Co-delivered and co-produced: creating a recovery college in partnership

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Abstract

Purpose – *The purpose of this paper is to explore the process of using a co-production partnership approach in the development of a Recovery College pilot.*

Design/methodology/approach – *This is a case study of the co-production process, using action research to learn from ongoing reflection, mid-project review and feedback questionnaires.*

Findings – *The partnership process is an integral and valued aspect of the Recovery College. Challenges include different organisational cultures and processes and the additional time required. Mutual respect, appreciation of different expertise, communication, a shared vision and development plan have been key to success. The paper focused on governance and fidelity; recruitment and training; curriculum development and evaluation. People are enthusiastic and motivated. Co-production and equal partnership are a valuable approach to developing a Recovery College.*

Originality/value – *At present many regions are developing Recovery Colleges. This paper describes one approach and shows that co-production is valuable to the process of developing a Recovery College.*

Keywords *Education, Partnership, RECOVERY, Co-production, Mental health, Peer support*

Paper type *Case study*

Introduction

This is a case study of the partnership over the past nine months between voluntary sector organisation Activ8 and Sussex Partnership NHS Foundation Trust (SPFT) developing a Recovery College pilot in Hastings. We introduce literature on Recovery Colleges and partnership working; outline the co-production process of developing the Recovery College and our learning through reflection, review and evaluation. We conclude with a summary of our learning and implications so far.

Why develop a recovery college

> This is the best thing to happen in mental health. It puts a person's recovery back in the service user's control. Recovery College can offer a new strand to what is available on mental health to assist people with hope, choice and learning opportunities to develop self-help and self-management skills and explore vocational and personal development (Hastings peer worker).

Recovery Colleges use an educational approach to enable people to realise their aspirations; take control of their recovery and improve their wellbeing. They combine the strengths of bringing together expertise by lived experience and expertise by professional training. All courses are mental health and recovery related; co-produced and co-facilitated by peer and professional trainers; and open to people who use services, their relatives, friends and carers and NHS and voluntary sector staff. People choose what courses they want from a prospectus. They meet with tutors to register and develop individual learning plans. After attending a course they obtain a certificate and, where appropriate, academic credits. They were first developed in the USA and over the past few years have been developing in the UK. Recovery Colleges are well described in Perkins *et al.* (2012).

Recovery College courses seem well received. Nottingham Recovery College doubled the number of courses they were offering in the second term and regularly fill all 100+ courses (Repper *et al.*, 2011). South West London and St Georges found that, after attending, students felt more hopeful about the future; more able to achieve their goals; had their own recovery plans; had more friendships and work opportunities; and used mental health services less (Rinaldi and Wybourn, 2011). These findings are based on initial audits and there is a need for more robust research.

The value of peer support has already been well documented. Peers with lived experience act as role models for hope and recovery; share their lived expertise with others; help embed a culture of recovery and reduced stigmatisation (Ockwell, 2012; Faulkner and Basset, 2012; Meddings *et al.*, 2006; Slade, 2009).

Partnership working has been central to policy for the past 15 years, albeit with different ideological contexts. Partnerships are often established to improve efficiency, provide more flexible working and enhance the experience of service users (Glendinning, 2001). "The quality and cost effectiveness of services can be significantly improved when organisations work well together" nevertheless partnerships are costly due to time and can struggle to reach their objectives (Audit Commission, 1998, p. 5). The literature suggests the need for leadership including commitment at senior levels; clear purpose, shared values and vision; trust, openness and good communication; clarity of roles, responsibilities and accountabilities; evaluation and reflection (Greig and Poxton, 2002; Tait and Shah, 2007; Hardy *et al.*, 2003). However, Glasby and Dickinson (2008) argue that much of the positive literature on partnership working is more faith-based than evidence-based and they advocate a practice-based evidence approach of further learning from the work of frontline staff and service users through accounts of what has and has not worked.

Co-production, central to the Recovery College approach, is a form of partnership working and an approach to service development and practice which brings together those who use services and those who provide them. It is associated with philosophical reorientation, transparency, higher standards, user empowerment, equality and diversity (Hunter and Ritchie, 2007). "For most of the people most of the time, being able to discuss, define and shape their own interactions with the services they use is central to their sense of autonomy, dignity and agency" (Hunter and Ritchie, 2007, p. 10).

In Hastings the Recovery College pilot is being co-produced by people with lived experience and professionals in a partnership between Activ8 and SPFT. In the context of the emergent nature of research evidence in this field, an action research case study enables us to learn directly from practice about what has and has not worked and to identify implications for future research.

Local context

East Sussex is the fifth most deprived shire county in England, with Hastings being the most deprived local authority area, and ranking in the 20 most deprived areas in the country. Hastings and Rother has an adult population of 150,000, with 12 per cent aged 75+ and a growing migrant population (East Sussex Health and Wellbeing Board, 2012). Nationally the number of adults in contact with NHS secondary mental health services is increasing with 7,241 people receiving treatment in Hastings & Rother in 2010/2011 (NHS Information Centre, 2003-2011).

Where Hastings Recovery College differs from many of the initial UK Recovery Colleges is the equal partnership between the voluntary sector and NHS. SPFT mental health services had been recently re-organised into assessment and treatment centres. Activ8, Local Mind Association, has strong user involvement, runs a timetable of creative and leisure activities, supports volunteers to work with people in mental distress and engages in the development and monitoring of services. The principles of recovery are central to both organisations. SPFT has commissioned peer training since 2009, employs a number of peer support workers, trains all staff in recovery-oriented practice, supports self-help groups and the use of personal recovery plans. The development of Recovery College forms part of the SPFT Recovery Strategy and is hoped to create efficiencies by offering more treatments and interventions to more people as well as adding to the recovery orientation of the service.

There has been a significant lead from the third sector, with funds being successfully sought and obtained by the lead charity. This has enabled a genuine "balance of power" within the partnership, with Activ8 holding the budget for new funds for the pilot.

Approach – what we did

We used an action research methodology to explore the co-production process.

Ongoing observation and reflection: we reflected together on the value and process of what we were doing at the end of meetings and after actions, as well as in supervision and individually.

Mid-way formal review: we used a feedback questionnaire about the co-production process. We asked members of Hastings Recovery College steering group and forum how they had found the experience of working together in partnership. We surveyed nine people, including all the steering group. The group surveyed included seven people who were staff; four who had lived experience of mental distress; three with experience as relatives or carers. Three identified themselves as part of Activ8 and five as SPFT; one was from the county council.

Quantitative measures: we conducted an evaluation of the effectiveness of the Recovery College through enrolment, attendance and satisfaction.

The specific outcomes for the project were to co-produce a Recovery College that met the needs of local service users through a curriculum they wanted, reaching more people than we would have individually and effectively supporting their recovery. The purpose of this paper is to offer critical reflections on the process of developing the college through co-production and to analyse its effectiveness.

Learning from practice

The discussion of our approach and learning is structured according to the stages of the co-production process.

Establishing partnerships

Activ8 and SPFT were committed to developing a Recovery College in Hastings. The partnership grew organically from existing, shared experiences and values. One of the authors (D.B.) was a peer governor for SPFT whilst also working with Activ8 and already engaged with related conversations with both partners. She reflects here about her experience of the early phases of the partnership:

> **Reflections on peer involvement in developing a Recovery College**
>
> I was excited, enthusiastic, highly motivated and passionate about the development of a Recovery College.
>
> I was filled with hope, that at last here was something to offer people who may be struggling with mental illness, something that was life enhancing (beyond just medication) to help improve their lives, rather than just existing. Helping people find their strengths, gain confidence, have goals and dreams, to feel empowered to begin their journey of recovery.
>
> 31 years ago when I first became ill, diagnosed as having bi-polar disorder, I needed to understand what was wrong with me. At that time there were no self-help groups. It was a bit like trying to navigate through a dense, dark jungle; it was scary and unpredictable, no path to follow and at times bumping into trees and stumbling over roots or falling into holes. Recovery College can provide a torch and a map.
>
> Working in partnership with people who are expert by experience and those who are expert by training, I have always felt an equal partner with mutual respect, dignity and my enthusiasm appreciated. As a partnership between Activ8 and SPFT we all have so much to give. It is an integral part of Recovery College.

Whilst working as part of this project I have gained personal development, self-awareness insight and so much more. It is not about conflicting but it is about collaborating.

Whereas in the past in the third sector, it was often about complaints against the mental health service or lack of a service; there was much distrust between each side and often needing advocacy to intervene. Whereas now here we all are sitting round a table trying to offer a holistic care package which includes knowledge about their illness and what a person can do to help themselves. Also in the past the doctors and nurses were the ones that held all the knowledge and therefore the power, now there is a more balanced knowledge awareness which puts the person in the driving seat, fully empowered.

Because I am so enthusiastic, motivated and passionate about Recovery College my energy ran away with myself I was ready to take on the world! I was trying to run a marathon before I could even walk!

It is challenging to work with staff especially if they have been your professional nurse whilst ill. It is interesting being seen as someone other than your diagnosis, developing mutual respect. I noticed when presenting my views of Recovery College to a meeting that when I introduced myself, I missed off my slide saying I was a service user. I said I am not just a service user, I am so much more than that. I am also a Peer Recovery Trainer. I felt I gained 5 inches in height. I was proud to be involved in Recovery College.

I am and hope that I will always be a committed, passionate and enthusiastic supporter of Recovery College and help to inspire fellow Peers using all our strengths to "Become all that we were meant to be" (quote from Chris Martin – Recovery Innovations).

We initially held an open meeting at Activ8 to let people know about the ideas behind Recovery Colleges and to see what people thought. Twenty-three people attended, including peers or service users and relatives; SPFT and Activ8 staff and Activ8 trustees. We began conversations about the purpose of the partnership and a shared vision of co-producing a Recovery College; what each organisation could offer and rough timescales.

We agreed on two lead partners and involving others where they had particular expertise. For example, local colleges offered rooms for some courses; employment specialists from Southdown Housing consulted on recruitment; and other organisations expressed interest in co-producing courses. We tendered for educational partners to provide preparing to teach in the lifelong learning sector (PTTLS) training.

In keeping with the co-production approach, Activ8 and SPFT were equal partners bringing their different strengths, and people with lived experience and people with experience through professional training also worked as equal partners.

Reflections. In the mid-project review we asked about working in partnership. Almost everyone valued sharing knowledge and bringing together different expertise:

> It's great to have a service in East Sussex that combines the experience of both professionals and peers and that is inclusive of everyone.

Almost everyone noted that Activ8 brought experience of involving service users, including those who might be less keen to engage with statutory services:

> Activ8 makes sure that the service user's experience is always at the forefront.

Activ8 was also valued for experience applying for funding; the ability to move quickly; local community contacts; independence and energy. On the other hand, challenges included financial insecurities; a level of informality; and capacity issues due to a limited number of people.

Most people valued SPFT's professional skills and expertise around mental health and delivering courses, including some which already met Recovery College criteria. Over half valued the professional knowledge around governance, procedures and recruitment processes. People

also mentioned access to rooms, access to funding through mental health commissioning and experience at circulating information and administrative tasks:

> [SPFT has] expertise on running courses, knowledge, coping with people in crisis; expertise in chairing meetings and passing on information.

> Size, influence and power, along with staff members with unique qualifications that fit when considering provision of a Recovery College.

On the other hand, half of people said that a challenge was the detailed procedures and constraints imposed by the NHS; people worried about whether staff had enough time to devote to the Recovery College; and one person said that we needed to think more about the user point of view in terms of how much they could cope with regarding the process of service development. It is important that SPFT continues to "not overwhelm" its third sector partner.

People spoke about how developing the college in partnership would enable a more inclusive and stable service and how, by working together, we could do things well.

Having two lead partners enabled an equal partnership and facilitated the co-production with service users. It was not possible to manage the competing priorities and procedures of more than two lead organisations within the necessary timescales. As a compromise other partners were involved in discrete aspects of the project. Nevertheless, two people suggested that it might have been even better had we included other partners more, such as the County Council or Alzheimers Society.

The partnership grew from existing relationships, broadly shared values coming together to work towards shared goals. We reflected upon the qualities of this relationship which enabled it to work well.

Almost everyone spoke about the importance of mutual respect and listening and how this enabled more people to get involved:

> Mutual respect, give and take, listening, we all have something valuable to offer.

> The joint working has enabled more people with mental health problems to get involved at every stage of the process.

People commented on how people themselves helped the partnership work – through their personalities, good will, enthusiasm, excitement and motivation:

> There is a great motivation, energy and a belief in the project.

People identified the usefulness of a pilot and starting small, especially in the absence of funding. Several mentioned that it would be better with more resources including more people with ring-fenced time for the college.

On the whole people were very positive about partnership working. Everyone said that they would recommend this kind of partnership working to other people who were developing similar projects.

Embedding co-production in the project plan and structures

We developed structures, with the aim of embedding co-production at every level of the development process:

1. bi-monthly Forum meetings open to anyone interested in the development of Recovery College;
2. Sussex Wide Recovery College Partnership Forum where we met with partners involved in two other pilot projects in the county;
3. task groups each comprising people with lived and professional expertise:
    - governance and fidelity;
    - recruitment and training of trainers;
    - curriculum development and marketing of courses;
    - evaluation; and
    - social inclusion.

4. steering group of the leads from each task group – including people with lived and professional expertise from Activ8 and SPFT.

Reflections. The existing relationships and recovery ethos of both organisations provided scaffolding for embedding co-production within the project plan and structures.

Good communication, meeting regularly and e-mail were identified as key to partnership working.

Several reflected that the project plan gave direction and focus to the shared vision and goals, identifying timescales and who was doing what:

> Being clear about who is leading on what, who is employing who. A shared vision and purpose. A clear project plan with timescales and tasks for each of us to do.

We later developed a memorandum of agreement formalising the respective roles of the lead organisations including whose policies and procedures to follow at which times. With hindsight it would have been helpful to have done this sooner.

Governance and fidelity

The Sussex Wide Partnership Forum supports the development of Recovery College campus sites across Sussex. There is currently a pilot running in Brighton and Hove and further developments will be rolled out across the county. The forum brings together senior members of all partners; enables sharing information and learning from one another; some economies of scale, and agreeing strategy, governance and fidelity criteria – to develop shared leadership and guidance and to ensure that the colleges work effectively following Recovery College principles.

At the forum a mission statement was created by all stakeholders:

> Inspiring hope and empowering people to take control of their own recovery through learning. To combine personal (lived) and professional experience to develop and deliver a range of courses. To provide a learning journey to wellbeing.

The forum explored the principles of Recovery Colleges and decided to use the Recovery College fidelity criteria devised by Julie Repper and colleagues in Nottingham and published in this edition (McGregor *et al.*, 2014).

We identified criteria that all courses included in the curriculum had to be:

1. co-produced and co-facilitated by peers with lived expertise and those with expertise by professional training;
2. open to people with mental health challenges; their relatives, friends and carers; and staff from the organisations involved with the college;
3. open to people through choice from the prospectus and enrolment rather than through referral and assessment;
4. focused on mental health and recovery; and
5. educational in approach, following principles of adult learning.

Regarding financial governance, we are exploring ways to gain sustainable funding. Activ8, through a successful funding bid to the East Sussex Innovations Fund, and SPFT, through the input of professionally qualified staff, jointly meet the financial cost of the Hastings pilot.

Reflections. We benefited from a starting point of shared values as well as the existing relationships and experiences discussed above, which supported dialogue on the fidelity criteria.

One of the significant challenges was managing the different organisational cultures, including priorities, knowledge and skill sets. We learned to give proper time to this process.

One person reflected that it could have been improved if we had reached greater consensus at the beginning about some of our aims such as who would be able to be students at the college – whether to include the general public or only people using secondary services, their relatives and staff. Different commissioning requirements meant SPFT were paid to work only with people with serious mental health challenges whereas Activ8 had a broader remit to work with the wider public. We agreed to identify some courses open to the public and some that

would not be. Time spent agreeing fidelity criteria was invaluable and we noted the advantage of this in comparison with a neighbouring project where there had been tensions due to time pressures preventing adequate discussion and agreement early on.

Each organisation brought different strengths and constraints. We learnt to lean on the strengths of one, and were sometimes able to mediate constraints with solutions from the other. Differences of opinion enabled us to clarify and develop our thinking. Mistakes tended to be due to shared enthusiasm for the project which led to us over-reaching, for example people wanted, and we put on, more courses than would have been ideal, generating additional work.

At the mid-review, half of respondents identified capacity and the extra work involved with partnership working as constraints. Staff from both organisations noted competing priorities with other work and the pressure of time. Peers also identified workload and the need to prioritise, to allow themselves time to rest and to have realistic expectations:

> […] just a lot of work generated. But I can always say "I can't do that by x". I am so enthusiastic, I say yes to everything, I am learning to prioritise.

> In an ideal world there would be people on both sides with Recovery College as their one and only job, so we could concentrate on it full time.

Other challenges mentioned included the task of involving so many people, of ensuring we included people from minority groups and younger and older people.

Recruitment and training of peers and other trainers

We developed a range of posts for peers with lived experience so that there would be career progression: senior peer trainer, peer trainers; volunteer assistant peer trainers or buddies who would support students to attend courses by accompanying them, helping with practicalities or assisting in the classroom. Peer trainers had PTTLS or equivalent training; the senior peer also had significant experience of teaching, peer support training and was educated to degree level. As part of the pilot we organised PTTLS training. To ensure an educational focus, our intention was that all trainers would be PTTLS trained, however, for pragmatic reasons not all trainers with expertise by profession initially received the training.

Reflections. We decided on shared job descriptions (JDs) and person specifications so that there would be parity of JD and salary across employers. Therefore JDs had to go through NHS Agenda For Change which was time consuming and also meant we had 11 page JDs. This was daunting for someone applying for sessional hours having not worked for many years. We addressed this by writing one page summaries which referred people to the full JD. Agenda For Change ensured we were paying equitable salaries. We worked with human resources (HR) at SPFT to facilitate the process – finding particular HR officers who were supportive of the development helped.

Both organisations worked well together – jointly advertised posts and shared recruitment through a single interview for a range of posts with both organisations. A drawback was that both organisations required people to complete their own application forms necessitating some people completing two forms. The Recovery College peer trainer posts were popular – over 70 people applied for 12 posts (less than one whole time equivalent). Initially half of peers wanted to join the SPFT peer trainer bank as well as at Activ8. By the time of writing this has increased to almost everyone, validating our decision to follow a joint recruitment process which made this possible.

The main challenges identified at the mid-review were time and different timescales. This was illustrated by the work of the task group on recruitment. Activ8 were used to working to tight timescales and having flexibility and informality. SPFT were required to follow formal NHS procedures and be more thorough which takes time. The organisations had different cultures and expectations including different policies and protocols:

> It can be hard working to a timescale that suits everyone as both organisations have different ways of working.

> It can be a challenge to merge protocols and policies of two different services together.

Curriculum development

The curriculum task group involved all stakeholders in deciding what courses to prioritise. We asked both service users and professionals what courses they would like to see in the Recovery College, initially through discussions at the Hastings Forum and then through a wider questionnaire. The social inclusion group advised about how to ensure the views were sought of people who could have been at risk of exclusion such as younger and older people and people from black and minority ethnic (BME) groups. The consultation balanced a desire for best practice with time constraints.

These courses were jointly marketed through a prospectus. People choose which courses to attend. At enrolment they are supported to develop individual learning plans and to reflect on their goals. We co-produced 800 prospectuses and these were all taken within the first two weeks following the launch.

Reflections. The tight timescale for rolling out courses meant that peer trainers were not appointed in time to co-produce the curriculum – they did co-produce the actual courses. This would be addressed in future projects by recruiting peers trainers earlier.

We had to weigh the needs and wishes of service users with the skills of trainers and the service need to have courses which would reduce other aspects of the workload, enabling staff to be released to co-deliver courses. For example, we anticipated that courses on "managing your own recovery" and "understanding psychosis" would enable previous individual work to be done with groups. The courses people most wanted us to run included understanding your diagnosis; understanding medication; CBT courses on coping; planning your own recovery, and increasing wellbeing and happiness. The most popular courses at enrolment were mindfulness and happiness, and then as above. It may have been that information in the prospectus enabled people to make an informed choice about mindfulness.

We learned from the success of Brighton Recovery College pilot who had held courses specifically for members of diverse communities and had engaged significantly more LGBT students than had local statutory services. Therefore we offered specific LGBT and BME courses.

Evaluation of outcomes

We are evaluating the outcomes of the courses alongside Brighton Recovery College pilot. The evaluation process has followed co-production ethos – we asked local service users what they wanted us to evaluate; peers and professionals met to discuss the evaluation and we sought consultancy from SPFT's Lived Experience Advisory Forum (LEAF) on research – we amended the plans according to what local service users wanted.

We anticipate that students will make progress with their own goals and achieve the learning outcomes associated with the course they attend. We anticipate improvements in the wellbeing and recovery, quality of life and social networks of students with mental health challenges and that they may use other mental health services less. If this holds true then there is good argument for the ongoing funding and development of the colleges. We are collating information about enrolment and attendance, including monitoring whether the college is accessible and socially inclusive.

Reflections. We recognised the importance in practice of making the micro design decisions together in relation to evaluation as well as agreeing overall aims. We needed both expertise in psychometrics and in engaging people with the evaluation. We have chosen to interview people before and after attending the college, using standardised tools which measure the desired outcomes, to evaluate the ultimate effectiveness. In this pilot where all stakeholders were involved with designing the evaluation, 70 per cent have so far chosen to take part (and half have actually done so), compared with 8 per cent in a similar project where they had not been involved.

The outcomes evaluation is in process and we plan to publish it later. So far 134 students have enrolled of whom 71 per cent are people using mental health services and 13 per cent are carers. Six courses have completed. Overall attendance rates are 67 per cent. Feedback forms show 97 per cent students said they were "likely" or "extremely likely" to recommend the course to friends, family or colleagues; 82 per cent reported increased knowledge and skills and

68 per cent said it was useful for their day–to-day lives. Everyone said it was helpful that the course was facilitated by both trainers with lived and professional expertise and 98 per cent found it helpful that there was a mix of students including service users, carers and staff. The Recovery College model was appreciated.

Personal reflections on co-producting a Recovery College in partnership

People were affected personally by the process of working together. On the whole people found the process very positive – it was *inspiring*, *wonderful*, *great*, *brilliant* and *a fantastic journey*. They found it exciting and fun. They learned a lot and felt privileged to be involved:

> I have found it inspiring and rewarding as service users have been so enthusiastic and wanted to get really involved.
>
> It's been a really energising experience, though it has added to my workload.

However, people also spoke of the challenge of managing their own wellbeing whilst being involved with the project.

Two members of staff primarily bringing professional expertise:

> […] brilliant, exciting, fun, challenging, difficult to juggle everything at times whilst managing my own wellbeing.

and:

> I have really enjoyed the experience and learned a lot from everyone. It's the best thing I have done in ages. I also find it challenging – it has made me reflect more on my own experience of mental distress, and as a relative of people with serious mental health challenges.

Perhaps it is best summed up by the feedback from one of the peers:

> Wonderful, great. It has been a great experience to be fully involved as a service user, to have my ideas and views taken seriously, to feel part of a team, shaping the future of Recovery College in our area. I have felt my self-esteem and confidence grow as I am involved. I am learning how to contribute in a meeting (which means sometimes curtailing my enthusiasm and excitement). I have felt treated with respect and socially included […] I really hope that other people who have a mental illness can feel as enthusiastic and excited about Recovery College as I do – that there is hope, choice and empowerment.

Conclusions

The action research process has highlighted both the successes and challenges of co-producing the Recovery College in partnership. Partnership working takes time and there are advantages to building on existing relationships where there is already a shared ethos and commitment in each organisation. Challenges arise from different organisational cultures and processes including different timescales and commissioning arrangements. They may also arise from shared perspectives which go unchallenged such as high enthusiasm leading to over-reaching and over-commitment. Success may be facilitated by the development of shared vision and purpose with a project plan, clear goals, responsibilities and timescales and a formalised partnership agreement. A reflective process facilitates ongoing learning and adaptations from experience. Qualities of the relationship itself, respect, listening and the genuine valuing of different expertise may be key. There is a richness to co-production involving professionals, peer trainers and other service users and carers, and to the voluntary sector and NHS working in partnership to further this.

The findings in this case study are reflections by people involved with co-producing a Recovery College. We are also carrying out an outcomes evaluation. The value of fidelity to the Recovery College model needs to be sufficiently demonstrated. There is a need for more robust research about the value and cost effectiveness of Recovery Colleges alongside more qualitative research about the experience of students and trainers.

We are learning to openly deal with challenges as they arise. The partnership is in an early phase and the next few months will really show if the Recovery College is working. Recovery Colleges are a relatively new model of working, especially with the third sector taking a joint lead. There is still much to learn. There are advantages to developing a Recovery College through co-production and equal partnership.

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