

The current state of Recovery Colleges in the UK: final report

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Recovery is a multidimensional concept which includes self-esteem, adjustment to disability, empowerment, and self-determination (Anthony, 1993). The principles of the recovery approach, which include the importance of good relationships, education, employment and purpose alongside reductions in clinical symptoms, can apply to all age groups and conditions (Department of Health, 2011).

In a recovery-oriented mental health system, each service seeks to ameliorate people's impairment, dysfunction, disability, and disadvantage (Anthony, 1993), so that they can achieve a meaningful life, focused on wellness instead of illness (Amering and Schmolke, 2009).

Recovery Colleges embody this philosophy, with the promotion of wellbeing being central. They can be considered the 'beating heart' of recovery within organisations, modelling a recovery focused approach and driving a change in the culture of traditional mental health services.

In this sense, the introduction of Recovery Colleges has revolutionised the way people can be supported to live the lives they want to lead. Using an educational paradigm, Recovery Colleges inspire students to develop a different relationship with their condition, a wider range of coping skills, greater confidence and knowledge, to overcome challenges, and strive towards their own goals.

The aim of this survey is to explore the current state of Recovery Colleges in the UK and the different ways that Recovery Colleges have incorporated and applied the Recovery Principles.

INTRODUCTION

The World Health Organization (WHO, 2012) defines a recovery focused approach as “gaining and retaining hope, understanding of ones abilities and disabilities, engagement in an active life, personal autonomy, social identity, meaning and purpose in life and a positive sense of self.” This approach supports people with mental health conditions to reclaim control of their own lives, managing their condition and overcoming the stigma and discrimination they all too often experience.

Recovery Colleges (RCs) are physical establishments which offer a possibility of change and transformation for people wishing to rebuild their lives. They can be defined as formal learning institutions that strive to create environments in which people with a lived experience of mental distress feel safe, welcome and accepted (Jay et al., 2017). From this definition it is clear they take a recovery-oriented approach.

Originally Recovery Education Centres were developed in USA, but Recovery Colleges in the UK are fundamentally different, where the first pioneer Recovery College established in South West London in 2009 and in Nottingham in 2011 (Perkins et al., 2012).

Big steps ahead have been made in the last few years. In 2014 we could count only eight recovery colleges in England (McGregor et al., 2014). Since then the number of Recovery Colleges has increased exponentially both inside and outside the United Kingdom.

There is growing evidence about the benefits of Recovery colleges for students (both people using services and staff), for staff, and for the

services in which they are situated^{1,2,3}. However, little is known about how big the network of colleges is and how closely they adhere to the original principles of Recovery Colleges laid out by Perkins et al. in 2012.

This project arose from a curiosity to capture the diversity around the phenomenon of Recovery Colleges and from the wish to understand how many Recovery Colleges the UK can count so far and what their main features are. As ImROC’s work is supporting recovery-oriented improvement in the outcomes and experience of health and social care and sharing knowledge and learning, our purpose here is to give a “picture” of the current British situation, which will be constantly updated and revised.

We can recognise four main phases during the process of this study:

- 1) identifying the recovery colleges in the UK;
- 2) designing the methods and developing a questionnaire;
- 3) contacting all the recovery colleges identified;
- 4) analysing the questionnaires and updating the national database.

This report presents the survey process and findings; in the last part we give some personal

¹ A new briefing paper - *Recovery Colleges 10 years on* (Perkins R., Meddings S., Williams S., Repper J.) will be published on Dec 2017.

² For more information about students’ stories and opinions visit <https://www.nottinghamshirehealthcare.nhs.uk/stories-of-recovery> or refer to the book produced by Recovery College East (Cambridge and Peterborough), *Road to Recovery: Our Stories of Hope*.

³ Meddings, S., McGregor, J., Roeg, W. & Shepherd, G. (2015). Recovery Colleges Quality and Outcomes. *Mental Health and Social Inclusion*, 19(4), 212–221.

reflections around this topic and some recommendations for future practice.

METHODS

Recovery Colleges were identified through the existing ImROC database and through extensive Google searching. An updated list has been completed (see Appendix 1). Those identified were contacted by emails to the identified Recovery College manager or to a general information email address from the Recovery College web-site. Where email contact was not possible, Colleges were contacted by phone asking for their participation and for an available email address.

A survey utilising open and closed questions was designed to collect relevant information. This approach provides a “snapshot of how things are at a specific time” (Denscombe, 1998). The questionnaire (see Appendix 4) was carefully planned to achieve the project goal.

The survey started in June 2017. Dr Julie Repper, as ImROC Director, contacted the Recovery Colleges introducing the survey theme and aims, giving the contact name and address of the person in charge of the survey, explaining the potential benefits resulting from their participation to the project and specifying the uses of the information provided. It was made clear that this exercise is not an evaluation of Colleges, nor is it any kind of assessment of performance.

Of the 85 Recovery Colleges approached 10 were excluded from the study as 3 had closed due to lack of funding and seven were opening in 2017 and not yet sufficiently established to give accurate replies to questions.

Of the 75 Colleges eligible for the study, 39 (52%) replied.

The questionnaire⁴

The questionnaire comprised 31 questions arranged in four sections:

- 1) The structure of the College;
- 2) Details of courses and students;
- 3) Staffing;
- 4) Extent to which it demonstrated the core characteristics found to define a Recovery college (Perkins et al., 2014; Macgregor et al., 2014).

We recommended that the questionnaire be completed by the Recovery College Manager and responses referred to the financial year 2016/2017.

The questionnaire was developed to be accessible and not too demanding on the time of respondents. Open questions were included to give each Recovery College the freedom to express the different ways they are managing the College.

The first three sections focused on general information about the Recovery College (e.g. the year the RC opened; the type of funding; the staff and administration, the number of courses, the number of students attending the RC, the average of attended courses etc.).

The fourth section asked more open questions about the College operating principles. We were interested in describing the extent to which Recovery Colleges provide a consistent approach and in identifying idiosyncrasy and innovation in the recovery-practice.

⁴ See Appendix 4.

The four principles which we asked about included:

- 1) Co-production
- 2) Education
- 3) Inclusion
- 4) Recovery-focused

We defined co-production as being equal partners in designing and delivering services, at every stage (from initial planning, designing the first draft, to decisions about operation and outcomes), that means that people with professional and personal expertise work alongside with equal value and attributed to both.

The second principle we wanted to investigate was Education, in the sense that the Recovery College differentiates from a Day Centre: it doesn't offer treatment or co-ordination of care; students are not referred and are free to choose their course from a prospectus and set clear learning outcomes.

Inclusion for us meant that the Recovery College is accessible for people of different ages, ethnicity, abilities, mental health challenges, cultural background, for people from BME backgrounds. It is open to people who use services, their relatives, friends and carers but

also staff and it offers courses for the whole population, not just those using second services.

The last dimension we explored was Recovery, since we were interested in understanding if and how the College reflects recovery principles in all aspects of its culture and operation, for example: promoting self-management and empowerment; instilling hope, integration and ambition and sharing success, positive feedback and creative ideas.

Descriptive analysis

We used descriptive statistics to summarise the data originating from sections 1, 2 and 3 of the questionnaire.

Descriptive analysis has been used also to analyse responses from Likert scale questions of section 4, where the investigated items were co-production, education, inclusion and recovery.

Content analysis

Content analysis is the analysis of what is contained in a message. It is a research technique for the objective, systematic, and quantitative description of the manifest content of communication (Prasad, 2008).

We used this technique to analyse the content of the four open questions of section 4 of the questionnaire.

RESULTS

Number of Recovery colleges

There are a total of 85 Recovery Colleges in the UK (77 in England, 2 in Scotland, 5 in North Ireland and 1 in Wales).

The first Recovery College formally opened in 2009; 2 more opened in 2010 and they are continuing to develop with a further 6 opening in 2017.

Lead providers

Provider partnerships

85% of RCs work with various partner organisations to co-produce and co-facilitate courses. Most frequently, these partners include colleges, universities, healthcare providers and third sector organisations. Emergency services and social care providers are also often involved in delivering courses.

Funding

13/39 RCs are specifically funded by Clinical Commissioning Groups (CCGs), 15 have been developed by Trusts within their current contract; 5 are funded through charitable fund, grants, donations; and one is self-funded through small charges for courses and fund raising activities by staff and students. The remaining colleges are funded by independent provider services or by a combination of local underspends. One recent college is part of the Vanguard funding programme as part of service transformation in line with the Five Year Forward View.

36% (14) of RCs receive joint funding from other provider partners, e.g. voluntary care sector partners, city councils or Trust funding.

Venues

64% of RCs have a main physical base. 92% use a variety of venues (either in addition to or instead of a main base). These include community settings, local colleges, public libraries, forensic campuses, primary care centres. Of these, three use outside venues such as local farms, where they can run outside courses.

Numbers of courses

The average number of different courses (i.e. the number of unique courses) run in the year 2016/17 is 32.27 per RC, while the average total number of courses (including courses repeated several times over the year) is 143.52. Duration of courses varied from 30 minute 'taster' classes, to 24 week long courses. The average range in duration of courses was a minimum of 1.8 hours to a maximum of 8.5 weeks.

The students

On average, the number of unique students enrolled at each RC in the year 2016/17 is 468.12. The mean age of all students is 42.45.

On average, the range age of students who attended the Recovery College is included between a minimum of 17.84 and a maximum of 74.30.

In particular, 20 RCs out of 39 registered people over 18 years old, a further 7 RCs people over 16 years old and 2 to people over 17 years old. 6 registered attendants over 19 years old and 2 over 20 years old.

Although we were interested in the proportion of registered students using primary and secondary services, many colleges do not collect this information. Of the 24 colleges who did respond, the vast majority (79%) of their students come from secondary services. The average of students coming from secondary

services is 235,89; the average of students coming from primary services is 79,54; on average 40,18 relatives, carers or supporters attended the recovery college; the average of people from NHS staff attending the courses was 78,04, whilst staff from other organisations were 21,08.

20 RCs out of the 39 (51%) Colleges responding registered relatives, carers or supporters to attend courses. 18 RCs (46%) registered NHS staff and 13 (33%) also staff coming from other organisations.

The average number of courses attended by the students is 3.20.

26% of participating RCs have a student union.

Staffing

92% of RCs responding employ a core team of dedicated staff working specifically in the Recovery College. 64% of RCs also employ additional staff (e.g. staff/professional trainers; staff from partner organisations such as FE Colleges and third sector groups; self-employed tutors, cleaners, volunteers, classroom assistants, researchers etc.).

Outcome measurement

The majority of RCs collect outcome data (92%) from various different sources. For example, student feedback for each individual course; changes in employment status of students; standardized Recovery or Quality Of Life questionnaires and specific outcome measures such as the NHS Friends and Family Test (FFT), the Hope, Agency and Opportunity (HAO) measure, the Warwick-Edinburgh Mental Well-being scale (WEMWBS) and also the short version (SWMWBS), the Questionnaire about the Process of Recovery (QPR), The Work and Social Adjustment Scale (WSAS).

ImROC support

46% of responding RCs had been directly supported by ImROC through bespoke

consultation or attendance at an ImROC learning set or Recovery College Learning Network. Most had referred to ImROC briefing papers to inform their development.

Collaboration with other RCs

56% of responding RCs had benefitted from visiting other RCs, and 72% were interested in joining a network that linked them to other RCS. The reasons why they would be interested to collaborate are: sharing best practice and ideas about future development, sharing knowledge & resources, learning about how they coordinate & manage bookings, peer training, volunteers and payments, conversations about how to overcome challenges, marketing & promotion (e.g. use of social media), sharing data to improve the national research, evaluation (both of courses and of service in general), measurement of outcomes.

Core characteristics

Regarding section 4, the frequencies related to the Likert scale responses are shown in Table 1 and in Graph 1 (see Appendix 2 and 3).

The majority of participants agree or strongly agree with statements about their college following the defining features we investigated. This doesn't necessarily mean that the Recovery Colleges meet the core characteristics, but this issue is discussed in the conclusions.

Concerning the results from the content analysis, our analysis was concept-driven, where themes were investigated within a framework: co-production, education, inclusion and recovery. To see the lists of the categories identified starting from the main themes, please see Appendix 4 (Table 2, 3, 4 and 5).

We then extracted frequencies from the text, about the sub-themes we considered most meaningful.

- **Co-production**

The 44% of participants strongly agree with the statement about co-production, the 49% agree, the 5% is neutral and the 3% disagree.

The way participants described co-production in their college can be summarized under three main sub-themes: equality, experience & expertise and course planning.

Equality - breaking down the barriers between staff and students, having an active role, giving everyone the opportunity to contribute and taking decisions together sharing responsibilities.

Lived experience & expertise, i.e. people with lived experience and experts by expertise work together in the Recovery College.

Course planning - co-production is shown in courses planning, it means that courses are co-designed, co-facilitated, co-delivered and students are involved also in the evaluation and review of courses. For instance, a participant answered to that question: "*Courses are fully co-produced and all courses are delivered with an 'expert by expertise' and 'expert by experience'.*"

Co-production has been described as involving people with lived/personal experience by 30 RCs out of 39 and the term "co-delivery" has been used by 24 RCs out of 39.

- **Education**

The 56% of participants strongly agree with the statement "My Recovery College operates on college principles". The 41% agree and the 3% self-reported to be neutral.

People described how 'the college operates on college principles' or Education with the themes of: educational principles, promotion, different, plan & evaluation.

The educational principles emerged are: referring to patients as students, providing a personal tutor, using additional academic venues, having a consistent educational approach, being informative and supportive. A participant said "*We strongly believe in*

education as a tool to support recovery and have held this in mind throughout any developments within our college."

With promotion we intend producing a prospectus with the courses description, celebrating the students' achievements with a final graduation and having a library.

The recovery college has been described different from anything else, i.e. it works on a self-referral system, it doesn't offer therapy or treatment, it's not a day centre and it's different from a clinical intervention.

In terms of plan & evaluation, courses have specific lesson plans with clear learning outcomes and assessment methods, students are offered an Individual Learning Plan.

We counted how many times the words "students", "prospectus", "graduation", "self-referral" or "self-enrolment", and "learning outcomes" have been explicitly used to describe the educational approach of the Recovery College. 33 RCs refer to attendants as "students", 22 RCs produce a prospectus, 4 RCs explicitly talked about a graduation, and a further number organise events to celebrate students' achievements. 26 RCs said to use a self-referral system and 15 RCs stated to aim at courses with clear learning or educational outcomes.

- **Inclusion**

The 62% of respondents strongly agree with the statement regarding inclusion, the 36% agree and the 3% self-reported to be neutral.

Participants described how their college related to the defining feature of inclusion "the college is for everyone" with themes of: openness, accessibility and people needs.

Openness - the Recovery College is open to everyone and to the whole population in general (not only to people with a mental health condition), with a non-judgemental approach and no exclusion criteria.

Accessibility can be intended as having practical and accessible venues and courses - which are

free - and it operates on a range of different areas.

Inclusion is demonstrated also by the effort to meet people needs, in particular different learning needs and disabilities and open to any kind of background, ethnicities, religions etc. (*"We operate in a totally inclusive and non-judgmental way – open to people of any ethnicity, any age 18+, their background, beliefs and lifestyles are all accepted and not an issue to us."*)

Describing inclusion, 28 RCs stated to be open or accessible to everyone, and 3 RCs are only available to people using secondary services (due to current funding).

- **Recovery**

Lastly, the 67% of participants self-reported to strongly agree with the statement "The College reflects recovery principles in all aspects of its culture and operation" and the 33% agree with it.

They described how their college reflects recovery principles as: celebration, empowerment and person-centred.

Celebration is a core element of the recovery approach, with regard to sharing experiences and positive stories, organising celebratory events, celebrate achievements, giving positive feedback and celebrate success.

Empowerment includes focusing on students' goals and ambitions, giving people control and confidence, increasing skills and knowledge, creating opportunities, encouraging progress, supporting self-management and instilling hope. The Recovery College approach is consistently person-centred, which means identifying student's strengths, trying to meet their needs, focusing on solutions instead of problems, using a strength-based language and facing stigma and discrimination. In this regard, a participant stated *"Courses support students to develop understanding and meaning and create opportunities for a life beyond illness."*

We decided to focus on 4 sub-themes: goals, strengths, hope and self-management. "Goals" has been used by 13 RCs, "hope" by 21 RCs, "strengths" by 11 RCs and "self-management" by 10 RCs.

CONCLUSIONS

On the basis of these findings, it would seem that a big network of Recovery Colleges has developed in the last few years, and it is encouraging that more Colleges are opening (at least 6 opened in 2017 and 2 are in planning).

One of the main features of Recovery Colleges is having a main physical base 64% had a base, 36% did not. A physical building is a tangible representation of commitment to the model (Perkins et al., 2012). Moreover, having an accessible and acknowledged hub, with classrooms, administrators and a library could improve the participation of students to the courses and their feelings to be part of something which is formally recognised. Even if the majority (64%) reported to have a main physical base, we expected to find a higher rate around this aspect.

The importance of having a library inside the Recovery College is supported by a participant, who said in this regard: *“Once students register with the College they can immediately use our library – books and internet. We have noticed that a number of students are very anxious about coming to courses to begin with, perhaps due to past experience of school, etc. The library has given many students a soft way in to see what happens, how they are treated and whether it is something they could do.”*

It is positive to see the partnerships between the Recovery Colleges and other organisations, shown by the collaboration in delivering courses. Having external partners is important not only for the added expertise they provide, but also for the quality of the courses and for collateral advantages (for example having additional venues).

The majority of colleges collect outcomes data. A significant finding is about the collection of outcomes. Collecting outcomes is crucial to improve the quality of the courses and of the college in general, but also to show the effectiveness of the Recovery College and produce relevant knowledge to fill the lack of research that at the moment characterizes this field. Almost all the Recovery Colleges that said to collect outcomes, affirmed to collect students' feedback, which is relevant in terms of Recovery College overall evaluation and courses review. Apart from the feedback, we would like to highlight the interest of Recovery Colleges to collect outcome measures, demonstrating this effort either developing new tools or using different existing tools.

Having a student union is not very common (only 26% stated that there is a student representative). This could be a little but very useful enhancement, for example in order to include the students in the steering groups or in the team meetings on a regular basis – and in this regard a Recovery College Manager stated: *“We also have a service user representative attend our implementation and steering group meetings”*. Students could also actively take part in the service development and management, and this is demonstrated by a Recovery College Manager saying: *“Our governance and operational group have student representatives attending.”*

Overall, Recovery College Managers expressed positive attitudes in rating their adherence to the four defining principles of the Recovery College. More progress has actually to be made to actually show good practice in meeting the defining criteria. For example, despite the 62% rated their experience around inclusion as “strongly agree”, the reality is that only 20 RCs

out of 39 registered relatives, carers or supporters as attendants, 18 reported attendants from NHS staff, and only 13 registered other staff attending the courses. In this sense there is more need to monitor and address how the Recovery Colleges can reach out to under-represented groups and represent the whole population.

Talking about co-production, a Recovery College Manager said that it *"is at the heart of everything that we do, it is not just at course development and delivery but all aspects of strategic decision making and development"*. Most RCs are led by professionals, but one is led by a service user.

Regarding the importance of celebratory events, we would like to mention the success of a Recovery College: *"The sharing of creativity between all areas of the college, charity and partners is resulting in our hosting of 'Mad Pride North' this year which is a celebration of culture, literature, music, theatre, film and food which will see a number of courses running throughout the summer culminating in exhibition and performance and the end of September"*.

Sharing positive stories and giving feedback is, in general, a recurrent way of putting in practice the recovery approach. For example one participant stated: *"All students and volunteers are provided with an "our stories" booklet, encouraging them to share their experiences*

and successes within the recovery college. Those who wish to share their successes can go on to have their story publicised in the next prospectus, in Trust communications, in local media and social media".

The benefits of this survey are clearly the attempt to develop some evidence based practice and to give the stimulus to other researchers to make improvements in this field. We can consider this survey as a pilot, and we hope that this work will progress in the future, including even more Recovery Colleges and producing useful results.

On the other hand, we would like to point out some limits of this survey. In fact, even if the survey as many advantages (e.g. collecting a large amount of data in a short time, it is low cost etc.), it presents also many limits, in particular data are likely to lack details and securing a high response rate is hard. We remind that the response rate in this survey has been 39 vs 36, so it is difficult to have a clear and complete picture of the current situation of Recovery Colleges, and it is also problematic making generalisations considering the small sample available. We should also mention the limits of the Likert scale, for examples it could fail to measure the true attitudes of respondents or even the acquiescence bias, i.e. the tendency to agree with all the questions or to indicate a positive connotation.

APPENDICES

Appendix 1. Updated list of UK Recovery Colleges.

- 1) ARCH Recovery College (Durham)
- 2) Beckton Recovery College (Cygnet Hospital)
- 3) Bedfordshire and Luton Recovery College
- 4) Belfast Recovery College
- 5) Bierley Recovery College (Cygnet Hospital)
- 6) Blackheath Recovery College (Cygnet Hospital)
- 7) Bradford, Airedale, Wharfedale and Craven MyWellbeing College
- 8) Bromley & Lewisham Mind Recovery College
- 9) BSMHFT (Birmingham and Solihull Mental Health NHS Foundation Trust)
- 10) Buckinghamshire Recovery College
- 11) Bury Recovery College (Cygnet Hospital)
- 12) Camden & Islington Recovery College
- 13) Cheshire & Wirral Partnership West Cheshire Recovery College
- 14) City and Hackney Mind Recovery College (London)
- 15) Clarendon Recovery College (London)
- 16) CNWL (Central & North West London) Recovery and Wellbeing College
- 17) Compass Recovery College (Reading)
- 18) Connect Recovery College (Middlesbrough)
- 19) Coventry Recovery College (Cygnet Hospital)
- 20) DRLC (Devon Recovery Learning Community)
- 21) Dumfries and Galloway Wellness and Recovery College (Scotland)
- 22) East Sussex & Western West Sussex Recovery College
- 23) ELRC (East Lancashire Recovery College)
- 24) EPUT (Essex)
- 25) Godden Green Recovery College (Cygnet Hospital)
- 26) Harrow Recovery College (Cygnet Hospital - London)
- 27) Health and Wellbeing College (Oldham)
- 28) Hope Recovery College (Calderdale)
- 29) Hove and Brighton Recovery College
- 30) Humber Recovery college
- 31) Inclusion Turrock (IAPT & Recovery College - London)
- 32) Kewstone Recovery College (Cygnet Hospital)
- 33) Kirklees Recovery College
- 34) Knowsley Recovery College (Liverpool)
- 35) Leicestershire Recovery College

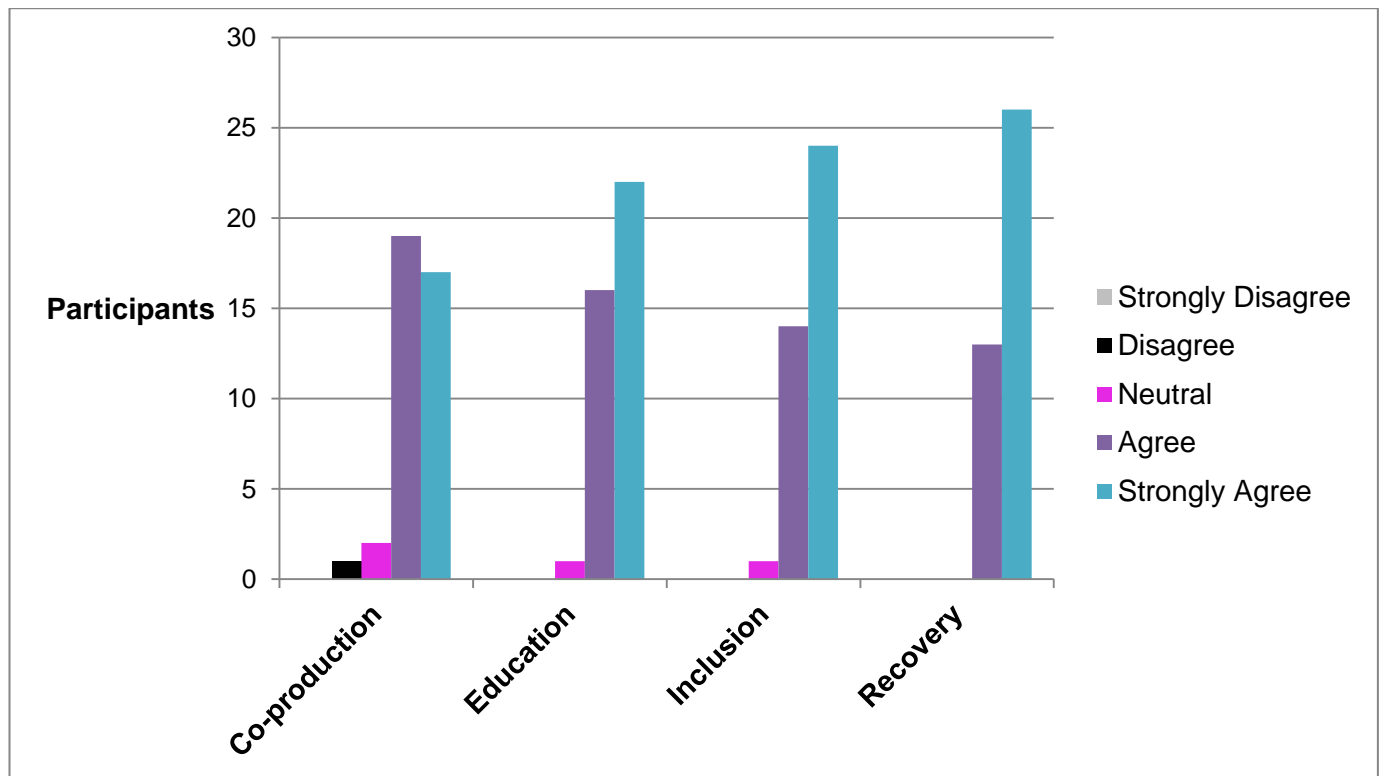
- 36) Lincolnshire Recovery College
- 37) Mersey Care Recovery College
- 38) Mind Skills Recovery College (Stockton)
- 39) Mindspace Recovery College (Perth - Scotland)
- 40) NE Hants & Farnham Recovery College
- 41) New Horizons (Aberdare – Wales)
- 42) Newcastle Recovery College Collective (RECOCO)
- 43) North Tyneside Recovery College
- 44) Northern Region Recovery College (Ireland)
- 45) Northumberland Recovery College
- 46) Nottingham Recovery College
- 47) NSFT (Norfolk & Suffolk Foundation Trust) Recovery College
- 48) Options Recovery College (North Lincolnshire)
- 49) Oxfordshire Recovery College
- 50) Plymouth Recovery College
- 51) REACH South East Essex Recovery College
- 52) REC (Recovery Education Centre) Dorset - WaRP (Wellbeing and Recovery Partnership)
- 53) Recovery & Wellbeing Academy (Warwickshire and Coventry)
- 54) Recovery Academy – Believe in Yourself (Derby – Cygnet Hospital)
- 55) Recovery Academy (Manchester)
- 56) Recovery College Bexley (Mind in Bexley - London)
- 57) Recovery College East (Cambridge & Peterborough)
- 58) Recovery College Greenwich
- 59) Recovery College NHFT (Northamptonshire)
- 60) Recovery College York
- 61) Recovery in Mind (Newbury)
- 62) Redbridge Recovery College (London)
- 63) Sandwell Recovery College
- 64) Second Step Recovery College (Bristol)
- 65) Severn & Wye Recovery College (Gloucester)
- 66) Sheffield Recovery College (Cygnet Hospital)
- 67) SLaM (South London and Maudsley NHS Foundation Trust) Recovery College
- 68) Solent Recovery College (Portsmouth)
- 69) South Eastern HSC Trust Recovery and Wellbeing College (Dundonald - Ireland)
- 70) South Tyneside Recovery College
- 71) Southern Recovery College (Southampton)
- 72) Southern Trust (Lurgan - Ireland)
- 73) St Mungo's Recovery College (London)
- 74) Stevenage Recovery College (Cygnet Hospital)

- 75) Sunderland Recovery College
- 76) Surrey Recovery College
- 77) SWLSG (South West London and St George's)
- 78) The Exchange Recovery College (Barnsley)
- 79) The Hertfordshire Wellbeing College ("New Leaf Wellbeing College")
- 80) The Recovery Hub (West London)
- 81) Tower Hamlets Recovery College (London)
- 82) Wakefield Recovery College
- 83) Wellbeing and Recovery College SSSFT (South Staffordshire and Shropshire)
- 84) Western Trust Recovery College (Omagh - Ireland)
- 85) Woking Recovery College (Cygnet Hospital)

Appendix 2. Table 1: frequencies of Likert scale responses (n=39).

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Total
Co-production	0	1	2	19	17	39
Education	0	0	1	16	22	39
Inclusion	0	0	1	14	24	39
Recovery	0	0	0	13	26	39

Appendix 3. Graph 1: frequencies of Likert scale responses (n=39).



Appendix 4.

Table 2. Co-production.

EQUALITY	EXPERIENCE & EXPERTISE	COURSE PLANNING
<p>Breaking down barriers</p> <p><i>We encourage all our trainers to develop skills in sharing lived experience to emphasize shared humanity, breaking down the sense of “them and us”.</i></p> <p><i>There is recognition that illness is something which can and does affect all of us to a greater or lesser degree and it is believed and demonstrated that division into ‘them and us’ categories is a reductive and outmoded practice.</i></p>	<p>Lived experience</p> <p><i>People with lived experience were fully involved in its development from the beginning.</i></p> <p><i>Within our overarching charity our board is presently 50% of people who are considered ‘experts by experience’.</i></p>	<p>Co-design</p> <p><i>Courses are co-produced, co-designed and co-facilitated.</i></p>
<p>Active role</p> <p><i>We provide a Peer Trainer course which aims to prepare patients for co-production and taking an active role in service improvements and developments.</i></p>	<p>Peer support workers</p> <p><i>We have subsequently employed Peer Support Workers, who have personal experience of mental health difficulties.</i></p>	<p>Co-facilitation</p> <p><i>Whenever possible all courses are co-facilitated.</i></p>
<p>Everyone contribute</p> <p><i>All appropriate plans (eg not HR decisions, confidential info, etc.) are discussed at the team meeting so that everyone is aware of what is happening and has an opportunity to contribute.</i></p> <p><i>More work still to be done in ensuring voices are heard equally, removing perceived barriers.</i></p> <p><i>This is done with explanation and real consideration of other views.</i></p>	<p>Expert by expertise</p> <p><i>All meetings and presentations are attended by both a peer and professional.</i></p> <p><i>Our team is a mixture of people with lived experience and professional experience.</i></p> <p><i>Courses are fully co-produced and all courses are delivered with an ‘expert by expertise’ and ‘expert by experience’.</i></p>	<p>Co-delivery</p> <p><i>All courses and workshops are Co-produced and Co-delivered.</i></p>

<p>Decisions together</p> <p><i>Decisions are made at monthly Steering Group, where students, Peer Trainers, Middle and Senior Management are represented.</i></p>		<p>Evaluation</p> <p><i>People with lived experience are involved at every stage from curriculum design, to course planning, delivery and evaluation.</i></p>
<p>Sharing responsibilities</p> <p><i>Responsibilities are shared between staff/volunteers.</i></p> <p><i>All of the initial set up was co-produced by our steering group which was a mix of staff, service users and carers.</i></p> <p><i>We maintain co-production now at steering group and co-production group level.</i></p>		

Table 3. Education.

EDUCATIONAL PRINCIPLES	PROMOTION	DIFFERENT	PLAN & EVALUATION
<p>Students</p> <p><i>Patients are referred to as students.</i></p>	<p>Prospectus</p> <p><i>Students select courses from a prospectus.</i></p>	<p>Self-referral</p> <p><i>Students self refer to the Recovery College and are strongly encouraged to attend enrolment sessions.</i></p>	<p>Session plans</p> <p><i>Lesson plans are developed and shared with students throughout the process.</i></p>
<p>Personal tutor</p> <p><i>[...] opportunity to chat with a recovery coach who listens to where they are in life and what works well, as well as what's not going right and where they wish to be.</i></p> <p><i>Participants tend to meet with someone in the RC prior to participation on courses where a full explanation of what the courses cover is given.</i></p>	<p>Graduation</p> <p><i>We have two proper graduation ceremonies a year.</i></p>	<p>No treatment/therapy</p> <p><i>We don't use it as a treatment program.</i></p> <p><i>We do not offer therapy.</i></p>	<p>Learning/educational outcomes</p> <p><i>All course have clear learning outcomes.</i></p> <p><i>Courses have clear educational aims/outcomes.</i></p>
<p>Academic venues</p> <p><i>We use a number of academic institutions as venues.</i></p>	<p>Library</p> <p><i>Once students register with the College they can immediately use our library – books and internet. We have noticed that a number of students are very anxious about coming to courses to begin with, perhaps due to past experience of school, etc. The</i></p>	<p>Not a day centre</p> <p><i>We are not a Day Centre. We offer recovery focused educationally focused courses.</i></p>	<p>ILP</p> <p><i>All students have an ILP (Individual Learning Plan) appointment with a member of the college team to look at what they want to achieve, setting personal goals and looking at any individual learning support they may require.</i></p>

	<i>library has given many students a soft way in to see what happens, how they are treated and whether it is something they could do.</i>		
Educational approach <i>We strongly believe in education as a tool to support recovery and have held this in mind throughout any developments within our college.</i>		No clinical intervention/recording system <i>We do not collect information on mental health/diagnosis, do not operate a referral process</i>	Assessment methods <i>All courses must have a complete scheme of work and session plans containing clear learning outcomes, assessment methods, resources, tutor and student activities etc.</i>
Informative <i>Give students the opportunity to learn to self-manage and improve their MH challenges and lives.</i> <i>The premise being that learning is key to our recovery as a means to be informed and in control of our personal recovery, to understand the principle of recovery and the role we play in living a productive and meaningful life.</i>			
Support <i>Students probably get more informal support from our college that they would a typical college within the NHS.</i>			

Table 3. Inclusion.

OPENNESS	ACCESSIBILITY	PEOPLE NEEDS
<p>Open to everyone</p> <p><i>We believe firmly that the Recovery College is for everyone.</i></p>	<p>Accessible venues</p> <p><i>Particular attention is paid to ensuring that all venues are readily accessible to those with a physical disability.</i></p> <p><i>There are no barriers to attending.</i></p>	<p>Learning needs</p> <p><i>At registration and/or our enrolment appointments we identify any additional learning needs and offer ALS. We deliver a range of courses for different health conditions for example pain management.</i></p> <p><i>We have accommodated interpreters, signers, people with mobility issues, learning difficulties etc.</i></p>
<p>Non-judgemental</p> <p><i>We operate in a totally inclusive and non-judgmental way – open to people of any ethnicity, any age 18+, their background, beliefs and lifestyles are all accepted and not an issue to us.</i></p>	<p>Range of venues and diverse areas</p> <p><i>We are based in a very ethnically and culturally diverse area.</i></p>	<p>Disability awareness</p> <p><i>We have students with a variety of disabilities including two students who are visually impaired and bring their guide dogs for example.</i></p> <p><i>We are working in partnership with colleagues in Older Adult and Learning Disability directorate to offer courses that can be accessible to all.</i></p>
<p>No exclusion criteria</p> <p><i>Components of the courses can be adapted to suit on an individual basis so that nobody is excluded.</i></p>	<p>Accessible courses</p> <p><i>[...] works hard to reduce barriers of accessibility offering alternatives to traditional access of learning and support we have a dedicated student support approach which includes asking people about barriers of access and working to reduce them.</i></p>	<p>Variety of backgrounds and disabilities</p> <p><i>Groups are inclusive and all abilities are welcome.</i></p> <p><i>All courses are open to everyone regardless of background, diagnosis, etc. and people do not require a referral to attend.</i></p>

Whole population <i>Courses are open to all adults, with lived experience of mental health issues and we welcome friends, family, carers, volunteer and professionals too.</i>	Free <i>All courses are free.</i>	
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Table 5. Recovery.

CELEBRATION	EMPOWERMENT	PERSON-CENTRED
<p>Share experience & positive stories</p> <p><i>We share our experience, strength and hope.</i></p>	<p>Goals & ambitions</p> <p><i>The focus is very much on strengths, goals and empowerment.</i></p> <p><i>Students do chose their own courses and are encouraged to write down their individual hopes, goals and ambitions.</i></p>	<p>Strengths</p> <p><i>Our enrolment appointments focus on identifying student strengths, goals and aspirations.</i></p>
<p>Celebratory events</p> <p><i>We have celebration events at the end of each term.</i></p>	<p>Control & confidence</p> <p><i>We are focused on the principles of recovery (hope, opportunity and control).</i></p> <p><i>Individual learning plans are reviewed regularly and adjusted allowing learners to choose to look further ahead and/or aspire to higher levels as they progress and gain confidence.</i></p>	<p>Student-centred approach</p> <p><i>We operate in a student cantered approach, focusing on their aims and goals and trying to match what we offer with where they would like to progress during their time engaged with the recovery college.</i></p>
<p>Celebration of achievements</p> <p><i>We hold a celebration event every year in June to coincide with adult learner week/National Festival of Learning where we celebrate all of our learners achievements.</i></p> <p><i>The college share success throughout the year but we also organize a celebration event at the end of the academic year where we come together to celebrate every students, volunteers and staff members achievements.</i></p>	<p>Skills & knowledge</p> <p><i>Provide tools to enable a person to manage their own mental health.</i></p>	<p>Solution-focused</p> <p><i>There is a focus on being solution focused and not problem focused. Everything we do is about celebrating what people can do and helping them to achieve their aspirations in life. We are very focused on helping people to move forwards.</i></p>

<p>Positive feedback</p> <p><i>Some of the feedback on our courses are printed in the prospectus as encouragement to others.</i></p>	<p>Opportunities</p> <p><i>Courses support students to develop understanding and meaning and create opportunities for a life beyond illness.</i></p>	<p>Strength-based language</p> <p><i>We use person-first, jargon-free and strengths-based language.</i></p> <p><i>Courses and questionnaires provided to students are focused around encouragement and use positive wording.</i></p>
<p>Share success</p> <p><i>We share success and take pride in their recovery successes.</i></p>	<p>Progress & move forward</p> <p><i>Students feel they are treated with respect, listened to and encouraged to progress.</i></p> <p><i>We make introductions to other organisations to allow them to move on, resolve problems or take on new activities.</i></p>	<p>Reduce stigma</p> <p><i>We address stigma and discrimination in every course and aim to equip students with knowledge of their rights and strategies to manage this. We have a specific Beating Discrimination course.</i></p>
	<p>Self-management</p> <p><i>We are here to provide self-management tools and strategies, to empower and support people to manage their own lives.</i></p>	
	<p>Hope</p> <p><i>All of our courses support hope, integration and ambition through teaching materials, style of delivery and friendly, positive and inclusive approach.</i></p>	

Appendix 4. Questionnaire



ImROC Recovery College Audit
Financial Year 2016/2017

Name of Recovery College

Name of the person who is
completing the questionnaire

Role in Recovery College

Date [Date]

We would be grateful if you would answer the following questions. This data will be used to update our National Record of the number and development of Recovery Colleges in UK. This information will be made available on request to inform future research development and funding of Recovery Colleges.

Thank you for your time and help.

*If you have any questions about this questionnaire,
please contact Alessia Anfossi (Research Assistant,
ImROC)*

Alessia.Anfossi@imroc.org



SECTION 1: STRUCTURE OF YOUR RECOVERY COLLEGE

1. The year that your Recovery College opened: _____

2. Do you have a main physical base (i.e. says RC on the door, with admin, classrooms and library)?
 - Yes
 - No

3. If yes, where?

4. Do you have more than one venue and/or do you offer courses in other venues?
 - Yes
 - No

5. If yes, please give details (e.g. in acute inpatient wards, public libraries, universities, forensic campus etc.).

6. Who is the lead provider of your Recovery College (e.g. NHS Foundation Trust)?

7. Are there any other funded provider partners?
 - Yes
 - No



8. If yes, who?

9. Do you work with any other partners in delivering the Recovery College’s courses (e.g. local FE colleges, local third sector groups)?

- Yes
- No

10. If yes, please list.

11. How is your college funded (e.g. specific CCG commissioning; as part of mental health contract; through local authorities funding; other)?

SECTION 2: COURSES AND STUDENTS

12. How many **different** courses do you provide (count the same course once even if it runs several times, e.g. “Understanding psychosis” once)?

13. How many courses are run in one year (count every time each course is run, e.g. “Understanding psychosis” runs on 3 campuses every term, =9 times per year)



14. How long do the courses last (please include **range**, e.g. “1 hour to 12 weeks” and **average**, e.g. “8 hours”)?

15. What is the age of the students who attended Recovery College courses in the financial year 2016-2017 (please include **range** and **average** of students’ age)?

16. How many separate/unique students registered in the financial year 2016-2017 (i.e. if one student has registered for three courses across two terms they are still counted as one student)?

Of these:

a. How many use secondary (specialist mental health) services: _____

b. How many use primary care services: _____

c. How many are relatives/carers/supporters: _____

d. How many are NHS staff: _____

e. How many are staff from other organizations: _____

f. Other (specify): _____

17. How many courses on average did each student attend (if you don’t know, please give an estimate)?

18. Do you have a student union/student social group?

Yes

No



SECTION 3: STAFFING

19. Do you have a central/core team of dedicated staff in the Recovery College?

- Yes
- No

20. Who are the staff in the **core team**? Please, specify the number of people; whole time equivalent number; substantive contract or sessional/zero hours, volunteer/unpaid.

CORE STAFFING	Full time		Part time with substantive contract		Sessional/bank		Unpaid/volunteers	
	Number of people	Whole time equivalent	Number of people	Whole time equivalent	Number of people	Whole time equivalent	Number of people	Whole time equivalent
Manager								
Administrators								
Peer trainers/peer learning advisors								
Staff Trainers (whose expertise comes from training)								
Other staff (specify)								



21. Who are the **other staff** working in the recovery college (e.g. a consultant psychologist teaching a course once a year)? Please, specify the number of people; whole time equivalent number; substantive contract or sessional/zero hours, volunteer/unpaid.

ADDITIONAL STAFF	Full time		Part time with substantive contract		Sessional/bank		Unpaid/volunteers	
	Number of people	Whole time equivalent	Number of people	Whole time equivalent	Number of people	Whole time equivalent	Number of people	Whole time equivalent
Manager								
Administrators								
Peer trainers								
Trainers whose expertise comes from training								
Other (specify)								

22. Do you collect outcomes or have key performance indicators?

- Yes
- No

23. If yes, what outcomes/KPIs?

(Please, **select** all that apply and **specify** where possible).

- Employment status, volunteering etc. _____
- Course feedback _____
- Standardized Recovery or Quality Of Life questionnaires (e.g. Warwick-Edinburgh, ReQOL, RKI, Inspire etc.) _____



Other (e.g. personal goal attainment scaling, social network mapping etc.) _____

24. Has your Recovery College been supported by ImROC in any way?

Yes

No

25. If yes, please describe.

26. Do you collaborate with other RCs?

Yes

No. Would you be interested in cooperating with other RCs? Yes No

27. If yes, what would you like to get out of this?



SECTION 4: DEFINING FEATURES OF YOUR RECOVERY COLLEGE

We are interested in describing the extent to which Recovery Colleges are providing a consistent approach. This section asks about your College operating principles.

28. Co-production - “Co-production between people with personal and professional experience of mental health problems.”

That means for example that they are equal partners in designing and delivering services, at every stage (from initial planning, designing the first draft, to decisions about operation and outcomes); people’s direct experience and aspiration is integral to the Recovery College; people with professional and personal expertise work alongside with equal value and attributed to both; people are able to identify rewards that are valuable to them (not just money); clear shared responsibility for project and its success among staff and students; expectations of mutuality are discussed when people become involved; a wide range of skills and experiences are valued.

a. Tell us about co-production in your Recovery College

b. “My Recovery College uses co-production at all aspects of the running of the college”.
Please rate your experience selecting the most appropriate answer on a scale of 1 to 5.

<i>strongly disagree</i>	<i>disagree</i>	<i>neutral</i>	<i>agree</i>	<i>strongly agree</i>
1	2	3	4	5

29. Education - “The College operates on college principles.”

That means for example that it is not a Day Centre, nor does it offer treatment or co-ordination of care; it has an educational approach; students choose their course from a prospectus; students are not referred; all courses have a co-produced session plan with clear learning outcomes.

a. Tell us about this in your Recovery College



b. “My Recovery College operates on college principles”.

Please rate your experience selecting the most appropriate answer on a scale of 1 to 5.

<i>strongly disagree</i>	<i>disagree</i>	<i>neutral</i>	<i>agree</i>	<i>strongly agree</i>
1	2	3	4	5

30. **Inclusion** - “The Recovery College is for everyone.”

That means for example that it is accessible for people of different ages, ethnicity, abilities, mental health challenges, cultural background; it is accessible for people from BME backgrounds; it is inclusive; it offers courses for the whole population, not just those using second services.

a. Tell us about this in your Recovery College

b. “My Recovery College is for everyone”.

Please rate your experience selecting the most appropriate answer on a scale of 1 to 5.

<i>strongly disagree</i>	<i>disagree</i>	<i>neutral</i>	<i>agree</i>	<i>strongly agree</i>
1	2	3	4	5

31. **Recovery** - “The College reflects recovery principles in all aspects of its culture and operation.”

That means for example that you focus on students’ strengths, aspirations and goals; you promote self-management and empowerment; you highlight hope, integration and ambition; you share success, positive feedback and creative ideas.



a. Tell us about this in your Recovery College

b. "My Recovery College reflects recovery principles in all aspects of its culture and operation".
Please rate your experience selecting the most appropriate answer on a scale of 1 to 5.

<i>strongly disagree</i>	<i>disagree</i>	<i>neutral</i>	<i>agree</i>	<i>strongly agree</i>
1	2	3	4	5

You have completed this survey.

Thank you!

Is there anything else you would like to add? We want to make the database as useful as possible so we welcome your suggestions.

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