker at one of the PCP Health Promotion agencies which helps somewhat in an integrated response to Problem Gambling Health Promotion. The key risk for our PCP is the lack of attendance by the Community Educator at the Integrated Health Promotion Governance Group for the LGAs of Greater Bendigo and Loddon. During 2010-2011, the Community Educator attended 50% of the meetings.

As previously mentioned, the Terms of Reference devised at the recent meeting between the four PCPs, Centacare Ballarat and St Lukes Anglicare, will be used to govern and enhance the partnership, supported by quarterly meetings.

Appendix A: PCP Integrated Health Promotion - Case Study template

Details of PCP contact

Name of PCP	Bendigo Loddon PCP
Contact Person	Steph Jelbart
Position/Title	Project Office, Health Promotion and Planning
Phone No.	(03) 5448 1683
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Identified Partners

Partner Organisation	Roles and responsibilities with regard to the project	Contact person details (name, position)
Women's Health Loddon Mallee	2010-2011 – design and implementation of the Scraptherapy Facilitator Training and 'Train the Trainer' Guide	Bridget Nutting Health Promotion Project Worker (Women's Health Loddon Mallee)

Case Study Title	Scraptherapy Facilitator Training and 'Train the Trainer' Guide
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Summary/Abstract (200 words)

Following the success of 'Scraptherapy', a program designed and implemented for the Integrated Health Promotion for Problem Gambling PCP Program 2009-2010 to address social connectedness, it was established there was a need for this program to be further implemented across the Bendigo Loddon catchment due to its overwhelming success and the interest raised. Women's Health Loddon Mallee and associated partners agreed that an opportunity to train other professionals to run the Scraptherapy program with their clients should be created, and therefore continue meeting the needs of the target audience across the Bendigo Loddon catchment. Hence, a Facilitator Training program was designed and delivered, complemented by the creation of a 'Train the Trainer Guide', for service providers in the Bendigo Loddon region.

Background

Name of Project	Scraptherapy Facilitator Training Program and ‘Train the Trainer’ Guide
Priority goal	To increase the knowledge and build capacity of health promotion workers in the area of mental health: understanding the social determinants of health that particularly contribute to social connectedness.
Priority issue(s)	<p>The priority of the original program, Scraptherapy, was to increase social connectedness in women participating in the program. Secondary goals were to enhance personal strengths and skills in managing challenge and change in the second half of life, and the increase knowledge and accessibility to local support services. (Nutting, B. <i>Scraptherapy ‘Train the Trainer’ Guide</i>, 2011)</p> <p>Subsequently, the goal of the Scraptherapy Facilitator Training was to continue addressing the goals set out by the Scraptherapy program, as opportunity is provided for the program to expand into other areas and services to further reach the target group:</p> <ol style="list-style-type: none"> a) To build capacity to address the harm and impact of problem gambling b) Increase social connectedness and decrease isolation c) Target an at risk group
Target group	The target group of the Scraptherapy Facilitator Training (‘Train the Trainer’) program were service providers and community members who have the ability to run the Scraptherapy program through their organisations.
DHS IHP expectations 2009-12	<ul style="list-style-type: none"> • Ensure integrated health promotion practice engages with hard to reach population groups and vulnerable communities. • Embed capacity building into integrated health promotion practice at all levels • Implement improved integrated health promotion performance measures including annual provision of case studies for dissemination through the PCP website. • Embed evaluation practice with the planning and implementation of health promotion.
Background	<p>The Scraptherapy Program, facilitated in 2010, was very successful and the evaluation demonstrated that it was an effective means of enhancing social connection, mental health, and personal development. A number of workers from different organisations attended an exhibition of the participants’ work and showed interest in the program.</p> <p>Initial promotion of the program, and subsequent referrals and discussions with workers from other organisations, led to significant interest raised for a ‘Train-the-Trainer’ model. Word-of-mouth also increased awareness of the benefits of this program, and many were keen to train as a facilitator.</p> <p>The program was also accepted and exhibited as a poster presentation at the Australian Health Promotion Association’s 20th National Conference in Cairns 2011.</p> <p>The Scraptherapy program easily lends itself to being adapted to varied service settings and client groups, and the tools and ideas within it can be used both with individuals and groups, though the program itself is designed as a groupwork program.</p> <p>There has been a growing interest in the use of creative art as therapy and an increase in programs, research, models, publications and professional conferences and Professional Development in this field of practice.</p>

In regional, rural and remote areas, it is more difficult for workers to access information and professional development generally, and particularly in more specialised areas. It is very helpful to provide training for workers in their own geographical area, particularly if the facilitator is familiar with their organisations and work, and can be an ongoing contact and support as participants go on to run their own programs. This is also an advantage, as the participants can get to know each other and are more likely to interact through other work connections in their locality, enabling them to keep in touch and support each other in the planning and facilitating of the Scraptherapy program. Providing training in a particular rural catchment increases uptake, as it reduces the costs of travel and time.

The training also has the potential to be offered to non-professional community people in small towns, who have appropriate skills and relationships within their community. In this case, the program would be modified significantly to focus purely on social connectedness and education, rather than using therapeutic tools that would require a facilitator to have some specific professional background and experience.

(Nutting, B. *Scraptherapy Facilitator Training Evaluation Report*, 2011)

Project management and governance arrangements

The project was managed through the organisational structure of Women's Health Loddon Mallee, where a project worker reported directly to the Senior Team Leader Health Promotion who is responsible to the Executive Officer of WHLM. The EO is accountable to the Board of WHLM. The Bendigo Loddon Primary Care Partnership Project Officer liaised with the WHLM Project Worker and the Executive Officers of WHLM and BLPCP met regularly. Both were also members on common governance committees and were therefore further accessible to discuss and answer questions if it was required.

What sources of evidence were used to inform the decision?

A number of sources were used to inform the decision to deliver this training program. The main source was from the evaluation of the Scraptherapy participant program and the subsequent interest raised by other service providers.

As previously mentioned, the success of the 2010 Scraptherapy Program demonstrated that it was an effective means of enhancing social connection, mental health, and personal development. The 'need' for a facilitator-training program was clearly identified. The feedback from interested professionals was that it would support the work they do with their clients and would give them a more creative approach to that support.

The initial evidence supporting the Scraptherapy program, and therefore continuing to act as evidence to support the facilitator training, came mainly from a document prepared by the City of Greater Bendigo (including sourcing from the OGR website). The evidence supported the target audience chosen to run the Scraptherapy program in the Bendigo Loddon catchment, and the objectives set out by the program such as addressing social connectedness. The report stated that: "... *there are some age differences in people accessing Gambler's Help services according to a report undertaken by KPMG consulting in 2007. It was found that males tend to outnumber female clients between the ages of 18-44 years, while female clients outnumber males from the age of 55 – 74 years.*" (*Gambler's Help Services-Regional Demographic Profiles : Loddon Mallee Region*)

This same report also identified that: "*Studies show that men and women often gamble for different reasons. Women usually gamble to escape daily worries, as well as both present and past issues: whereas men generally gamble in order to make extra money or gain self esteem.*" (*DHS 2000:113*)

Briefly describe the project.

Professionals from a variety of organisations were invited to participate in the facilitator training for the Scraptherapy Program, in order to be used as a creative tool to connect with their clients and reach the target audience of women aged 55-74 'at risk' of problem gambling.

The Scraptherapy Facilitator Training comprised two sessions, a week apart, each of 5.5 hr duration. The week between gave participants an opportunity to work on their scrapbook, and experience some of the processes that they would be asking their clients to engage in during a program. The training ran on the 23rd and 30th June 2011.

There were 12 places available for the training and 12 women registered and attended. There were a further three women on the waiting list. Participants came from organisations such as:

- St Lukes 'Hippy' parenting program
- St Lukes Gamblers Help program
- St Lukes Mental Health Service
- City of Greater Bendigo Planned Activity Program
- Bendigo Community Health Services
- Carer's Support Service Bendigo Health

Training comprised of a blend of knowledge provision and skill in creative art therapies, with an experiential learning approach as the key. Guest speakers were also included in the delivery.

Participants were able to develop a tool for working creatively and therapeutically with their clients. Being that this was an experiential learning process, participants training as facilitators experienced all that a Scraptherapy participant would experience.

Participants in the facilitator training completed an evaluation of the program that reflected successful program delivery, increased awareness of the social determinants of health and those that contribute to social connectedness, as well as an increase in their own capacity.

The comprehensive training manual was created to support the training of potential facilitators, comprising of evidence and background information to the Scraptherapy program, detailed session outlines, and session support material including evaluations. Everything a facilitator required to successfully support the implementation of a Scraptherapy program was included in the manual. A comprehensive manual, coupled with a hands-on experience, participants were able to explore first-hand the requirements of a Scraptherapy facilitator and the expected outcomes of a prospective Scraptherapy participant.

How does the project link and align with the PCP's strategic plan and any catchment-wide strategic priorities?

This projects links closely with the BLPCP Strategic Plan and catchment wide priorities. The Strategic Goal of the Bendigo Loddon PCP states that:

"Our Partnership will foster the mental health and wellbeing of our community, promote positive lifestyles and ensure that principles of social inclusion are embedded in our work."

In addition one of the objectives contained within the Mental Health and Wellbeing Integrated Health Promotion Priority for the catchment is :

'Create supportive environments for positive lifestyles for older people.'

The strategy for this objective as contained in the BLPCP Strategic Plan and IHP Plan is:

'Develop and implement a program for women aged 55-74 years in Greater Bendigo and Loddon, with a focus on improving the social determinants of health.'

Objectives

The key objectives for the Scraptherapy Facilitator Training program are:

1. To enable participants to gain knowledge and confidence in the content and process of running the Scraptherapy Program
2. To give participants personal experience of some of the program activities which they might ask their clients to engage in, and in doing so, get a sense of the personal impact of these activities.
3. To enable participants to plan how they might incorporate this training into their work, and how they could adapt it to their particular work setting and client group.

Project participants

There were 12 places available for this training, and 12 women registered and attended. There were 3 women on a waiting list. The participants came from a variety of organisations, and these included Radius; St. Luke's "Hippy" parenting program; St. Luke's Gambler's Help program; St. Luke's Mental Health Service; City of Greater Bendigo Planned Activity Program; Bendigo Community Health Services counselling; and Carers' Support Service Bendigo Health.

The workplace settings represented as participants in this training included:

- Disability services
- Planned activity programs
- Parent/child programs
- Carer Support
- Gamblers Help
- Mental Health services
- Community Health

It was pleasing to have a diverse range of sectors represented as participants in this training. There appears to be a growing interest in the integration of creative arts into therapeutic work in the field of health and welfare, and it is very positive that organisations are recognising the value of this by supporting their workers to attend training in this area.

Some organisations sent 2 workers to the training, with a view to both facilitating future Scraptherapy- type groups together. This enabled these workers to plan their program together during the planning session of the program. A couple of organisations planned their future program in detail, and aim to run a program for clients in their workplace very soon.

Each participant felt that the training could be applied well to their client setting, some planning to use the program as written, and others modifying it, and using the aspects most relevant to their setting.

(Nutting, B. *Scraptherapy Facilitator Training Evaluation Report*, 2011)

Methodology and approach

The training model blends the provision of knowledge and skills in creative art therapies, with “hands-on” experience of art therapy activities. The training was designed using an experiential model which aimed to mirror aspects of the Scraptherapy program itself, and give participants a “taste” of some of the key aspects of the program. This was chosen because the program is based on a creative and experiential model. Engaging in various art forms as therapy, of its nature, is an emotional, spiritual and kinaesthetic experience, not purely a thinking and educative process.

By inviting training participants to engage in the activities, drawing on their own personal material, it gives them an understanding of the gains and challenges their clients might experience when they participate in the group program. It enables them to think through and discuss as a group, the possible difficulties clients might encounter, the emotions and memories that may come to the surface, and how to respond to and work with these in the group context.

The participants create their own scrapbook, and learn the practical and creative skills of scrapbooking, and ways to use different materials. Using an experiential model in training also makes the training itself more enjoyable and diverse, and assists participants to connect with their creative side, and develop new tools for working creatively with clients.

The training also includes sessions with each of the three key guest speakers who spoke and led activities in the Scraptherapy program. This gives the participants an idea of how they can use guest speakers in specialised areas, and provides them with valuable knowledge to draw on in relation to art therapy, bodywork and resilience building.

The training gives participants knowledge, guidance, ideas, and hands-on experience of creative modalities such as journaling, painting, meditation/visualisation, scrapbooking, music and bodywork. This provides them with a broad range of tools and activities to utilise in designing sessions.

Following each activity in the training, there is time allowed for processing and discussing the experience of the activity, just as a facilitator would do in a Scraptherapy program for clients. Parallel to this, the training also involves shared discussion around how trainees might use the particular activity with a client group, and any specific issues they might need to consider and address in a group setting.

The parallel process of trainees engaging in a personal experience, and applying that experience to their client setting, occurs and is encouraged throughout the training. Trainees are constantly responding both personally and professionally, to the material presented. Evaluative feedback from the participants indicated that they found this a very valuable process.

(Nutting, B. *Scraptherapy Facilitator Training Evaluation Report*, 2011)

Results

Impacts and outcomes

Participants reported their awareness was increased and capacity built within each, to understand the social determinants of health and those that contribute to social connectedness, through a combination of experiential and theory-based learning opportunities. This better equips participants to deliver the Scraptherapy program with their own clients. Participants reflected the benefit of this within their evaluations, as noted in the evaluation report from WHLM.

The outcome of the project now means that six health promotion organisations and twelve staff from these are now trained facilitators and can provide social inclusion and community engagement activities for those at risk of problem gambling.

Status and sustainability

It is anticipated that the Scraptherapy Facilitator Training program be offered to other Primary Care Partnerships across the region, so that a broad range of workers in community and other settings, can expand the creative tools they draw on with clients, in group and individual settings.

The training may be offered to community workers and professionals in rural outlying areas, as clients in these areas have more limited accessibility to groupwork programs such as Scraptherapy, due to constraints of travel, time, cost etc. By training people in these settings, skills and knowledge can continue to grow and be passed on to others in small communities.

There will be follow up contact with participants in early 2012, to ascertain ways in which they have been able to integrate the training into their work with clients and groups.

The facilitator training guide and evaluation of the training program is available to all BLPCP partners. Dissemination of this information is via BLPCP network groups and the monthly BLPCP bulletin, Newsflash.

Conclusions

This Integrated Health Promotion for Problem Gambling project was successful despite the noted challenges. The partnership between the PCPs and St Lukes Anglicare has reformed and will be strengthened and governed by the Terms of Reference now in place. Meetings will occur on a quarterly basis for this partnership. Furthermore, the St Lukes Community Educator has been invited to attend the IHP Plan Governance Group meetings and as the Community Educator now works part-time as an IHP worker at one of the PCP Health Promotion agencies, this will further support an integrated response to Problem Gambling Health Promotion.

The case study, 'Scraptherapy Facilitator Training' was a resounding success, with twelve community workers from six health promotion organisations now equipped to deliver the Scraptherapy program within their service delivery, enabling the target audience of women over 55 years old to continue being reached. Participants in the Facilitator Training reported an increase in capacity and confidence to work more creatively and effectively with their clients. They appreciated the combined theory-based and experiential approach to the training, feeling they were able to view the effectiveness and potential of the program differently.

Key success factors:

- Redevelopment of the Problem Gambling Partnership Group.
- Capacity built within twelve staff from six organisations in the Bendigo Loddon catchment, to support their service delivery and continue reaching women at risk of problem gambling.
- A thorough resource created to support the delivery of future Scraptherapy programs, and therefore reach greater numbers of targeted women.
- Awareness raised about the social determinants of health and those that contribute to social connectedness and problem gambling.

Key challenges:

- Reconvening the partnership group, due to organisational issues.
- Time constraints for the case study, 'Scraptherapy Facilitator Training' – it was difficult to cover all the program material whilst providing enough open creative scrapbooking time and space for group discussion and planning.

This project has proven to be a very effective IHP strategy which can be modelled to suit other 'at risk' demographics in the Bendigo Loddon region. This will be further investigated and promoted.

It is anticipated that the Problem Gambling Partnership Group will continue meeting on a quarterly basis, governed and encouraged by the Terms of Reference. These ToR will be reviewed annually.

It is predicted that the Scraptherapy Facilitator Training program will be offered to other Primary Care Partnerships across the region. The facilitator training guide and evaluation of the training program is available to all BLPCP partners.

References (optional)

- Nutting, B. *Scraptherapy Facilitator Training Evaluation Report*, 2011
Nutting, B. *Scraptherapy 'Train the Trainer Guide'*, WHLM: 2011

Appendix B: Scraptherapy Facilitator Training

Session Outlines

Session 1:

- Introduction to the Scraptherapy program, and the objectives of this training.
- Participants introducing selves and their interest in this area. Paired activity.
- Introduction to the Workbook/manual.
- Session with Rosemary Porter, Art Therapist. Understanding art therapy. Meditation and painting activity around the relationships of our lives.
- Meditation and journaling activity around creating life balance “My Life as a Garden”. Discussion and processing.
- Introduction to scrapbooking resource bags, and basic techniques. Different ways participants in the Scraptherapy program used their albums. Options and choices.
- Scrapbooking time, around the theme of the journaling activity.
- Concluding comments and feedback from the day.

Session 2.

- Energiser welcome activity.
- Check-in and sharing of album work and the process of scrapbooking.
- Session with Robyn Bull, Bodywork Therapist. Understanding the language of our body, and bodywork exercises to strengthen ourselves. Letter from body to self activity.
- Other creative activities to use with groups or individuals. Varied journaling tasks, using other art mediums, applying these to work with different client groups.
- Guest speaker Anne-Maree McCarthy presenting an outline of her session on “Building Resilience”, which she ran within Scraptherapy.
- Meditation and journaling activity around the theme “Myself as a Diamond”.
- Scrapbooking time around the journaling theme.
- Outline of sources for useful books and scrapbooking resources, budget etc.
- Planning session. Participants pair, and plan how they might use this training with their client groups in their own workplace.
- Important considerations to keep in mind when running a program like Scraptherapy. Challenges, and groupwork strategies to address issues.
- Closing song and candle activity.
- Evaluation.

Participant Responses to Written Evaluation Questionnaire

Question 1

What have been the most useful aspects of this training for you and your work? Responses included feedback such as:

- The balance between experiential aspects and theory as prospective group facilitators. Very comprehensive.
- Learning new ideas.
- The experiential activities and the personal realisations that flowed from them.
- Learning how to bring creative art therapy into a group setting, and learning how to set up a program yourself.
- Very thorough training guide.
- Learning how to run this program.
- Encouraged me to get my life back on track.
- Enabled me to view “Strength-building” in a completely different way.

Question 2

Which specific activities did you find most helpful?

- All of it.
- Robyn Bull's session, and the "Relationships" painting.
- Visualisations leading into scrapbooking; bodywork; personal scrapbooking and the opening and closing ceremonies.
- Meditations and journaling were inspiring, and the ideas generated from them.
- The Scraptherapy Guide is a fantastic resource, and it was all very interesting.
- Learning how to incorporate journaling into the recovery journey.

Which activities did you find least helpful?

Most people didn't note anything here, or said it was not applicable, but one person said there was too much food, and one found the planning activity less helpful.

Question 3

What did you enjoy most about this training?

- Everything, but in particular the guest speakers and their activities.
- The energy and knowledge.
- That it was a "doing" experiential program.
- All the creative art.
- A positive means of self-expression both personally, and in my work.
- Scrapbooking.
- The atmosphere in the group was great, active listening, and very comfortable.
- Meeting other trainees, listening to their experiences, and getting creative.
- The special presents given, and it made me feel great and encouraged.
- The personal nature of the training, and the facilitation was done extremely well.

Question 4

Do you have any suggestions about how the training could be improved in the future?

One person suggested less food, and the only other response that most participants suggested, was to increase the length of the training. Some suggested an extra day or two, and others longer sessions. One person suggested that the training be offered more frequently.

Question 5

Please comment briefly on the following:

- a. Facilitator style
 - Friendly, organised, informative and experienced.
 - Enjoyable and easy to understand.
 - Very consultative, inclusive and respectful.
 - Gentle and welcoming.
 - Lovely calm open manner.
 - Easy to listen to, kept my attention, didn't lecture.
 - Relaxed and open to ideas.
 - Easy pace. Thought-provoking.

b. Structure of sessions

- Appropriate, and balanced between listening/discussion, and activities.
- Well structured for the time available.
- Good blend of input/discussion and activity.
- A little rushed at times. Another day would have been helpful.
- Could run to a tighter time frame.
- It flowed well.
- There were nice short sessions within the larger session.
- Needed more time.
- There was an easy pace.

c. Length of training

Nearly all participants indicated that they would like the training to be longer in terms of hours and days. One person said she appreciated that it was run in school hours.

d. Manual and resources

All participants made positive comments on the manual and resources, feeding back that they were excellent, amazing, and would be used in running their program.

Question 6

In what ways do you plan to use this training in your workplace?

- In guest speaker roles at community groups, and as a creative activity in group programs.
- Short course with interested clients.
- With groups, retreats, and individual sessions.
- Facilitate the Scraptherapy program in the near future.
- One-off parent sessions, and possibly groups over a period of time.
- Share it with other staff for their clients, and use it in 1-1 sessions and groups.
- Run an experimental group based on clients' suggestions, incorporating body-mind-spirit-creative work.

Question 7

If you could sum up one key learning you will take away with you, what would that be?

- Creative approach to therapy.
- "Permission to Shine".
- Growth.
- Do Scraptherapy at home, and let out the "bodytalk".
- Creativity.
- The program is adaptable, and can be used in structured and less structured ways.
- Positive changes.
- "Shine".
- To remember to build people up.