

# Northamptonshire BME Community Well Being Engagement Project

## Wellness Recovery Action Planning (WRAP) Training

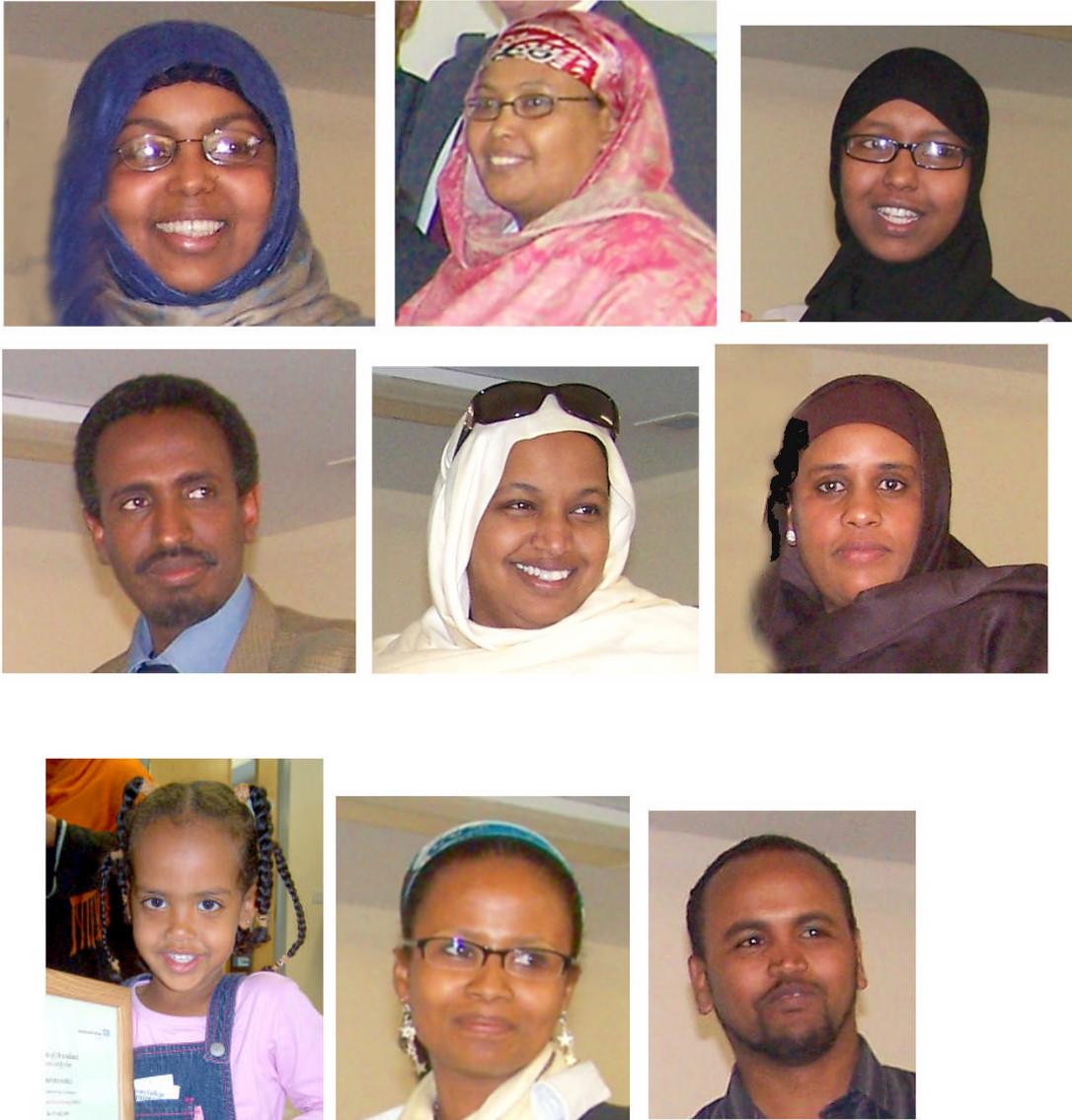


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Northamptonshire Healthcare  
NHS Trust





**Some of the WRAP Trained Somali Community Members at their Presentations - March 2007**

# Northants BME Community Well Being Engagement Project

## Wellness Recovery Action Planning (WRAP) Training

### 1) Summary

As part of work of the Northants Delivering Race Equality (DRE), Focused Implementation Site (FIS), Northamptonshire Healthcare NHS Trust (NHT) in collaboration with Black Wellness Initiative (BWI), the National DRE programme and East Midlands CSIP have supported the development and delivery of WRAP training within BME communities in Northamptonshire.

A culturally appropriate model of delivery of WRAP has been piloted within Northamptonshire as part of a recovery orientated approach to improve mental well-being and wellness within BME communities. Evaluations are showing high levels of satisfaction and impact. (See Appendix Two)

### 2) Key Aims

To deliver the DRE programme in partnership with BME groups and communities in the county and specifically to:

- Engage with target BME communities across the county to develop WRAP as part of a recovery oriented approach to improve health and well being in these communities.
- Enable the communities to develop their own Wellness Recover/Resilience Action Plans to feed back to health and social care partners and other related organisations from all sectors to ensure the communities have improved access and information about services.
- Through effective community engagement, Commissioners will be more able to commission, and service providers provide, more culturally sensitive and appropriate services.

### 3) Background

The Delivering Race Equality for Mental Health Services building blocks guides the objectives of the project. The aims are to develop:

- **More appropriate and responsive services** – achieved through action to develop organisations and the workforce, to improve clinical services and to improve services for specific groups, such as older people, asylum seekers and refugees and children;

- **Community engagement** – delivered through healthier communities and by action to engage communities in planning services, supported by BME Mental Health Community Development Workers (CDW's); and
- **Better information** – from improved monitoring of ethnicity, better dissemination to information and good practice and improved knowledge about effective services.

The vision for DRE is that by 2010 there will be a service characterised by:

- *Less fear of mental health services among BME communities and service users;*
- *Increased satisfaction with services;*
- *A reduction in the rate of admission of people from BME communities to psychiatric inpatient units;*
- *Fewer violent incidents that are secondary to inadequate treatment of mental illness;*
- *A reduction in the use of seclusion in BME groups;*
- *The prevention of deaths in mental health services following physical intervention;*
- *More BME service users reaching self-reported states of recovery;*
- *A reduction in the ethnic disparities found in prison populations;*
- *A more balanced range of effective therapies, such as peer support services and psychotherapeutic and counselling culturally appropriate and effective;*
- *A more balanced range of effective therapies, such as peer support services and psychotherapeutic and counselling treatments, as well as pharmacological interventions that are culturally appropriate and effective;*
- *A more active role for BME communities and BME service users in the training of professionals, in the development of mental health policy and in the planning and provision of services; and*
- *A workforce and organisation capable of delivering appropriate and responsive mental health services to BME communities.*

DRE itself is just one component of a wider programme of action bringing about reducing health inequalities and achieving equity in health and social care. For example, National Standards, Local Action is the Department's current care standards and planning framework. Among the core standards that it sets out are:

- That healthcare organisations must challenge discrimination, promote equality and respect human rights (C7 (e)); and
- Those organisations must enable all members of the population to access services equally (C18).

DRE will also help NHS Trusts to fulfil their obligations under the Race Relations (Amendment) Act 2000.

Furthermore the World Health Organisation (WHO) has developed indicators of resilience against ill health and for well being for communities. These key elements are about the ability or otherwise for communities to work together

to remain well and resist illness. Planners, commissioners and providers services should be supporting these not just providing a one service fits all approach. This is particularly emphasised for those communities who have been subjected to trauma, exclusion and deprivation. The WHO Indicators include:

- Shared agenda of "challengers of injustice" and cultural/community strategies
- The development of self help strategies/coping mechanisms
- Access to material resources to enable choices to be made in the face of severe life events
- Psychological support
- Support from spiritual beliefs and practices
- Autonomy

The Recovery Approach and WRAP model fit this perfectly as it is aimed at the empowerment of the individual and the community.

#### **4) National and Regional Links and Support**

A new BME Mental Health Programme Board, directly accountable to Ministers, has been set up at the Department of Health to oversee the national action plan and the wider BME mental health programme, including the work of localised Focused Implementation Sites (such as Northants). It will be informed by the BME National Steering Group, which is jointly chaired by the Minister of State for Health and Lord Victor Adebawale (Chief Executive of Turning Point). Progress on this project is reported back to through the East Midlands CSIP Race Equality Lead who has also given support to the project.

The DRE National Lead David Sallah has given full support to the Project in the County for the two sites. There are only two other sites in the country that have been chosen and we are the first to actually put it into action.

## 5) BWI

The Black Wellness Initiative (BWI)<sup>1</sup> is a delivery vehicle that arose from a decision to become more actively and directly involved in evaluating the type of services people from minority ethnic groups were receiving from mental health care providers initially. Since it was formed in January 2007 significant progress has been made in East Midlands in engaging other communities around the use of an ethnocentric approach to WRAP with warm responses

The consultations that led to the establishment of the BWI were held predominantly with people who use services or have used services, their carers and concerned friends, sector workers from these communities who were progressively becoming disillusioned with contemporary services and other concerned community members from communities of Afrikan descent. .

Thus BWI subscribes fully to the concepts and the underlying principles of WRAP outlined above. It is aware of the ethos and principles of the Care Programme Approach (CPA) and while au fait with these principles would argue that that approach is framed from a traditional “expert to patient” model, if not in its spirit then in practice and experience. It (CPA) thus focuses on the negative whereas our experience and knowledge of WRAP is that it requires a recalibration of the power relationships, avoids generalisations and “essentialisations”.

The BWI has through its partnership work has obtained significant traction in the areas that the DRE in Mental Healthcare programme as described above; more responsive services, better information, and community engagement. Evidence included in this report will bear this assertion and view out.

The BWI is actively involved with building the capacity of recipient communities to ensure that they are able to evaluate the services they are provided with, initially in terms of mental healthcare and thereafter their ability to add value to the design of services and where possible participate in the provision of services.

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<sup>1</sup> At its core the BWI seeks;

- For services to **presume recovery when people engage services**. Much community consultation has shown that people who use services, their carers and some sector workers are aware that the way services are currently designed does not engender recovery and that it would not be an overstatement to suggest that egress is notional.
- Return “**communities and families**” to their roles as **custodians of mental health and resilience** rather than the presumption of public services being the agencies in this respect. It is fair to say that as presently set up; services are focussed towards illness and curing rather than towards prevention and resilience.
- Accept the **concept of plurality of experience** as opposed to the current “one size fits all” as is presently set up. For example, while the Eurocentric approach presumes an evidenced based approach, an Afrocentric approach for instance may presume practice based evidence, both being valid and legitimate ways of knowing and being, yet as services are presently set up, they would emphasise the former and seek to invalidate the latter.

## **6) Voluntary and Community Sector- Prevention and Reduction in Social Exclusion**

Over the past few years there have been successions of policy documents that provide the vision for services for the 21st century. There is an emphasis on devolving responsibility and decision making to people who are close to the customer and communities. A further emphasis is put on the development of individualised and self-directed services. The development of WRAP within communities helps in delivering this by fully engaging communities directly in its roll out and local implementation.

The model developed within this project is aimed at building sustainable prevention services. Prevention and early intervention services seek to reduce social inclusion and the loss of independence.

## **7) Northants Focused Implementation Site**

Locally based Focused implementation Sites (FIS) have been established to help identify and spread best practice and so this has formed part of the work undertaken by the Northants FIS. The Northants FIS reports progress to the Local Implementation Team (the Northants LIT) ensuring that the implementation of DRE is a matter for all county partner organisations involved in planning, commissioning and delivering equitable mental health care services.

## **8) Community Engagement Project Outline -WRAP**

The goal was to find a community based approach that could deliver local and national priorities and objectives in a way that could be sustained and used across all BME communities (and wider).

A Wellness Recovery Action Plan is described as being “a system for monitoring, reducing and eliminating uncomfortable or dangerous physical symptoms and distressing emotional feeling or experiences”. (Mary Ellen Copeland 2005). It is a key element of a range of wellness approaches and is part of a development of recovery-orientated services that are now well under way in the county and nationally.

The core strength of the WRAP training delivered by BWI is that it has been adapted to be highly culturally appropriate for each BME group it is used with. It explores issues of effects on well being of racism, refugee and asylum status and cultural and religious/belief systems.

## **9) Expected Outcomes**

All of the following have been established as the key measurable outcomes for the Northants BME Well Being community engagement project:

- Communities and individuals increased awareness of well being, including mental well being and improved knowledge of health and related services.
- People already in the mental health services from the target communities have increased reports of recovery
- People not in services from the target communities where WRAP has been delivered self report that they do not need to access services because of the WRAP development
- Use and development of a holistic and joined up innovative tool that will impact across all sectors (primary, secondary, tertiary, and voluntary/community sectors).
- Improved access to talking and other related interventions and services in a timely manner
- Skilled up members of the community to be able to provide appropriate support to those who need it when they need it.
- Improved the well being of those involved in the project and hereby the community as a whole.

East Midlands CSIP has funded a full evaluation.

## **10) Phases of the Project.**

### ***Phase One:***

A research project on the mental health needs of the Somali community (led by the Community) in the County had already been completed in 2006. This report gave us an ideal opportunity to develop new initiatives and deliver innovative practice. This included the initial scoping with BME communities in the county to ascertain what was required, identify what work had already taken place and establish the needs of communities and services to Deliver Race Equality in Mental Health Services.

BWI, NHT and Northants PCT held an introductory session on WRAP with the Northants Somali community and following this BWI was then invited to the roll out of Phase Two.

### ***Phase Two:***

This commenced with BWI providing WRAP training to the Northampton Somali community where 30 Somali community members have now been WRAP trained. BWI, NHT, East Midlands CSIP and the National DRE Programme have funded this Phase.

WRAP training is now being delivered to more Northants BME communities including:

- African Caribbean Community in Wellingborough, commencing 22<sup>nd</sup> August 07. (NHT funding confirmed)
- Carers and service users to commence from September 07
- Bangladeshi and Pakistani communities, commencing late Autumn 2007.
- It is also hoped to include the Romany Gypsies and Irish Travelling communities very soon.

East Midlands CSIP is funding a detailed evaluation. This will be reporting in the autumn after the Wellingborough African Community has received its training.

More resources for this project would enable us to tackle health inequalities by delivering WRAP to other disadvantaged groups. For example within Prisons, with young people, older people and anywhere where the use of such a self-empowerment tool is needed.

### ***Phase Three:***

This is the key area for further funding.

Resources are now being developed for the following priorities:

1. To provide low level of supervision/support for the current WRAP trained participants (now over 30 and increasing). This is to enable those who are trained to use WRAP in their communities.
2. To train a smaller group of WRAP trained people to become trainers to continue to roll it out across wider range of communities. (Maximum 7-8 from each course)
3. To provide a higher level of support to a smaller group (it may be the same group as above in 2 above) to enable them to directly provide WRAP sessions with those engaging with mental health services through a process of referral at all tiers and in all sectors.

### ***Phase Four:***

The WRAP training will be delivered on a wider regional and national level based on the model developed here in Northants.

## Northants BME Community Well Being Engagement Project Summary Flow Chart

**Phase One:** Research project from Somali Community leads to NHT in partnership with BWI to engage with BME communities and key parties and invite expressions of interest for WRAP development.



**Phase Two:** NHT work with BWI to deliver WRAP training and Recovery approach developments in target communities. Develop Wellness Recovery/Resilience Plan to feedback to key partner organisations on what will keep the community well. Monitor and evaluate the programme and feedback to DH and national DRE programme.



**Phase Three:** Train community members as WRAP trainers to ensure sustainability and ongoing support to those using WRAP for themselves and others in communities. Alongside this help build relationships/contacts and other recovery initiatives with partner organisations, from all sections to ensure benefits of WRAP are fully realised.



**Phase Four:** Develop WRAP across wider range of disadvantaged communities locally. Also nationally (internationally?) based on model developed in Northants.

## **11) National DRE Community Engagement Programme.**

Through the work of BWI we also have links to the two other DRE Programme BME FIS sites linked to WRAP projects. Under development in Derbyshire is the proposal to provide WRAP training that will concentrate on staff, service users and carers and will also have the appropriate cultural emphasis. We will be able to compare outcomes of the two different but related approaches and learn from each. The other project is in the Isle of Wight Prison and this again will be of use to the Northants FIS site project and evaluation of WRAP.

## **12) Values and Benefits**

The Northants BME Community Well Being Engagement Project meets the national DRE programme top priorities and all the building blocks. Individuals and communities taking part are providing evaluations showing high levels of satisfaction WRAP, the training and the process.

It is also ground breaking work in that:

- Through the better identification of need and by providing culturally appropriate training, the individuals and communities are “skilled up” to deal with health and mental well being in their own communities
- A Mental Health Trust in conjunction with a third sector organisation Black Wellness Initiative, the National DRE programme, and East Midlands CSIP and Northants BME communities are working together in full partnership to develop the project to this stage.
- Communities are inviting us in to work in partnership, as each community hears of its important value and relevance to them of WRAP and DRE.
- It has delivered meaningful engagement with BME communities and has been based on building sustainability.
- It has developed into a two way process as communities needs, wishes and expectations are now fed back directly into service planning and delivery, Including communities making demands to ensure their well-being is maintained.
- It is part and parcel of a recovery-orientated approach that can be used across all sectors and tiers of service delivery.
- Provided a model that will now be used across a wide range of communities across the county and will be used as an example of best practice nationally (we have a list of BME community organisations now waiting for similar training).

Other valuable spin offs include:

- The training raises awareness of mental well-being issues and provides a well being tool/route directly within targeted BME communities.
- Communities and their “leaders” have been challenged through this process to consider what role they can play in improving and sustaining the well being of their own communities including the needs of those who may have sometimes been socially excluded within their own communities.

- Promoted communities involvement in other key health improvement targets, for example links with the Northants Drug and Alcohol Services who have now also engaged with the Somali community through this Project.
- National links with other BME communities have been made through WRAP trained community leaders in contact with other communities (e.g. Somali community working with London services trying to link with their local Somali communities, and similar in Birmingham and now even developing links with isolated communities in Australia).

### **13) Evaluations**

An initial evaluation was completed with one of the training groups and this has been written up in Appendix Two. The above bullet points alone cannot convey the significance of this development and the esteem, which the communities have for this development so I will use a quote directly from Abdirahman Abdi a leader from the Northants Somali community:

*“ We cannot count by words with both verbal and in writing how for the last three months of WRAP and peer support training has really made a difference within our community.*

*It's the introduction of the WRAP that changed our worked and our perception towards mental health and the people with mental illness, but this is changing within the Somali community whom you heard their stories through this journey and the way people live with this burden in their family without even speak out or even looking for support, but thanks to your very supportive approach this problems it is getting dealt with.*

*I will not say you can change the world in one day, but your work of three months have made really difference and have opened our eyes, I was a like new born baby who arrived in this word with a very worried 60 year old father waiting outside the delivering room.*

*Mpume (BWI) I will say thank you for your support, my community needs, Somali community in England need you not just today but the rest of our life you are our attachment, however can I also thank Ann our Northampton FIS LEAD, Jim Lillis CDW Manager for tirelessly make out dream com through their massive support both financial and physical”*

### **14) Future Implications**

1. Further resources are now needed to fund the roll out to further BME communities. It costs approximately between £7 –9,000 per community to cover trainer costs and provide food and suitable venue etc. This covers training approximately 20 people at a time – so equates to approx £450 max for each participant. The more we get to train in each session obviously reduces the costs. Four courses have already been funded

through NHT, together with some funds from DRE, BWI and East Midlands CSIP.

2. Funding is now required for WRAP training for the Bangladeshi, Irish (still our biggest BME group in services and in the county population), Gypsies and Travellers, new communities such as Polish and Latvian communities and the list goes on. With each course costing approximately £7-9,000 this project will spread it as far as it can across these communities but more is now needed from a wider range of stakeholders and/or available budgets.
3. There are further resource implications relating to the ongoing support that will be needed for those who have completed WRAP training and who want to continue to use it in their communities as outlined in Phase Three above. This has been costed at approximately £30,000, which would secure funding for a further years work. Please see Appendix One for an outline costing.

## **Summary**

This project has been developed in partnership with the Third Sector and local BME community groups to produce a highly effective tool to deliver on DRE and other local and national priorities aimed at reducing health inequalities. NHT has led on providing the funding for this and now looks to its partners to enable this to continue. The funding required is minimal compared to the effect it has had on local BME communities who otherwise found it hard to engage with DRE and statutory mental health services.

It has been effective in meeting its aims and the real measure of success is in the way it is rated highly by local communities and how these communities are now passing the word of this round nationally and internationally.

It has given hope to communities who are/were socially excluded and who felt their needs were not being addressed by health and social care services. To see the growth in these communities has been moving and affirms what we already know...that by empowering communities and the individuals within them they are better able to look after their own well being in a way that statutory services could never hope to replicate.

## Appendix One

### APPENDIX TWO -EVALUATION

#### Wellness Recovery Action Plan (WRAP) Training: Views from the Somali Community

During May, June and July 2007 a selected group of women from the Somali Community in Northampton undertook a course of WRAP training. WRAP is a self designed plan for staying well and helping yourself to feel better if you are unwell. It is an empowering approach which enables the individual to take control of their health and wellbeing (Copeland, 2005).

I was asked in my role as a student social worker on placement at Users Support Service to obtain some qualitative feedback from the course participants to highlight their personal reasons for undertaking the training, how they had found the course so to date, and how they hoped it would help in the future. I interviewed four participants in total who had come forward as volunteers and were willing to talk about their experiences. Three of these participants were women and one was a male community worker.

The participants described their reasons for taking part in the WRAP training. For one woman the training had been an opportunity to develop her own knowledge and experience:

*"I was interested for myself. I had done some mental health training previously and was interested to see the differences with this training".*

Others had recognised the need in their community and had participated in the training because of their desire to be able to help people in their community:

*"A lot of people from our community don't have any help and don't know where to get the help from...I wanted to make a difference for the community."*

*"There is a need in the community and I wanted to seek knowledge so I could help the community...there is a lot of women that need this sort of thing."*

*"When I am feeling down we usually get our elders to pray for us. Most of our community believe in spiritual healing not medication and I think the WRAP training is something that will really work for our community. Our people usually counsel each other instead of going to the doctor, we call the doctor only if spirituality doesn't work. We like the idea of first of all helping people in our community rather than putting them in institutions."*

The participants described how the training had explored their own understanding of mental health. Three participants described how the training had highlighted that mental health is an issue which affects everybody:

*"I've learnt that we all have mental health issues..."*

*"I have learnt that illness is suffered by everyone..."*

***"...now I understand that everybody's mental illness is different, I understand the reasons for this."***

The community worker described how the training had tackled issues around stereotypes and stigma. He outlined how this discussion had an important impact on the understanding and confidence of the participants:

***"It changes the perceptions of people. It removes stereotypes: when you understand how things were created you build knowledge within yourself...It builds confidence, a person will be able to support himself and others."***

One woman described how the training had explored her concept of identity. For her, an important aspect of the training had been its ability to relate to her culture:

***"I can relate to it because it is in tune with my own culture and identity."***

Participants described how the training had led to a discovery of the meaning of community and the importance of community. For the participants the community is the key support network and understanding community was a crucial aspect of the training.

***"It has made me understand what is a community."***

The sense of power gained through the exploration of stereotypes and perceptions, the recognition of the importance of identity and culture, and the understanding of community was summarised by one woman who described the training as:

***"Making us aware of our community and the needs, and giving you the power of who you are - a sense of your identity."***

The participants had clearly valued the training and although they had not even fully completed the course one woman was finding it had already impacted on her own personal life:

***"I have found it useful in my own life, I'm finding it very helpful, although it is difficult to stick to at times."***

The women reflected on how they intend to use their knowledge in their own lives and to help others in the community:

***"I can start with myself, my children and my family."***

***"The WRAP training is going to work for our community and will reduce the numbers of people who don't understand about mental illness."***

Two women had some concrete ideas about putting the training into action:

*"A lot of people come to my restaurant; I feel I have to help them with food. We are hoping to set up with a place where people can come to."*

*"In order to put these things in position we'd like to teach our community about it - I can teach our people and it will be easier for them if I teach in our language."*

The participants expressed how mental health services currently do not meet the needs of their community. They feel that by developing their understanding they can begin to support mental health needs in the community in a more appropriate way:

*"Mental illness is a problem in our community because of the language and they don't know where to get help. So if we are given that I think it will make a big difference."*

*"It is better that mental health services are built within communities and that staff are from within communities. At the moment the services are outside the communities and people can't reach them. Mental health difficulties are recognized by family and friends. The community will help the person."*

The participants had clearly valued the WRAP course and hoped there would be opportunities for other community members to take part:

*"The training is excellent and I wish we had another course for different people."*

*"I will recommend it to friends, family, the people I work with, the community itself."*

### References

Copeland, M, E. 2005. *Mental Health Recovery and WRAP* [on-line] West Dummerston: Copeland Centre. Available

[http://www.mentalhealthrecovery.com/art\\_aboutwrap.html](http://www.mentalhealthrecovery.com/art_aboutwrap.html) Accessed 8.6.2007.