"The college is so different from anything I have done". A study of the characteristics of Nottingham Recovery College

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Abstract

Purpose – *This paper aims to describe the working of one of the first Recovery Colleges (RCs) and explore the defining characteristics.*

Design/methodology/approach – *This study explores the ways in which an educational approach contributes to the process of recovery as observed in the Nottingham Recovery College (NRC). A mixed-method research design was adopted, combining interviews, observation and visual methods as well as analysis of quantitative data. The process contributed to the continuing development of "fidelity criteria", or defining principles and key features, of the college.*

Findings – *The NRC demonstrates the possibilities of offering an alternative approach within mental health services; one which is educationally rather than therapeutically informed. The design and operation of the college is informed by educational principles in the creation and execution of the curriculum. This is critically developed through processes of co-production and co-facilitation by those with professional and lived experience, supported by policy development, rigorous documentation and the creation of a supportive, but challenging culture and environment. Students are offered very real opportunities for involvement, progression and leadership within and beyond the college.*

Research limitations/implications – *Whilst building on work on education in self-management, the RCs move beyond the transmission of information to create new relationships between mental health professionals and students (rather than "service users") – and through this, the relationship between students and their "condition" appears to be transformed. Early evidence suggests the NRC also provides a model of interaction that is distinct in educational terms.*

Practical implications – *There is significant interest nationally and internationally in the development and operation of RCs in England. RCs present a possibility of transformation in the lives of people with long-term mental health conditions, with outcomes such as greater confidence and hope for the future in addition to widening social networks and providing opportunities for progression. They are also important in the implementation of Recovery through organisational change and the remodelling of commissioning arrangements.*

Originality/value – *This is the first paper to be presented for publication specifically on the NRC. There is currently little published research on RCs. These are unique (and varying) organisations which are creating considerable interest nationally and internationally. An exploration of their defining characteristics will feed into subsequent larger-scale research.*

Keywords *RECOVERY, Co-production, ImROC, Mental health education, Recovery Colleges*

Paper type *Research paper*

Introduction

There is currently considerable interest nationally and internationally in the development and operation of Recovery Colleges (RCs) in England. Their creation and operation is seen to be a major component in the organisation of Recovery-focused mental health services (Implementing Recovery through Organisational Change (ImROC), 2013) and their transformative power is

increasingly evidenced. But what is a Recovery College (RC) and how does this educational model work in practice?

Recovery is currently defined in many and various ways in relation to mental health (Mueser, 2002; Le Boutillier *et al.*, 2011) but may usefully be conceptualised, as "a personal journey of discovery. It involves making sense of, and finding meaning in, what has happened; becoming an expert in your own self-care; building a new sense of self and purpose in life; discovering your own resourcefulness and possibilities and using these, and the resources available to you, to pursue your aspirations and goals" (Perkins *et al.*, 2012, p. 2). This is clearly different from a simple eradication of symptoms.

The creation of RCs was initially stimulated by work in the USA in developing Recovery Education Centres where a strengths-based approach suggested that "people will discover who they are, learn skills and tools to promote Recovery, find out what they can be, and realise the unique contribution they have to offer" (Ashcraft and Anthony, 2005). RCs, uniquely created in England, have subsequently built on evidence demonstrating the effectiveness of education in relation to supported self-management and "expert patient programmes" (Foster *et al.*, 2009) specifically in relation to mental health (Lucock *et al.*, 2011). While the more didactic "psychoeducation" approach, which involves training and the employment of CBT-type techniques, has been strongly supported as a component of illness management, Mueser (2002) suggests that more research should be done on how interventions affect the broader dimensions of Recovery, such as developing hope, meaning and a sense of purpose in one's life.

The importance of adult community learning in mental health has been explored through studies for the Workers Educational Association (Lewis, 2012) and the Mental Health Foundation (2011). Lewis explains the development of a variety of capabilities and capitals contributing to "mental health" and wellbeing. The significance of lifelong learning in Recovery has also been increasingly recognised and their interrelationship investigated (Griffiths and Ryan, 2008).

This paper explores the characteristics of the Nottingham Recovery College (NRC). This was the second college to be opened in England (in 2011) following the development of one at South West London and St George's in 2010. There are currently a further eight RCs in operation with several more planned.

In order to explore the contribution of the education approach to the college and Recovery a "grounded theory design" (Glaser and Strauss, 1967) was adopted, with a mixed method approach. Primary data collection was through qualitative methods such as observation, semi-structured interviews, image-based inquiry (Prosser, 1998) and document gathering. The study aimed to describe and analyse the operation of the college and was not designed as a formal evaluation.

Observation was directed towards the everyday operation of the college and the interactions that created it. Over one term a number of courses were attended and observations undertaken as a "participant observer" examining the enactment of Recovery values through educational practice (Repper and Perkins, 2003; Onken *et al.*, 2007). The sampling aimed for a spread of courses of different types and duration. The full range of courses available can be seen in the current prospectus: www.nottinghamshirehealthcare.nhs.uk/our-services/local-services/adult-mental-health-services/nottingham-recovery-college/

Semi-structured interviews were held with students, peer-support workers (PSWs), volunteers and staff in addition to many opportunistic conversations which were subsequently written up. Some students were asked to photograph elements of the college that were important to them in their "Recovery journey" and this formed the basis for photo-elicitation interviews (Pink, 2001) in relation to their experience of the NRC. This explored feelings and attitudes towards, and contributions to, the culture of the college.

Each student has an "Individual Learning Plan" (ILP) and these were consulted together with course evaluations (with permission of participants). Further secondary data collection included numerous documents from the college, such as prospectuses, college policies, guidance notes, session handouts and student evaluations. British Educational Research Association ethical guidelines were followed at all times.

This paper aims to briefly explain the generic educational model of RCs, outlining the theoretical basis and describing the specific features of the NRC. These are currently also being researched through quantitative work on student characteristics and service use (incorporating RIO data), process-based qualitative study and narratives.

A major section then outlines what appear to be the critical dimensions of the NRC, followed by a discussion on the significance of the educational principles applied and their possible mechanisms in what many of the students describe as a transformation in their lives. Finally, recommendations for future research and developments are suggested.

The educational model

The initial design of RCs is explicated in a briefing paper for the Centre for Mental Health/Mental Health Network of the NHS Confederation which usefully contrasts a "therapeutic" and an "educational" approach (Perkins *et al.*, 2012). Of course, education can be therapeutic and therapeutic interventions can be educational, this contrast is therefore an heuristic one whereby therapy tends to adopt a deficit treatment model and control (and hence power) lies with the professional "expert"; while adoption of an education paradigm recognises and makes use of people's talents, strengths and resources. These differences are highlighted in Box 1.

RCs, configured on these educational lines, are made possible within a traditional mental health context through the interaction of certain key features as identified by Perkins *et al.* (2012). These are:

- co-production between people with personal and professional experience of mental health problems;
- a physical base with classrooms and a library where people can do their own research;
- operates on college principles;
- non-selective;
- there is a personal tutor (or equivalent) who offers information, advice and guidance;
- the college is not a substitute for traditional assessment and treatment;

Box 1: Therapy and education

A therapeutic approach	An educational approach
Focuses on problems deficits and dysfunctions	Helps people recognise and make use of their talents and resources
Strays beyond formal therapy sessions and becomes the over-arching paradigm	Assist people in exploring their possibilities and developing their skills
Transforms all activities into therapies – work therapy, gardening therapy, etc.	Supports people to achieve their goals and ambitions
Problems are defined, and the type of therapy is chosen, by the professional "expert"	Staff become coaches who help people to find their own solutions
Maintains the power imbalance and reinforces the belief that all expertise lies with professionals	Students choose their own courses, work out ways of making sense of (and finding meaning in) what has happened and become experts in their own self-care

Source: From Perkins *et al.* (2012)

- it is also not a substitute for mainstream colleges; and
- it must reflect Recovery principles in all aspects of its culture and operation.

The co-production and facilitation of curriculum and courses by professionals and those with lived experience is fundamental. There is free selection of courses by students supported by tutors who are Mental Health or Further Education (FE) professionals and PSWs, including Peer Learning Advisers (PLAs). There may be an independent Student Union (SU), as at NRC, and a dedicated library with open access to computers. A RC is not a substitute for traditional assessment and treatment, or mainstream FE colleges. It is also explicitly designed to be run differently from a traditional day centre.

Researching the NRC in terms of education

The study proceeded from a social constructivist viewpoint, whereby organisations, processes and labels (such as "mental illness") are seen substantially as socially created constructs. The curriculum of co-constructed courses is at the core of the college, but the educational organisation, including the "hidden curriculum" (Friere, 1970) and the values-based, Recovery-focused support of peers and staff in the college appears to offer a major enhancement to conventional educational provision. There are opportunities for students and PSWs to participate meaningfully in the development of the college and thence to be involved in distributed leadership.

The nature of learning and its relationship with change in individuals and groups is critical. In its broadest sense learning is acquiring new or modifying existing knowledge, skills and behaviours, but there are different ways of approaching it. Some traditional views emphasise the cognitive changes experienced by individuals, for example in relation to "self-realisation" (Vygotskgy, 1987) and the point(s) at which the individual perceives that positive agency (change) becomes possible. However, this tends to ignore the affective or emotional aspects and the social dimension of learning which contribute to changes in the way we perceive ourselves and others.

Theories of situated learning are more immediately productive in exploring the contribution of the college model to Recovery. Situated learning does not simply involve passive absorption of transmitted information – being told about topics – as occurs largely in the assessment/treatment model of prescription, or "psychoeducation", where the mental health professional is "in charge". It is a social process, influenced and enhanced by particular contexts and cultures and proceeding through co-construction and "making meaning" together. Here the concept of communities of practice, whereby social interaction and collaboration arise from "authentic contexts" is helpful (Lave and Wenger, 1991). The focus is on the processes of social learning that occur when people who share a concern or passion for something they do, as in the RC, interact regularly and learn together (Wenger *et al.*, 2002).

For example, in a diagnosis of schizophrenia, people may be told by a mental health professional that they are "patients, suffering from a mental illness", with a disability that is assumed to remain for the rest of their life. A Recovery approach moves beyond deterministic notions of fixed attributes or abilities and thence possible outcomes. It provides the opportunity, through access to information, knowledge and dialogue with peers and tutors to rediscover an identity beyond the condition, regain control over one's life and to establish more collaborative and less hierarchical relationships with professionals (Mueser, 2002). People learn to "become more themselves" (Student, Ian).

A major element in the lives of mental illness sufferers, where their condition/situation is often seen as fixed, or immutable can be social isolation, emphasised by stigma and what Lewis (2012) vividly terms "the social fallacy of being alone with ones experiences" (p. 7). RCs demonstrate that this can be addressed and overcome through learning in a supportive context, where the interaction of the individual, social and environmental dimensions are critical. Different ways of teaching/learning and relating can be employed to develop the capacity to learn and change, addressing barriers and deterministic limits, such as the notion of fixed abilities (Hart *et al.*, 2004). The interaction between external factors (social context) and individual

internal change supported by Recovery-oriented practises characterise the integrated "ecological approach" suggested by Onken *et al.* (2007).

NRC

The history of development of the physical base and organisation of the college literally demonstrates a movement away from a treatment to a college model. A centre known as SPAN offered training in horticulture, catering, IT, literacy and numeracy and provided "extra-curricular activities" under one roof. Following its closure at the end of 2010 the Recovery Education Centre opened in May 2011 with 12 courses. In its third term it ran 45 courses for 275 enrolled students – with one classroom and 1.2 paid staff. The newly designated RC opened its doors on the current site at the Head Quarters of the Mental Health Trust in February 2012 and at the end of the fifth term it ran 94 courses, with 821 students enrolled and 1,057 course bookings. The "hub and spoke" model has been extended, initially to Worksop (11 courses operating in the first term with 52 students enrolled) with plans for extension to Mansfield & Newark and a forensic hub at Rampton, medium-secure and low-secure units.

The new and well-appointed premises comprise four classrooms, a library and study area with computers, a welcoming seating area and a small kitchen for making tea and coffee. There is also the main office where the door is always open. Students described the positive atmosphere engendered by the fresh decoration, continually updated information boards and the artwork and specially created posters that draw attention to what college students have said about Recovery processes and outcomes, e.g. "Recovery is when you feel more confident". The physical environment was complemented and enhanced by the open and welcoming approach of staff, volunteers and other students.

The stated goals of the college are to facilitate Recovery through education that:

1. inspires hope through culture, environment and relationships;
2. enables people to take control of their symptoms and challenges, the way these are treated, and their life a whole, by accessing relevant courses and through becoming a college student; and
3. facilitates access to opportunities via learning opportunities, personal learning plan and community connections.

These goals echo the five Recovery processes identified by a recent systematic review on personal recovery (Leamy *et al.*, 2011) comprising: connectedness; hope and optimism about the future; identity; meaning in life and empowerment.

In exploring what characterises the RC, in contrast to other interventions or organisational forms in education and mental health, a series of domains are being investigated and evidenced at Nottingham. These are firmly values-based and derived from research, the experience of the co-founders and feedback and input from students: educational, collaborative, strengths-based, person-centred, progressive, community-focused and inclusive.

An evaluation matrix using these domains is in development with the aim of creating "fidelity criteria" and the following section outlines the initial descriptors and evidence for their inclusion in a number of major areas, notably structure and policies, student enrolment, staff training and support, learning environment and outcomes.

Critical dimensions of the NRC

The following seven domains are suggested as critical dimensions in the operation and success of the NRC. Although addressed separately here, they are intertwined and infused by Recovery values throughout. Each subsection begins with the descriptors currently being tested for a matrix which is being developed as an evaluation tool for Nottingham and a series of "fidelity criteria" and in which there is considerable interest from elsewhere as increasing numbers of RCs are planned and set up.

Educational

The development and provision of Recovery-focused knowledge/understanding, coping strategies, skills and application of learning is facilitated through a Recovery-focused curriculum and facilitative relationships. The Recovery-focused curriculum has been developed over the two-year life of the college, largely determined by the Co-ordinator and College Delivery Board and ratified through a Quality Monitoring Group, guided by educationally focused policies. The curriculum content has been designed to reflect student need and demand, as evidenced through other mental health education programmes, including the first RC in England (Rinaldi and Wybourn, 2011). Co-production is fundamental to course development and increasingly is introduced via student expertise and the site-specific demands of the "spokes" such as Rampton. Rigorously designed and collaboratively agreed policies, guidance notes, supervision and training support these processes.

The courses are open, currently free of charge, to all with mental health issues (over 18 years) in the NHS Trust and their family/carers plus Trust staff. In the autumn term 2012 the college offered 59 types of courses ($n = 94$ in total) of varying durations and repetitions under five main sections, which are common to most other RCs. There are five main strands to the curriculum:

1. Understanding mental health issues and treatment options addresses specific challenges such as depression, bi-polar disorder and psychosis.
2. Developing Skills sessions deal particularly with practical issues such as managing money or first aid, and self-management processes such as problem solving. Specific courses to develop literacy and skills to assist in improving opportunities in work and education are also offered. These courses are offered with partners such as the Workers Education Association and the Central (previously south Nottingham) College.
3. Building Your Life is the major strand which offers a range of self-management programmes relating to both mental and physical health and wellbeing. This includes Wellness Recovery Planning and with courses engaging with spirituality such as Mindfulness in Daily Life increasingly popular, as also found at the South West London Recovery College (Rinaldi *et al.*, 2012).
4. Physical health and Wellbeing includes courses on "mood and food" and an Expert Patient programme in addition to sessions run in conjunction with Nottingham Forest football club. This course is important in representing the place of the college in the Healthcare Trust, drawing on expertise within it.
5. Getting Involved represents an important function of the college in driving changes across the service and developing capacity by increasing the involvement of people with lived experience in areas such as staff selection and through training as PSWs. This is a valued means of progression for students and also significant in staff education and the development of organisational capacity for supporting Recovery-oriented change.

There are also courses specifically designed for families, friends and loved ones and special events throughout the year such as "Celebrate World Hearing Voices Day" and "All you need is love? A day to celebrate spirituality".

Students and tutors at the college were clear about the importance of learning actively together and whilst, as in other RCs (Rinaldi and Wybourn, 2011), the provision of information was seen as crucial, the sharing of experiences, knowledge and concerns was a major factor in learning progression. A significant difference to many mental health education or training courses is the co-production, co-facilitation and learning between mental health professionals and those with lived experience – or as one ex-student aptly put it "living experience" (Peer learning advisor, Anna).

Collaborative

Lived, life, professional and subject expertise and experience are brought together in co-production, co-facilitation and co-learning. The culture of the NRC is facilitative and collaborative with staff, PSWs, external tutors and volunteers working together. The major

process of collaboration is co-production, which is fundamental to the operation of a RC (Perkins *et al.*, 2012) and critical to the ongoing development in Nottingham. Co-production is defined through the New Economics Foundation as: "delivering public services in an equal and reciprocal relationship between professionals, people using services, their families and their neighbours. Where activities are co-produced in this way, both services and neighbourhoods become far more effective agents of change" Boyle and Harris (2009).

Co-production emphasises reciprocal relationships where users of public services, are recognised as active agents with positive capabilities rather than passive beneficiaries (Slay and Robinson, 2011). In this way, fundamentally new relationships with professionals may be developed, with tightly defined boundaries re-evaluated, requiring shifts in the perception and enactment of power relations, for example moving away from the notion of "treatment". "The model is not about them, it is about us" (Student, Ettie). Courses at the college are co-designed and co-facilitated and the sessions observed also began with an element of co-production with the group where aims and expectations were set or remade. This group work helped to promote the respect of others' experience and knowledge which supported co-learning.

This shift towards more reciprocal relationships requires significant training, nurturing and the provision of a conducive context/environment for engagement and the development of mutuality between MH/FE professionals and those with lived experience. A Trust Consultant Psychiatrist co-running two courses observed: "I think everyone (i.e. staff) should be involved in the RC. People I do know who have been involved, either in the college or the Involvement centre, the power differential has changed and they are more cooperative, more collaborative. You do see things differently from colleagues who have not been involved in these things- it opens your eyes. You start seeing people for their strengths and abilities and potential which is NOT what you are trained to do as a doctor or what system we work within is designed to do" (Tutor, Alice).

Thus the boundaries between professionals and students become more flexible with the possibilities of mutual learning made more overt and the power relations changed. This also develops the capacity for organisational learning within the NHS Trust as explicitly designed through a Recovery strategy. The college is thus seen as a major driver for ImROC (2013).

Strengths based and person-centred

For all students and staff, achievements, strengths, skills and qualities are identified, built upon and rewarded. Adjustments and supports are put in to overcome challenges. The model indicates the possibilities of a different relationship between teachers/staff and students than found in a conventional institution. This is emphasised by the tutor above: "It is different from the classical model of helping people, when people come to you in the clinic they come with all their problems and all the things they can't do, all the things they need help with. You can end up having skewed view of somebody. That is what Recovery is all about- seeing people's strengths, abilities and potential. In this college setting people help each other- you see them for their strengths and qualities. It is not just about problems, it is about solutions, they are coming up with the solutions themselves" (ImROC, 2013).

The "person-centred approach" adopted by the college emphasises personal development and a focus on "what kind of person do I wish to become?" rather than the more simplistic approach of personalisation in education which is often instrumentally focused around the individual and their immediate ambitions, for example in relation to qualifications for employment (Fielding, 2008). The collective nature of situated learning and the significance of dialogue emphasises the importance of the educational model which identifies strengths rather than deficits, including recognising the significance of contributions students make to each other's recovery as part of a community of practice (Wenger *et al.*, 2002).

The process of student enrolment is emblematic of the possibilities of hope for the future, which is documented as critical in mobilising the resources necessary to overcome the challenges presented (Onken *et al.*, 2007). Students are not "referred" in the conventional medical or social services sense, although they may be recommended to explore the college by a variety of

agencies. The attractive and extensive termly prospectus is agreed and designed in the previous term and can be accessed through the web in addition to hard copy. The ILP compiled with a tutor aims to identify their existing strengths and goals for the future.

Progressive

Students work towards goals, and/or to overcome personal challenges. Courses and support are agreed through an ILP which is regularly reviewed. Prospective students are invited to the college to discuss and decide upon an ILP with a member of staff, PSW/PLA or volunteer. There are agreed and published guidelines for this process which involves the creation of "a working document which aims to enhance and support Recovery and wellbeing through education".

Students are encouraged to take ownership of their ILP, in contrast to deficit models which focus on problems and prescription (sometimes as in care planning): they discuss their previous education experience, goals and are assisted in identifying potential opportunities and deciding on courses. The ILP is reviewed as the student progresses through their engagement with the college. The process was experienced as a positive and welcoming introduction to the college "The ILP and induction gives you confidence" (Student, Ettie). The ILP is focused on Recovery through educational processes and facilitates different forms of progression. There is currently a development where third revisits to ILPs to review progress are discussed in group sessions with students, which is likely to strengthen the "learning community" of the college.

It is axiomatic in the college that students work towards their own goals and to overcome personal challenges identified. It is recognised that such "progression" is not linear and may represent a process of (re)discovery of self (Repper and Perkins, 2012) as much as the aims initially identified in the ILP. The "outcomes" of engagement with the college may be measured, for example, in terms of reduced admissions to hospital or entrance into paid employment (Rinaldi *et al.*, 2012; Shepherd *et al.*, 2010). As noted, specific research at NRC is addressing this. However, it is likely that more subjective processes are equally significant, for example gaining an enhanced feeling of wellbeing or access to an improved quality of life (Boardman and Friedli, 2012).

The attainment of socially valued roles is a significant outcome domain and it is here that the possibilities offered through the "getting involved" area of the curriculum are particularly important, both for the opportunities for training and accreditation, for example as a PSW, and thence volunteering or paid work and for students having greater agency. Several students described their wish to help others through their own experiences. Students observed that "walking through the door" on an initial visit and then completing a course was a major achievement and an important step in their Recovery journey. "The College is so different from anything I have done. There is empathy, warmth and a welcome and you do not have to explain yourself. I came here and everything fell into place. The people are fantastic, the volunteers and people with different challenges. The volunteering gave me a purpose and increased my confidence hugely" (Student and PSW Susie). Currently a further series of pathways are being designed and implemented to facilitate the students' progression away from the college, including work with career advisors.

Community focused

The college is community facing with active engagement with community organisations and FE colleges to co-produce relevant courses and facilitate pathways into valued roles, relationships and activities. In the creation of courses, the college has engaged with a range of Trust partners, particularly through the Training and Development and Social Inclusion teams. There are also currently 14 external partnerships providing courses, of which Rethink and Central College are the major ones. The 27 partnership tutors are outward-facing subject experts aware of the significance of their specialism in relation to Recovery and who are paired with "experts in lived experience" (who may well have professional qualifications of their own, e.g. in teaching, social work or health care) to co-produce and facilitate courses.

The college promotes participation in local organisations (such as the Advocacy Alliance, WEA and Nottingham University) and the community through the development of courses and the

activity of the SU in linking to other groups. Although initially supported financially by the NHS Trust, the SU is independent and increasingly a vehicle for "student voice". The development of social networks and inclusion in mainstream activities through engagement with the college is very important, not least to counter the pathologising notion that Recovery is down to the individual "earn(ing) their way back into society through the simple acceptance of disorder, embracement of recovery and actualisation of self-agency" (Onken *et al.*, 2007, p. 18).

Inclusive

The college offers learning opportunities to students of all abilities, cultures, ages and experiences. A sound differentiation policy ensures that everyone has equal access to learning and the contribution that everyone can make is recognised and valued. As described, the college is open to all adults over 18 in the Trust with mental health issues, also their loved ones and carers. Trust staff can register as students. There is currently no charge for courses and no requirement for students to disclose a diagnosis, although in the ILP process it was observed that many were happy to do so.

The audit report of the first autumn term in 2011 showed that marginally more women than men registered, with over half being between the ages of 36 and 55 with the majority (61 per cent) identifying themselves to be white British, whilst nearly a third of students (27 per cent) did not specify their ethnicity on the booking forms (Callaghan, 2012).

The college model has evolved over the last two years. Locally created guidance and good practice documents covering all aspects of the curriculum have been developed in accordance with co-production principles largely between the Coordinator, Helen Brown and a PLA who has education experience as a Primary Special Needs Teacher. They are then ratified by the Delivery Board chaired by the Director, Julie Repper. These two individuals are effectively co-leaders of the college. Policies such as those for differentiation, learning support and anti-bullying are thorough and clear, drawing closely on good practice from education, with Recovery principles explicitly stated throughout. These would withstand scrutiny from a body such as the Office for Standards in Education (Ofsted, 2012).

For example, the assessment policy outlines entitlements in relation to diversity, the provision of opportunities and the meeting of exceptional learning needs. For many students, assessment in mental health settings has meant a clinical evaluation of their mental health problems while in the college it refers to the extent to which they assess their experience in the NRC as positive and "fit for purpose". So assessment documents are designed to be contextualised, evidence and action based, collaborative and empowering. This is a rigorous and student-focused policy which reflects Recovery principles throughout. It forms the basis for a proactive self-monitoring process for the team, trainers and students. Mechanisms for the moderation of subject matter and knowledge in course construction are in the process of being implemented along with the development of facilitative lesson observation and feedback overseen by a quality group comprising staff, PSWs and students.

The critical dimensions of the college, as described above, are being actively explored and evidenced through a variety of research processes. As part of the study into the relevance of educational principles, a ranking exercise was used to explore the student's experience of the college. A reference group was convened with a mixture of students and PLAs who worked in pairs to agree a ranking structure. The initial 14 statements used were quotes selected from previous interviews with college students. Participants were also able to write their own statements in addition to those provided (indicated by *).

The following statements were ranked overall (from the top) as most important in relation to the NRC:

- there is empathy, warmth and a welcome;
- here we are in the same boat, there is a common bond;
- I feel listened to;
- this is an alternative to the scary place that is mainstream, it is very safe;

- there is on-going support;
- the ILP and induction gives you confidence;
- there is an awareness of individual needs and preferences*;
- they encourage your own skills and qualities*; and
- the college offers hope and possibilities and restores faith*.

During the exercise there was intense discussion about a statement "this is a college where you are a student" as several people noted that they were Not students but rather *more* than that – for example, their lived experience making them "an informed learner". The group were very clear that they were encouraged to use their skills and play to their strengths, which were valued. "You have skills from the past that you have 'lost' regaining them increases your confidence […] It is empowering". They also remarked that they were involved more in decision making (than normal students in post-16 education). "It is not all about rules and regulations". This is significant, as all of the participants had experience of a variety of education institutions and it may therefore be seen as an indictment of some of the unequal power relations evident in schools, FE and HE, also an endorsement of the "person-centred" and strengths-based approach emerging from the adherence to Recovery principles in all areas of the college operation.

This highlighted the paradox that while the NRC works very effectively through educational principles and organisation, it was experienced as a more inclusive and empowering place than commonly found in traditional areas of education. Thus it may be that in the movement from a "therapeutic" to an educational model while creating and maintaining a Recovery-focused context, the college is creating something altogether new.

Discussion

The NRC is substantially adopting an educational paradigm to achieve its aims of providing *hope* through recognised achievement and possibilities for the future, *control* by individuals regaining or developing feelings of efficacy and thence agency and *opportunity* in offering progression to socially valued roles.

Current literature in mental health (e.g. Leamy *et al.*, 2011; Le Boutillier *et al.*, 2011; Repper and Perkins, 2012) emphasises the importance of encouraging and supporting Recovery through such strengths-based approaches which address both external (socio-economic context) and internal (individual) factors which Onken *et al.* (2007) persuasively argue must be integrated. This mirrors research in education which demonstrates that the consideration of such domains through the application of strong pedagogical and democratic principles can mitigate against the effects of the pervasive notion of fixed abilities or attributes (Hart *et al.*, 2004), commonly experienced through stigma and the consequent limits to learning and potential change.

This case study suggests the significance of co-production, co-facilitation and co-learning within a structured environment imbued with Recovery principles such as respect, mutuality and reciprocity. Such co-production moves beyond inviting "service users" to comment on curricula or to "co-deliver" but indicates a shift in power balances and opportunities for real learning for "professionals" and those designated as having "lived experience". The locally designed and facilitated process supports the making of meaning together which is then shared and developed through further iterations.

While transmission has a place, the sharing of information and experience in the classroom is critical. The process emphasises the importance of engagement by and between learners of all kinds, amplifying and creating an environment which is experienced as facilitative and supportive: this includes the development of a specifically designed physical and social environment to facilitate situated and joint learning.

The co-leaders of the NRC have identified the major domains characterising the college to be *educational, collaborative, strengths-based, person centred, progressive, community focused* and *inclusive*. Early evidence suggests that the college, in explicitly addressing these areas,

provides a catalyst for change and even transformation through an educational orientation for students "stuck" in a socially constructed deficit model of mental health which stigmatises. It enables them to redefine their personal experience of mental health issues, (re)create an identity beyond their illness and explore new social networks and supports. Hence, they regain a sense of control and personal efficacy, to combat feelings of despair and pointlessness and to engender a sense of achievement, reconnecting with social life and rebuilding trust and hope for the future. It may be argued that the "outcomes" are thus continuing processes which contribute to the journey of Recovery for individuals and groups and greater wellbeing for communities and develop capacity for Recovery-oriented change within organisations (Shepherd *et al.*, 2014).

Conclusion

Recovery may be seen as overcoming or managing disabling symptoms by gaining mastery over the illness, for example through gathering information, learning new management techniques or engaging with mental health services in different ways. Overcoming the impact of stigmatisation and consequent social isolation may be addressed through the development of social networks and learning communities and the support for pathways to meaningful roles (Lewis, 2012; Onken *et al.*, 2007). The college provides for the former through the co-constructed and facilitated curriculum and for the latter in the development of a community of learners and alternative social networks. In both cases, the opportunity for valued social roles and identities is provided through student interaction in and beyond sessions and the possibilities for distributed leadership and progression, for example in peer support.

The NRC exemplifies the features defined by Perkins *et al.* (2012) and is continually engaged in expanding the student experience and possibilities. This case study research suggests that the critical dimensions or characteristics of the NRC initially identified are sufficiently relevant and robust to justify further research and exploration, for example in generating "fidelity criteria" which will assist the development of future RCs.

Recommendations

The rapid development of RCs across the British Isles makes it imperative that further research is engaged in and shared, including:

- Further testing of the critical dimensions of RCs, within and beyond the NRC.
- Development of research-based fidelity criteria.
- Exploration of the processes involved in co-production.
- Continuing expansion of the existing evidence base on Recovery outcomes in relation to RCs.
- Inquiry into the cognitive and attitude shifts of individual students over time. For example, gathering evidence through "learning journals".
- Supporting the creation of a network of RCs sharing experience and developing good practice, particularly in relation to co-production and peer support.

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