

**Name of project: WRAP (formally PIP)
 Wellness Recovery Action Plan**

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1. The Skills for Care rationale/ selection criteria for funding

The WRAP (Wellness Recovery Action Plan) Project, formerly known as PIP, is a project advancing the concepts of recovery, empowerment and involvement. WRAP is a self-management tool based upon the principles of the Recovery Approach. WRAP enables an individual to have more control over their whole life including times when they are ill. It is a plan that is developed and owned by the person who writes it. The service's overarching purpose was to develop a New Type of Worker who would train and equip both staff and people who use mental health services to facilitate the universal availability of WRAP as a self-management tool within all localities of the Trust.

WRAP is a template for living, recognising things that are good and make a positive

contribution to daily life and wellbeing. Positive benefits of WRAP include:

- Giving individuals hope that things can be different
- Enabling individuals to build on their existing strengths and learn new skills
- Giving individuals choice
- Acknowledging the importance of others e.g. support network
- Enabling individuals to attain a greater understanding of self

The WRAP approach is fairly new, focussing on well being rather than illness and service users having "things done to them". The project is about individuals taking control of their wellness. It also aims to bring about cultural change with the service user as the focus rather than systems and illness. The underpinning philosophy and the essential difference is that it is service user led and has grown out of the increasingly influential service user knowledge and expertise.

The WRAP programme enables the individual to work through the following sections of the plan at their own pace with the support of their choice:

- Wellness
- Wellness Toolbox

- Daily Maintenance List
- Triggers
- Early Warning Signs,
- When Things are Breaking Down
- Crisis Plan
- Post Crisis Plan.

The following quotations glimpse the experienced significance of WRAP

Helps me focus and organise myself...Helps me make decisions when not very well...Avoided crisis leading to hospitalisation...Keeps me weller...Lot of insight, awareness of how illness effects you and how you can control that...

It's the difference between managing and not managing...It has given me independence...Having the tools to dig out of a dark pit...Empowering.

2. The context, setting and history

Kessler outlined the project - The Hampshire PIP pilot covering mental health was an example of a project 'kick started' by an external stimulus, taken forward by dedicated individuals, but with a view to mainstreaming a practice: the drafting of Person Individual Plans. The external stimulus was exposure to the Wellness Recovery Action Plan developed in the US by Mary Ellen Copeland, following attendance by a nominated individual on related training provided by the National Institute of Mental Health. It prompted an attempt to offer those with mental health problems throughout Hampshire the chance to draft a plan.

The WRAP project and recovery approach were presented to the NHS Partnership Trust Board. The training strategy has been discussed and agreed at Adult Mental Health Directorate Training Leads meeting. MH Trust/County Councils and City Councils across Hampshire are involved. It also involves service user networks, which are often linked into the Third Sector organisations such as MIND.

There has been a wide ranging training programme to prepare colleagues, managers and partners. The project has offered a number of different routes to enable staff and people who use mental health services to receive training. These include:

- Delivery to specific types of worker
- Delivery to service user groups
- Delivery within specific localities
- Delivery to specific teams

Training is advertised in different ways both in locality groups and centrally through the Hampshire Partnership Trust training website. All training is co-facilitated by a service user which adds authenticity to the model and allows for the element of personal experience to be included. In addition to training in the specifics of WRAP the training also serves as a general introduction to the recovery model which focuses on staff working in partnership with service users and on fostering empowering rather than dependent relationships.

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Attending the WRAP training involves doing your own WRAP. Comments from the evaluation sheets evidence the fact that it is generally beneficial to have a WRAP, not just for people who experience mental ill-health;

Raised very meaningful issues in terms of my own wellness thanks!think it will make situations more manageable....Wake-up call.

In terms of care planning for people recovering from mental illness and admission to hospital the Care Programme Approach (CPA) is the tool that is used by statutory agencies to describe packages of care. The CPA applies to all service users of specialist mental health services. With the CPA all parties have an equal share in the process though some would say that service users are the minority stakeholder with professionals holding the power. Securing NTOW funding has allowed the development of WRAP alongside CPA. This has enabled a different approach to be taken and is 100% patient/user centred and owned. The CPA is currently under review and almost certainly the results of the review will move CPA closer to WRAP. A revamped CPA will most likely be more holistic, more support rather than care orientated, be more linked to recovery and will also consider aspects of wellness. However CPA will still remain the heart of the NHS tool for co-ordinating care given by a medically orientated team. The responsibility will remain very much with the worker to provide a care package for a service user.

WRAP actively showed the psychiatrist I was able to self manage...says I am "expert self manager" and has more respect for me.

WRAP is yours, you get to do it, it can't be changed by someone else.

Some people have been screaming and shouting and it enables others to learn they can shout

Levels the balance of power between nursing and service users.

Of CPA I was a passive participant..now more confident at dealing with professionals

This time I took my WRAP to CPA meeting There has been a very positive response to WRAP from people who use mental health services. In Havant, Southampton, Andover, Winchester, New Forest and Romsey, service user WRAP groups are being facilitated in both inpatient and community settings. Feedback from these is that they are well attended, often by people who don't normally choose to attend groups, and comments such as 'it's refreshing to look at how I can stay well' are commonplace in relation to the project.

The positive response is further evidenced by the number of service users wanting to get more fully involved with the project as facilitators, steering group members or in their localities. The Project Co-ordinator believes the project represents best value in that it is a proactive preventive method of working. Initially it may take some time to support an individual service user but the benefits are in increased self awareness, self confidence and confidence of carers.

There are various monitoring systems in place to monitor outcomes for users/measure progress over time; detailed evaluation reports for SfC, CPA audit, questionnaires to service users and events for professionals and service users on how to take the service forward. There have been annual events with service users, support workers and staff. The Project is also linked into Southampton University and their professional training for nurses.

Unfortunately a recent survey elicited a poor response rate from service users. The reasons for this are not known as the project is unable to contact service users directly and are reliant on staff passing the questionnaires to people who use services.

Although the response to the survey was very limited, and it was not possible to draw any significant conclusions, it was essentially positive. For example in relation to the question 'In what ways do you feel WRAP may help you manage periods of ill health' comments included:

People know what to do to help and what not to do...People, I hope, will believe I'm in trouble when the symptoms are down in writing in advance.

The WRAP website www.recoveryinhampshire.nhs.uk is now fully operational and available as a resource. It will be continually developed and updated. After considerable thought it was decided to develop a website that was generally orientated towards recovery rather than specifically towards WRAP as a broader

remit would be likely to attract more visitors to the site thus potentially increasing the scope for disseminating the project. After much thought, it was decided not to publish the WRAP training package on the web. The reason for this is that the Project was unable to guarantee quality of training delivered under the WRAP name. Additionally there is awareness that writing a WRAP can initially be a distressing experience for some people and there was a concern about vulnerable people downloading the paperwork from the web without access to any support for completing their plan should they require it. The Project consulted the WRAP originator Mary Ellen Copland on this issue and she gave a very clear message that the paperwork should not be published on web for all of the above reasons.

3. The funding specifics

Initial funding from Skills for Care in 2004 - 05 was £25,000. This funding was extended a further year and in 2006 - 07 was increased to £55,000 per year. This increased funding enabled a Project Facilitator and Project Officer to be appointed. Funding was specific for this project based upon achieving milestones that had been agreed with SfC. The Funding from SfC has allowed space for the work to be developed as a respected well being programme without becoming diluted within the Trust's training programme or supporting other service user groups such as older people, children and people with LD.

Funding has enabled training to be delivered in the voluntary sector and to specific groups such as carers of people who use mental health services and Support Time & Recovery (STR) workers.

4. Models for leadership and management

The WRAP project is managed by a Project Co-ordinator. Kessler says - Project managers differed in terms of knowledge about and involvement in the pilot. In a number of instances, such as the Hampshire PIP project, the project manager had been involved in earlier related work, and was therefore able to 'hit the ground running' and of Hampshire's PIP co-ordinator. This role was established to help develop and implement Person Individual Plans across the county. In fact, the role went beyond co-ordination in that the post holder also delivered much of the necessary training associated with the PIP scheme.

Most activities are managed by the Co-ordinator. Recently appointed to assist with this task was a Project Facilitator. It has taken some time to recruit to this post. Within the staff team is a Project Support Worker, who is also involved in the training and workshop programmes. All the staff are part time.

The Project Co-ordinator is supported by The Hampshire County Council (HCC) Adult Services Learning and Development Advisor for Mental Health, who works into the Trust and has overarching management of the Project having been involved since its inception. Other support is also provided by

colleagues in the Trust and service users. Activities are primarily managed by the Project Team. The work is being promoted outside the organisation at national conferences, training events, website and academic institutions.

5. The assumptions and aspirations shaping the NToW roles:

Kessler and Bach (2007) say the SfC programme was ostensibly concerned with establishing new work roles; it was, after all, entitled the 'New Types of Worker' project rather than the 'New Ways of Working' programme. In an important sense, any attempt to develop new worker roles is inextricably linked to new ways of working: if ways of working change, it is likely that work roles will alter accordingly. Nonetheless, a new work role implies a more radical unpacking of existing tasks and responsibilities (or the generation of new ones), and then a repackaging of them in a new way. Whilst mainly concerned with developing a person centred recovery plan for those with mental disabilities, the PIP project revolved around establishing staff skills to help users draft a plan and also provided an opportunity for user voice in seeking to involve users in the delivery of this training.

Kessler indicates that there were certain goals that informed most of the projects. For example, there are few projects not seeking to develop accessible, person centred services. More unexpected perhaps was the prevalence of voice as an objective, with

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many of the pilots seeking to create a greater inclusiveness in service design and delivery. In categorising WRAP Kessler states whilst mainly concerned with developing a person centred recovery plan, the PIP project revolved around establishing staff skills to help users draft a plan and also provided an opportunity for user voice in seeking to involve users in the delivery of this training.

According to Kessler and Bach having explored the objectives underpinning the projects, attention can now turn to whether the pilots involved the development of a new work role and, if so, what form it took. In considering whether a new worker role emerged, a relatively simple test is used: whether the project explicitly sought to establish a new role in the organisation. Using this measure, new roles were apparent within the WRAP Project.

Kessler and Bach described the WRAP project roles as recreating a role based on newly generated tasks and responsibilities for the user based role (Support Workers) and a co-ordinators role for the project Co-ordinator. Certainly the Project Co-ordinator would support this view. Their primary focus is to embed WRAP within Adult Mental Health Services within the Hampshire Partnership through the training of staff and service users in recovery and WRAP. In addition to this their role requires experience and detailed knowledge of WRAP and awareness of their own wellbeing. WRAP has produced job descriptions and person specifications for all the new posts.

WRAP has mapped activities of staff against the National Occupational Standards and found there is little correlation. In relation to the co-ordinator role these can be summarised as follows:

- The training and education role is not sufficiently represented in health and social care standards and it was necessary to map across to training standards to cover this part of the role.
- The Common Induction Standards and the Ten Essential Shared Capabilities (and indeed the other standards) tend to be about working 'for' and caring 'for' service users as opposed to working 'with' or alongside service users. Essential Shared Capability 1 – Working in Partnership – attempts to redress the balance. Partnership working needs a greater emphasis and there should be direct links to the value-base for this work. For example, everybody now talks about wanting to involve service users but few people do this from a basis of empowerment of service users. The NVQ Health and Social Care Standards need a higher emphasis on genuine partnership work with service users - a move from providing care to providing support would facilitate this.
- Marketing and promotion skills could have a stronger profile, as this is such a key part of the WRAP coordinator role. This is particularly important when the role involves bringing in new ways of working. Marketing and promotion for WRAP has involved the making of a DVD and the

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construction of a web-site. Marketing and promotion needs to be robust to overcome resistance. For example, workers sometimes say they cannot undertake WRAP as it is just extra work and the point that the service user does the work with WRAP needs to be stressed and promoted strongly. Another form of resistance from workers is when they say they are doing this already in CPA. Again the uniqueness of WRAP needs to be stressed with its emphasis on wellness and recovery. WRAP service user trainers made the point that WRAP is, in their opinion, completely different to CPA. Here again the emphasis on service users having the control and responsibility with WRAP needs strong promotion and marketing. This is primarily about changing attitudes rather than gaining new competences.

- The WRAP Coordinator role fits well with 'Project Manager/Catalyst/Champion' as identified through the NToW project. The NVQ Health and Social Care Standards and the Registered Managers Award cover the Project Manager role well, but need more energy injected into them to cover more of the Catalyst and Champion role. WRAP has to a certain extent flourished because it is not part of the mainstream (although it hopes to become so) and has a greater freedom to operate. WRAP is about service users taking control of their own health and care. Allowing service users to have that responsibility is always going to be difficult within mainstream services that have a tendency to be over-protective and risk-averse.

- There is insufficient emphasis on wellness, recovery and self-management across all the standards. Indeed, self-management raises the biggest challenge to existing standards since the manager of care becomes the service user and not the worker.

In relation to the project support role these can be summarised as follows:

- The training and education role is not sufficiently represented in health and social care standards and it was necessary to map across to training standards to cover this very significant part of the role.
- Where the role encompasses self-management it is clear that all existing standards lack the emphasis that would show that the service user is taking the lead in their own care/support package. It is possible to map across to broadly equivalent standards (e.g. HSC 226 Support Individuals who are distressed and HSC 21 Communicate with and complete records for individuals) but these standards have no sense of empowerment within them. WRAP Project Support Workers are supporting and communicating with people who are distressed but in the context of these people being empowered to support themselves.
- This role involves a strong emphasis on wellness and recovery. WRAP Project Support Workers spend a lot of their time

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teaching both service users and workers about staying well and the importance of hope and recovery. Often both service users and workers perceive this as an entirely new approach. There is little about recovery in the standards although Essential Shared Capability No. 5 is 'promoting recovery'. The term well-being is part of HSC 24 but there is very little emphasis on wellness in the standards.

- This role requires experience of emotional distress and of accessing mental health services. Service user knowledge and expertise is not recognised in any of the standards. It has long been recognised that service users can offer each other mutual support and indeed this mutual support, based on a shared experience, has formed the basis of many thriving self-help organisations and groups in the mental health field and beyond. Now that a point has been reached whereby it is acknowledged that service users can be experts through their own experience, through personal and collective knowledge and expertise, it is important that this is reflected in occupational standards for health and social care. A logical first step would seem to be an examination of the unique knowledge that service users can bring with them into the health and social care workforce.

There are no current knowledge sets for the type of work that WRAP is doing. When these knowledge sets are developed, there will need to be an exploration of the specific

knowledge and expertise that service users bring to the work. This is inevitably a difficult area since it can be threatening to professional workers who do not have this particular expertise. However, since partnership is the overall aim, space must be made to acknowledge service user expertise as a useful addition to the expertise that workers from various backgrounds bring to mental health.

Self management poses a significant challenge to existing health and social care roles. There needs to be some careful exploration of how self management fits with traditional care based roles. There is a challenge here for professional workers in relation to what needs to be unlearned and what assumptions need to be challenged for self management to succeed. It has been recognised that self-management doesn't really fit with National Occupational Standards and other frameworks since the essence of it is that service users are providing care for themselves. The new common core principles of self management should address some of the concerns raised within the WRAP mapping exercise.

6. The key personnel/ partners, management plan and transition plan

The key people associated with this NTOW in this service are;

- Co-ordinator - Kate Green Hampshire Partnership Trust
- Barbara Evans – Project Manager HCC Adult Services

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- Sara Richmond – Project Facilitator
Hampshire Partnership Trust
- Julia McKenzie – Project Support
Hampshire Partnership Trust

Service Users are Co-facilitators and Ambassadors. Staff who have participated in the training are taking the work forward. Although it is a small service it has been successful in linking to user networks across the County. Senior managers within the Trust and Adult Services are interested in the activities. The Trust has provided, systems and support with venues.

The service's main partners are;

- NHS MH Trust
- Local Councils
- Service User Networks.

As the number of people who have received training grows the network has developed so that, for example, when people change jobs within the organisation they take WRAP with them, sometimes across care groups. A number of people who use mental health services have now been trained to support others in developing their WRAP. As this model develops it is anticipated that more people will be supported by other service users rather than professionals. This approach is about to be piloted in the Fareham & Gosport locality. The involvement of service users' networks means that the model is embedded within the locality community and is not solely dependent on professionals who might well move on.

There has been a huge drive to be service

user-focussed across the NHS as an organisation. Local nursing strategies now include use of the WRAP approach. It fits into the social inclusion agenda, choice remit, patient led and self care.

Good practice has also been shared at a national and local level via workshops awareness sessions and conferences

- WRAP was presented at the Mental Health and Ageing conference at the University of East Anglia in November 2006 by the project manager and a member of the steering group who uses mental health services.
- WRAP was presented at a plenary session at the Guardian Managing New Realities Conference in London at the beginning of March 2007 on behalf of the NTOW programme. Again the presentation was made by the project manager and a member of the steering group who uses mental health services.
- The WRAP team are running a workshop at the MIND national conference in Bournemouth in March 2007 as well as running a stand promoting WRAP. The team will also be presenting at the 7th Annual Mental Health Training and Education Conference in September 2007.
- The team have run workshops at the Recovery Conference in Portsmouth, where the Trust is planning to introduce WRAP, Pavilions Mental Health training conference in London and Havant MIND conference. All these conferences involved service users.

- Within the Trust the team have presented at the annual Clinical Governance conference and at several workshops. They have also attended several medical practitioner specific forums across the Trust with the aim of introducing them to the approach, answering questions and generally raising awareness.

7. **The primary beneficiaries of the NToW roles**

The primary beneficiaries are service users, their carers and professionals. Training has been given to 250 people and has resulted in 90 Wellness Recovery Action Plans.

8. **Secondary beneficiaries of the NToW roles:**

The Trust and other organisations are beneficiaries in terms of developing the approach. It has also been a catalyst to develop stronger links with A+E, police and housing providers in terms of understanding individual service users needs and strengths.

WRAP's applicability to different contexts and general portability is evidenced by the response to a WRAP presentation at the Mental Health and Ageing conference at the University of East Anglia in November 2006. The response from delegates was overwhelmingly positive and Norfolk County Council Adult Services Department are actively considering rolling out WRAP in partnership with Age Concern.

Another group keen to use WRAP is the Trust's Learning Disability Directorate. Some of their staff have attended one of the Trust

Education, Development & Training Department's centralised introductions delivered by the WRAP Co-ordinator. The Directorate feels that WRAP would be complementary to Person Centred Planning (PCP). However the Project staff are not currently able to train staff or services users in other directorates as funding and capacity only extends to Adult Mental Health at present.

9. **Outcomes that will signal the (minimally acceptable) successes and achievements**

Outcomes signalling that this has been a successful service include service users feeling and being empowered and more involved in their care, more confident in knowing and understanding their illness and well being and what helps them to stay well. Evidence shows that by understanding the well being plan and being able to articulate it builds confidence and ability to negotiate by having greater confidence and understanding. Other key success criteria would be continued funding by the Trust to demonstrate their commitment to the approach.

10. **Outcomes that will disappoint/ be resisted by the sites;**

It would be disappointing if the outcome was that WRAP became the "thing" of the moment and not be embedded within the Trust. In order to prevent this, the approach is continually disseminated in different ways and becoming part of professional training for nurses and others.

11. Plans after the cessation of Skills for Care Funding

Funding is available for this current financial year from Skills for Care. Contingency plans are being developed and one possibility is that the project will be resourced within the organisation's Training and Development budget, as it is embedded within the work of the Trust. As yet nothing has been agreed with the Trust. Other sources of funding are currently being explored.

Training is now also being delivered by the newly formed mental health service user training organisation 'Raise Mental Health Ltd' It is hoped that areas not covered by the NTOW project will be able to commission Raise Mental Health Ltd to deliver WRAP training.

References

Kessler, I. and Bach, S. (2007) The Skills for Care New Types of Worker Programme: Stage 1 Evaluation Report. Leeds: Skills for Care

Materials shared by WRAP

WRAP Leaflet

WRAP Wellness toolbox and action plan.
Blank template

New Types of Worker Project Progress Report January 2007

New Types of Worker Project Milestone Report March 2007

Adult Services Departmental Management Team Structure and Information

WRAP Job Descriptions and Person Specifications