

Recovery College

Annual Report 2014/15



Sharing the journey together 

*“This has been long needed.
I don’t need day care.*

*I need to learn how to manage
my condition myself in the
community.”*

Acknowledgments

On behalf of all the staff within the Recovery College, I would like to thank everyone who has contributed their time and energies into helping us during this busy and rewarding first year.

Special thanks must go to

- Dr John Brewin, Trust Chief Executive, for the initial project approval and on-going personal support to the Recovery College,
- Jane Tuxworth, Trust Lead Occupational Therapist and Service Manager,
- the Trust Executive Board for their on-going support and commitment,
- members of the Trust Project Group
- and to the College volunteers and Trust staff, without whom we wouldn't be where we are now.

Emma Bristow

Recovery College Coordinator

September 2015

Executive Summary

The Recovery College supports the Implementing Recovery through Organisational Change (ImROC) and the Centre for Mental Health (CMH) service transformation programmes, by employing experts by experience (known as peers) as professionals in their own right. Each course is co-produced by peers working alongside health professionals, a unique collaboration.

At the Recovery College we are extremely proud of everything we have achieved this academic year.

In the first year (September 2014 – July 2015), 154 students were enrolled at the College. In the first term 97% of students said they would recommend the College to family and friends (n= 55 students) Since January 2015, this figure has increased to 100% (n= 154 students). The return rate of completed evaluation forms is 98%.

36 courses out of 42 courses achieved the desired outcome benchmark of an increase in knowledge and understanding of at least two points. This target was agreed at a Quality Assurance internal evaluation meeting with students, trainers, volunteers and the Trusts Equality and Diversity Lead.

Of the 42 courses, 41 courses achieved the benchmark of at least seven points in the following descriptors: knowledge and understanding after a course, enjoyment and usefulness.

Across all of our courses there was an average increase of 3.6 points on knowledge and understanding after a course.

Main achievements include:

- i. Fidelity to the ethos of a Recovery College
- ii. Overwhelming positive feedback
- iii. Diverse range of co-produced courses
- iv. Leading by example to create a cultural change within the NHS
- v. Embracing College students as volunteers

Main challenges include:

- i. Venue of the Recovery College based in Lincoln
- ii. Availability of health experts to be involved in the design and delivery of courses
- iii. Outcome measurement
- iv. Sourcing a student database which collects the information and data we need
- v. Managing our DNA rate

Main developments include:

- i. Building a reputation within the Trust
- ii. Staff engagement with the ethos of a Recovery College
- iii. Breaking down barriers between health professionals and service users
- iv. Building a reputation among educational establishments in Lincolnshire

Introduction

The Recovery College of the Trust opened officially in September 2014 and is based at the Peter Hodgkinson Centre, Lincoln and has been developed by embracing the core values and recovery ethos of the ImROC programme.

Recovery from mental health difficulties involves a process of:

- i. making sense of what has happened
- ii. becoming an expert in self-care
- iii. building a new sense of purpose
- iv. discovering personal resourcefulness
- v. using resources in order to achieve goals of recovery

(Perkins, Repper, Rinaldi and Brown, 2012)

Recovery Colleges aim to support people in their journey to recovery through education, bringing together both 'expert professionals' and 'experts by experience' in a non-stigmatising College environment¹

Recovery Colleges have eight defining features:

- i. Co-production between people with personal and professional experience of mental health problems
- ii. A physical base with classrooms and a library
- iii. They operate on College principles
- iv. All courses and resources are free of charge and open to those with personal experience of mental health challenges, carers, and staff from mental health services²
- v. Personal tuition is provided
- vi. They are not a substitute for traditional health assessment and treatments
- vii. They are not a substitute for mainstream Colleges
- viii. They reflect the recovery principles in all aspects of its culture and operation

(Repper et al. 2012)

¹ We define health staff as 'expert professionals' and service users with lived experience as 'experts by experience'.

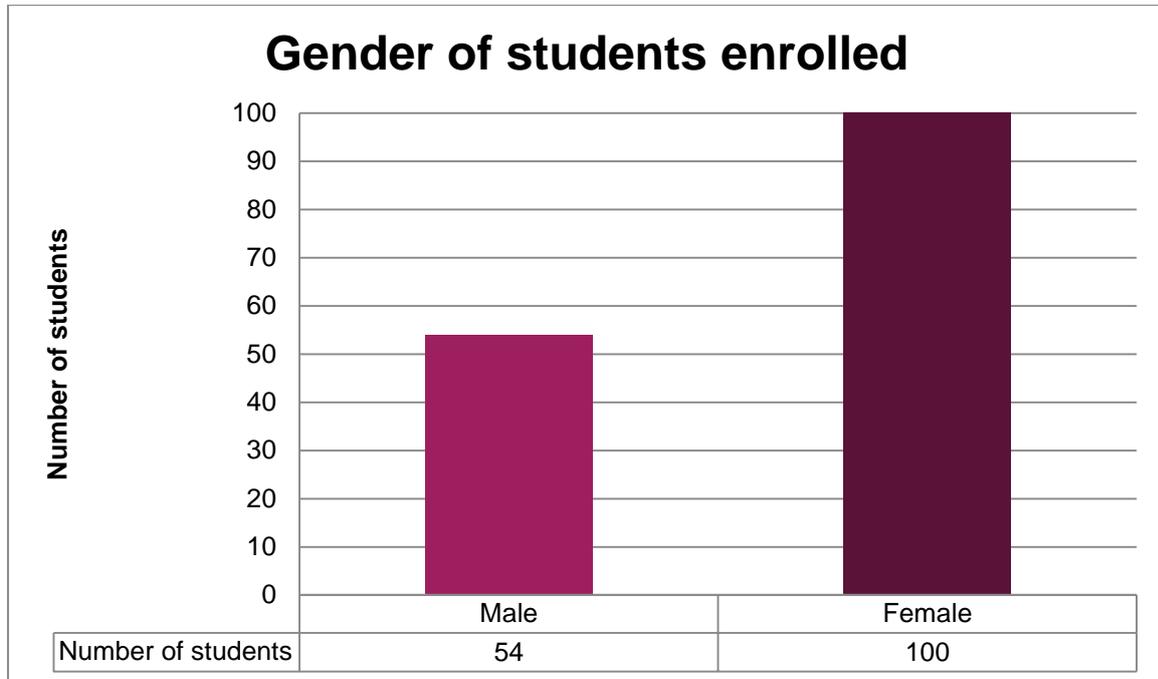
Whilst Repper et al. said “All courses and resources are free of charge and open to those with personal experience of mental health challenges, carers, and staff from mental health services” in Lincolnshire our access policy also includes members of the general public. We felt that this would help reduce stigma and discrimination and support our Equality and Diversity policy.

All of the courses provided are underpinned by the Recovery College ethos of **Hope, Control and Opportunity** thus enabling people to take back control of their lives, helping increase their confidence and skills and providing information on other agencies that may help.

Recovery Colleges have been successfully developed in the UK, for example in South West London in 2009 (www.swlstg-tr.nhs.uk), and Nottingham in 2011 (www.nottinghamshirehealthcare.nhs.uk). Recovery Colleges are still in their infancy in the UK and the evaluation of evidence continues to develop.

Demographic Information

In our first year we enrolled 154 students.



There was a female to male ratio of 2:1. See footnote³

Questions could be raised as to why more females attend the Recovery College.

Within society there is still unfortunately a stereotypical idea that females will be more open regarding their emotional wellbeing and thus access more services. Conversely there is still a stigma among men that they are seen as “weak” if they open up regarding mental health⁴ Gender issues encountered have only been

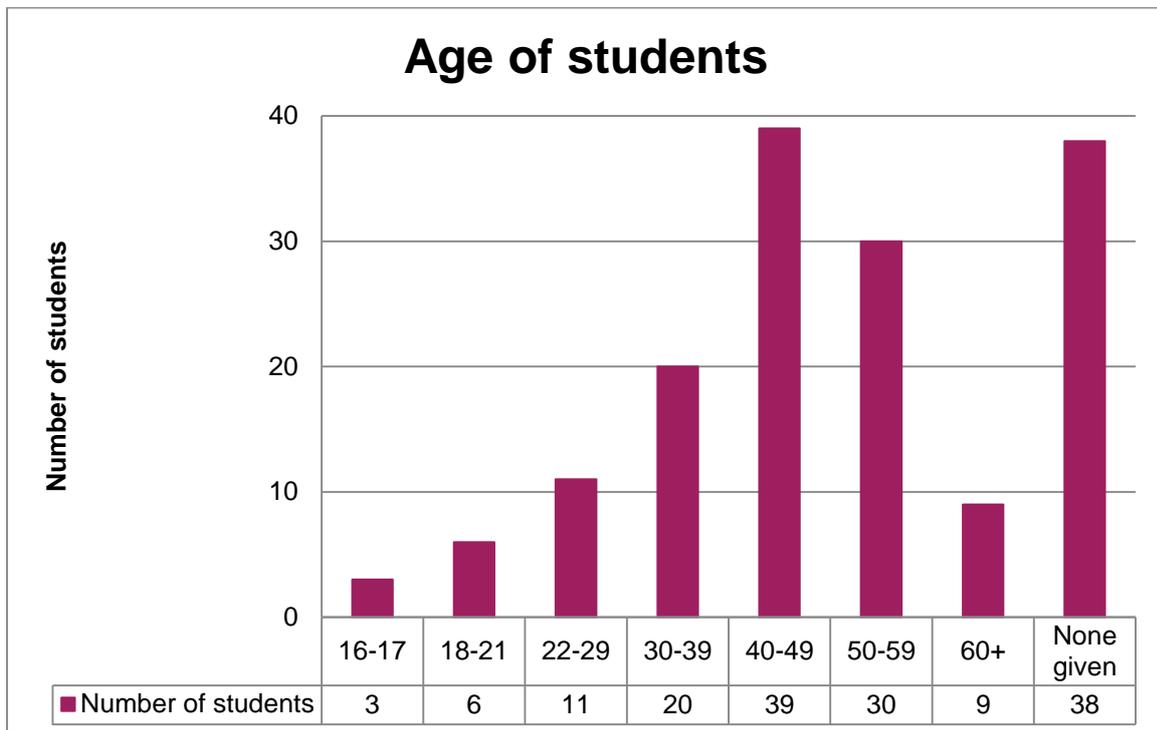
³ Trust data on gender – 14.01.16

Gender	Number of Patients	Percentage
Female	12801	57.6%
Male	9406	42.4%
Null	1	0.0%
Total	22208	100%

⁴ “Gender stereotypes regarding proneness to emotional problems in women and alcohol problems in men appear to reinforce social stigma and constrain help seeking along stereotypical lines.”

World Health Organisation

evidenced within the WRAP (Wellness Recovery Action Plan⁵) course, where female students have voiced how they would prefer a female only group.



Our youngest student is 16 and our oldest student is 79.

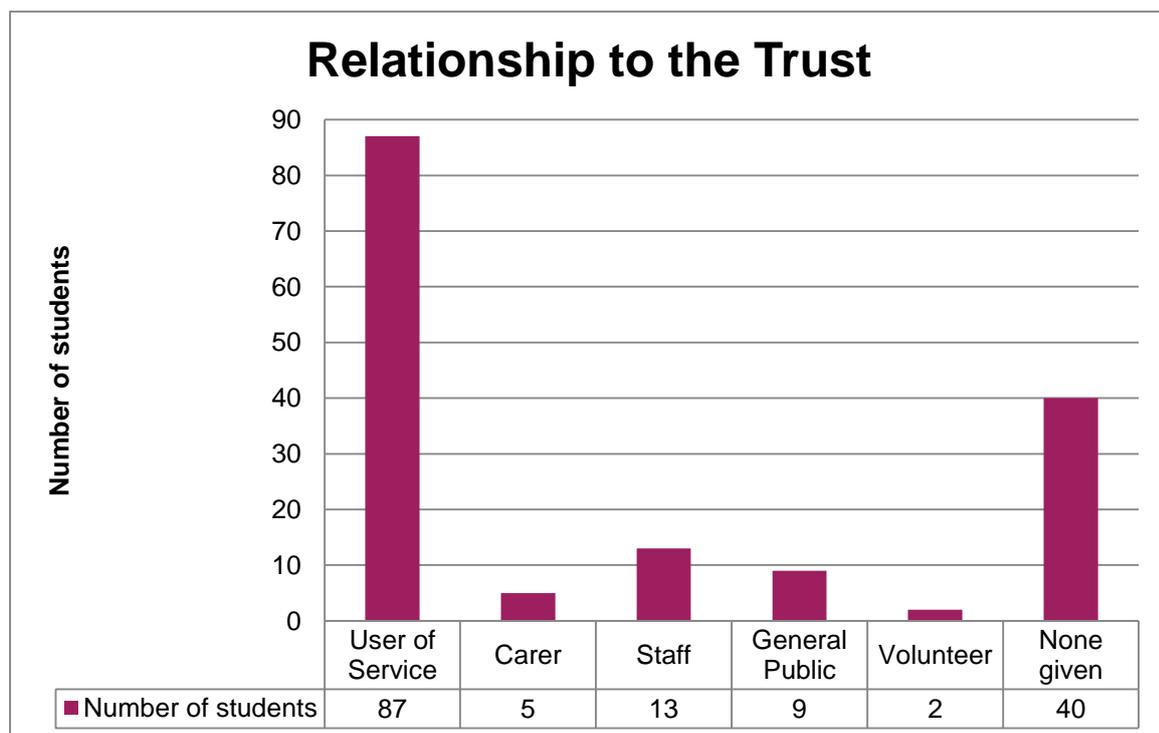
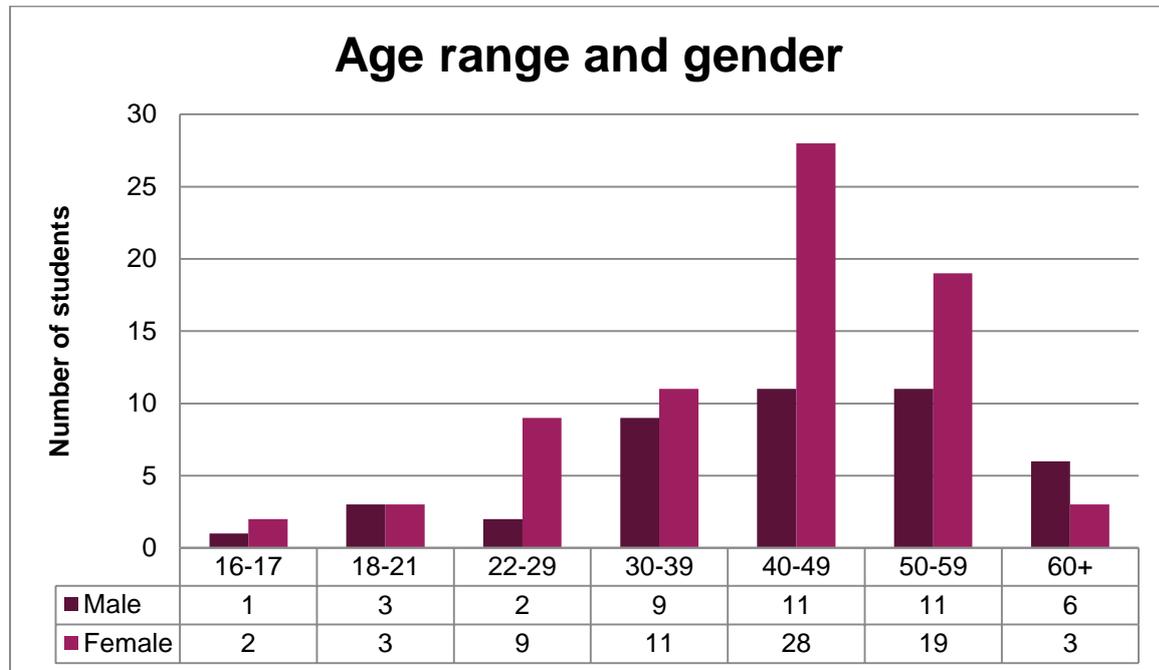
The College has recently started to run Lifestyle Matters⁶ which is a course specifically aimed at older adults aged 65 and above. This will aim to increase the number of older adults accessing the College and encourage their attendance on other courses available.

⁵ "The Wellness Recovery Action Plan® or WRAP® is a self-designed prevention and wellness process that anyone can use to get well, stay well and make their life the way they want it to be. It was developed in 1997 by a group of people who were searching for ways to overcome their own mental health issues and move on to fulfilling their life dreams and goals. It is now used extensively by people in all kinds of circumstances, and by health care and mental health systems all over the world to address all kinds of physical, mental health and life issues. WRAP has been studied extensively in rigorous research projects and is listed in the National Registry of Evidence-based Programs and Practices." www.mentalhealthrecovery.com

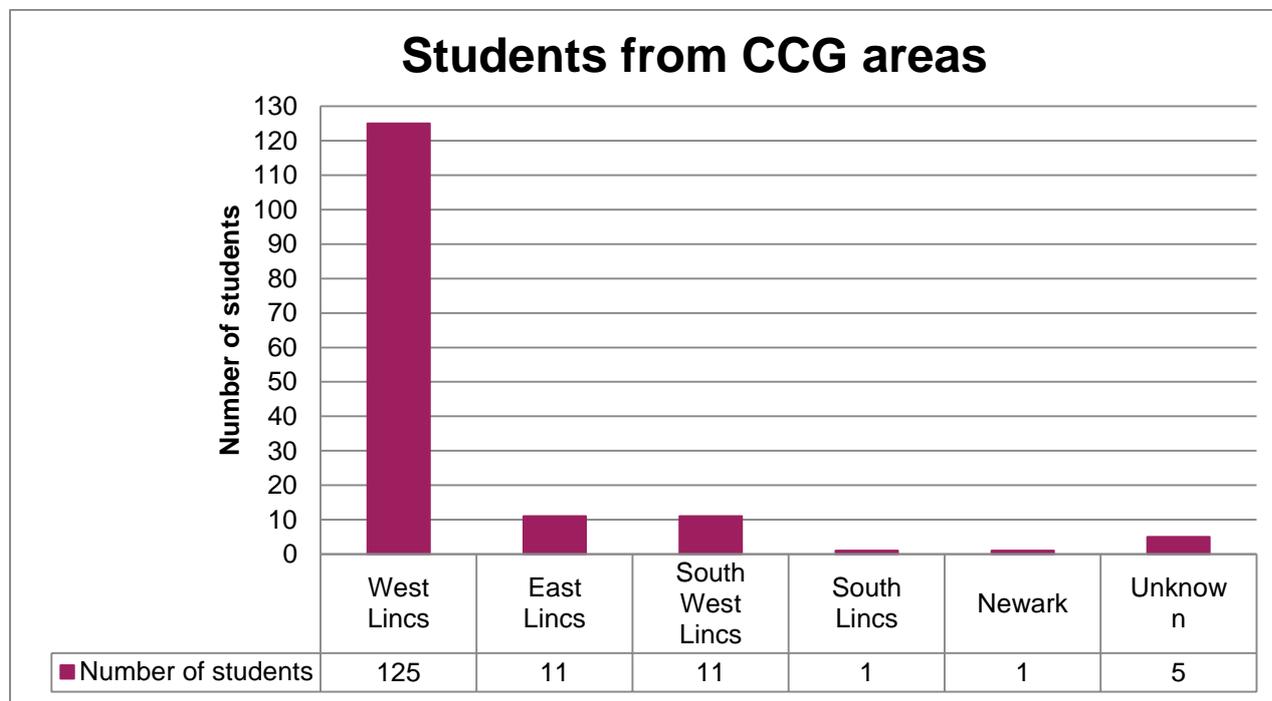
⁶ "Lifestyle Matters is an occupation based programme aimed at helping older people to get the most out of life. Inspired by research in California, the programme offers participants the opportunity to explore the relationship between meaningful activities, health and well-being and to make positive life changes. Recently recognised by the National Institute for Health and Clinical Excellence (NICE) in the guidance 'Occupational therapy interventions and physical activity interventions to promote the mental wellbeing of older people in primary care and residential care' Professor Gail Mountain and Clare Craig

The College aims to start courses for younger adults (aged 16 – 21) although we acknowledge young people may still be in further education where they can use student wellbeing packages.

Future promotional activity will target FE establishments with information regarding the Recovery College to highlight the service not only to students but staff. This may also open more partnership working arrangements.

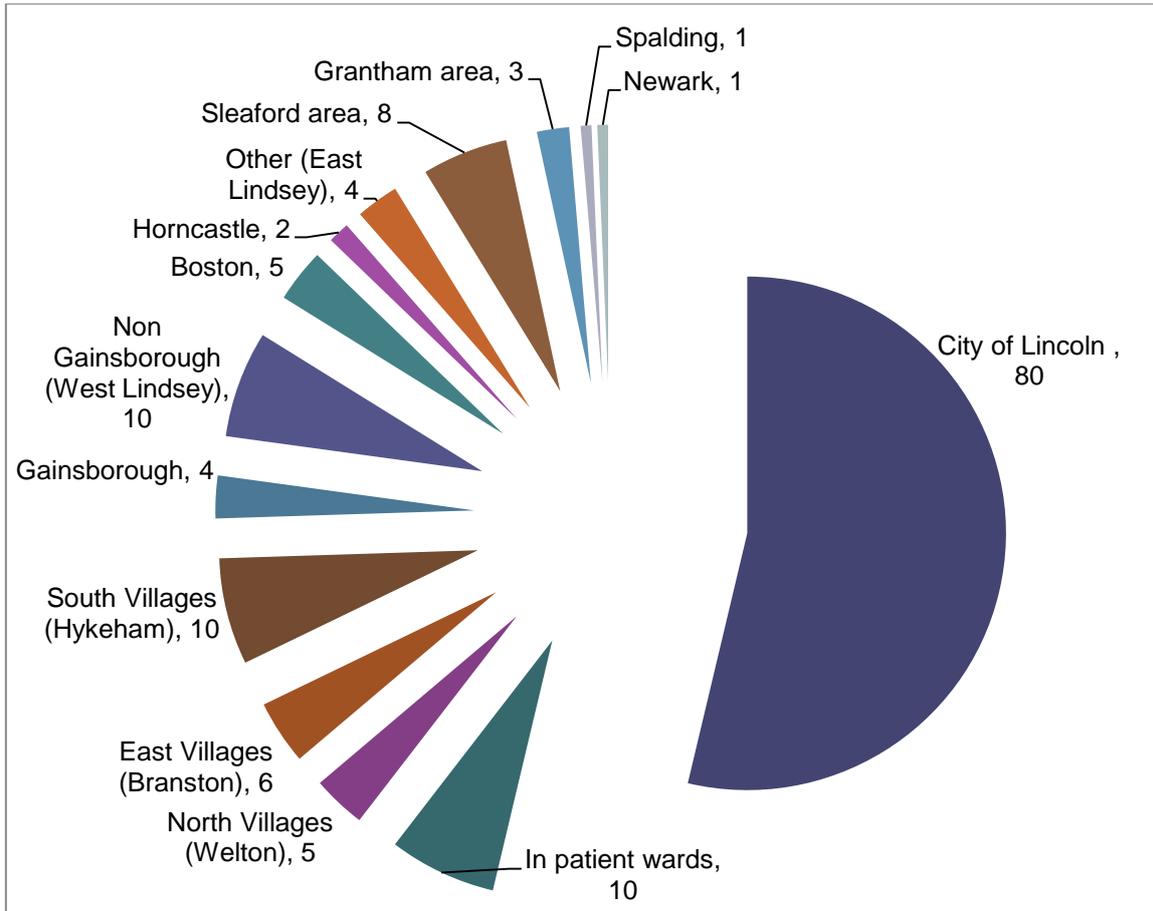


87 students recognise themselves as being 'users of service' with 29 students identified as carers, staff, volunteers or members of the public⁷.



125 students attend the College from the West Lincolnshire CCG locality almost undoubtedly because of where the College is situated. 80 students attend the College from the City of Lincoln which is 50% of the student cohort.

⁷ Note that the some students recognise themselves as more than one option.



38 students recognised themselves as having a physical disability. 18 students highlighted a learning barrier, e.g. dyslexia or autism.

11 students highlighted other requirements such as concentration issues or being visually impaired.

Quantitative evaluation

All courses delivered at the Recovery College are evaluated by both students and trainers after every session.

Student Evaluation

Students evaluate the benefit of College attendance using a 10 point likert scale (0 = no benefit, 10 = high benefit)

Benefit is defined as an increase in the following three factors:

- Knowledge and Understanding
- Enjoyment
- Usefulness

The Recovery College aims as a minimum to demonstrate:

- A knowledge and understanding average score per student after course completion of a two point increase*
- An enjoyment average score of at least seven after course completion*
- A usefulness average score of at least seven after course completion*
- At least 90% of students would recommend the College to a friend or family member*

Any course which does not meet the minimum standard is re-evaluated by our Quality Assurance panel.

For example 'Living Beyond the Label – October 2014' was re-evaluated following a student's comment that there was no mention of PTSD (Post Traumatic Stress Disorder). The same student therefore said they wouldn't recommend the course to a family member or friend.

The course now mentions a wider range of diagnoses including PTSD.

The student has since attended the course and felt that it discussed things in more detail and also said they would now recommend the course to a family member or friend.

The following information details evaluation data per course. All scores (with the exception of the Friends and Family Test, are shown as averages.)

Key:

Knowledge and Skill factor scores:

- **Green** - Course achieves an average increase of two or above

- **Amber** - Course achieves an average increase below two
- **Red** - Course achieves an average increase of one or below

Friends and Family Test score:

- **Green** – Course achieves 81 - 100%
- **Red** – Course achieves 80% and below

Enjoyment factor score:

- **Green** – Course achieves 7 or above
- **Amber** – Course achieves 6 – 6.9
- **Red** – Course achieves 5.9 or below

Usefulness factor score:

- **Green** – Course achieves 7 or above
- **Amber** – Course achieves 6 – 6.9
- **Red** – Course achieves 5.9 or below

Course	No. of students	K & U ⁸ Before course attendance	K & U After course attendance	Increase in score	Friends and Family ⁹	Enjoyment After course attendance	Usefulness After course completion
Mental Health First Aid Lite	13	5.8	7.7	1.9	100%	N/A	N/A
Communication – October 2014	7	5.8	7.5	1.7	71%	7.2	7.8
Living beyond the label - October 2014	4	7.2	9.2	2	75%	8.7	8.7
Living beyond the label – January 2015	6	7.5	9.3	1.8	100%	9.8	9.6
Living beyond the label – April 2015	4	7.2	9.2	2	100%	8.75	8.25

⁸ K & U stands for Knowledge and Understanding

⁹ Friends and Family test – Would they recommend the course to a family member or friend?

Course	No. of students	K & U ¹⁰ Before course attendance	K & U After course attendance	Increase in score	Friends and Family ¹¹	Enjoyment After course attendance	Usefulness After course completion
Confidence in Action – December 2014	6	5	8.1	3.1	100%	10	9.8
Living with Bipolar – April 2015	7	5.4	8.5	3.1	100%	9.7	9.5
Living with Bipolar – July 2015	6	3.3	8	4.7	100%	9	9.3
Living with Psychosis – July 2015	16	5.3	8.7	3.4	100%	9.5	9.5
Mental Health Resilience - November 2014	12	4.1	8.8	4.7	100%	9.2	9
Mental Health Resilience -March 2015	11	4.3	8.2	3.9	100%	8.8	8.9
Mental Health Resilience - May 2015	5	5.8	9.2	3.4	100%	8.6	8.2
Mental Health Resilience - July 2015	4	6.25	9.25	3.0	100%	10	9.75
Mindfulness - October 2014	6	4.3	7.5	3.2	100%	8.5	8.5

¹⁰ K & U stands for Knowledge and Understanding

¹¹ Friends and Family test – Would they recommend the course to a family member of friend?

Course	No. of students	K & U ¹² Before course attendance	K & U After course attendance	Increase in score	Friends and Family ¹³	Enjoyment After course attendance	Usefulness After course completion
Mindfulness - March 2015	5	3.6	8.2	4.6	100%	8.8	8.6
Opening Doors to Creativity - October 2014	8	6.4	8.3	1.9	87.5%	9.3	9.1
Opening Doors to Creativity - January 2015	7	4.4	8	3.6	100%	9.5	8.7
Opening Doors to Creativity - April 2015	5	5.6	9.2	3.6	100%	9.6	9
Opening Doors to Creativity - June 2015	4	6.25	9.5	3.25	100%	10	9.5
Creating Hope – January 2015	4	2	9	7	100%	10	9.2
Creating Hope – April 2015	3	2.3	9.3	7	100%	10	9.3
Creating Hope – June 2015	2	1	9	8	100%	9	9
Singing in Recovery – May 2015	4	5.75	9.5	3.75	100%	10	10

¹² K & U stands for Knowledge and Understanding

¹³ Friends and Family test – Would they recommend the course to a family member of friend?

Course	No. of students	K & U ¹⁴ Before course attendance	K & U After course attendance	Increase in score	Friends and Family ¹⁵	Enjoyment After course attendance	Usefulness After course completion
Singing in Recovery – July 2015	3	1.66	6.33	4.67	100%	9.3	9.3
Dreaming of a better sleep – June 2015	2	5	8.5	3.5	100%	10	9.5
Spirituality – February 2015	7	6.1	8.4	2.3	100%	9.2	8.4
Spirituality – June 2015	4	3.5	9.25	5.75	100%	10	9.5
Telling your Story -January 2015	7	4	9	5	100%	8.7	9.2
Telling your Story -May 2015	1	8	9	1	100%	10	10
Volunteering in Recovery - October 2014	7	6.4	9.1	2.7	100%	8.5	8.7
Volunteering in Recovery – January 2015	6	4.7	8.3	3.6	83.3%	8	8.3
Volunteering in Recovery - July 2015	2	6.5	7	0.5	100%	9	9.5
What is Recovery? -January 2015	11	5	8.1	3.1	100%	8.1	8.1

¹⁴ K & U stands for Knowledge and Understanding

¹⁵ Friends and Family test – Would they recommend the course to a family member of friend?

Course	No. of students	K & U ¹⁶ Before course attendance	K & U After course attendance	Increase in score	Friends and Family ¹⁷	Enjoyment After course attendance	Usefulness After course completion
What is Recovery? - March 2015	3	4.6	8.6	4	100%	9.3	7.6
What is Recovery? - April 2015	5	3.4	7.2	3.8	100%	9.2	9
What is Recovery? - June 2015	3	5.33	8.6	3.27	100%	10	10
What is Recovery? - July 2015	6	5.3	8.5	3.2	100%	9.5	9.6
WRAP – January 2015	7	2.2	8.8	6.6	100%	9.4	9.4
WRAP – March 2015	3	4.6	9.6	5	100%	9.6	8.6
WRAP – May 2015	3	3.6	7.6	4.6	100%	9.3	9.3
WRAP – July 2015	4	6.2	9.2	3	100%	9.75	9.75

Trainer evaluation

Feedback from trainers after each course also facilitate course improvement both to course lesson plans and associated content, and schemes of work as required.

This year the following changes to courses have been made:

¹⁶ K & U stands for Knowledge and Understanding

¹⁷ Friends and Family test – Would they recommend the course to a family member of friend?

1. Living Beyond the Label - This was initially a one session course and is now extended to two sessions. This allows for slightly more content and a lot more interactive discussion
2. WRAP - The course is now extended by 2 sessions to make sure 'post crisis planning' is incorporated. In addition this ensures compliance with Copland Centre standards to deliver WRAP in a minimum of 6 sessions.
The course was mainly 'booklet/worksheet' based and more creative visual approach has now been adopted.
3. What is Recovery - Video clips have been added to increase the different mediums/activities used
4. Communication Skills – this course has been fully rewritten and reduced from 4 full days to 3 half days. The course is now much more structured and targeted to specific areas around body language and manipulative language
5. Mindfulness and Spirituality – now a shortened course, but with the addition of a 'moving on' course on Mindfulness Compassion.

Attendance

Students enrolled on 4.29 courses on average each, with a range of between 1 and 15.

Courses enrolled on and subsequently attended showed an average completion of 2.92 courses with a range of 0 – 13.

The number of courses not attended averages at 1.33 per student with a range of 0 - 6.

The subsequent DNA (did not attend) rate for our first year is 32%.

Qualitative evaluation

Whilst the College collects quantitative data to meet quality assurance standards verbal feedback from our students and other colleagues is regularly received. This is often something that cannot be captured within our quantitative evaluation.

Below is a small selection of verbal or written feedback received.

Student feedback:

“Even though at first I was apprehensive about becoming a student at The Recovery College, I was immediately put at ease by the friendly and supportive environment. By attending courses I have learnt ways of managing and thinking about my mental health illness. Before the College I was quite isolated and would often go for days

without seeing any other people. My confidence has greatly increased and through attending sessions I have made strong supportive friendships. I have used my lived experience to help co-design some courses. It is refreshing to be able to use my past experiences in a positive and non-judgemental surrounding. I have always found the staff very open and easy to talk to.”

“Thank you so much for your help. I am already using my WRAP plan”

“I'd also just like to apologise if it seems like I haven't been putting much effort into participating this week, I've been struggling a bit with mood this week that's all and I'm not very confident in groups as it is. But the lessons are really helping and I'm really grateful.”

“This was such a fun and interesting way to learn about resilience”

“Thank you for believing in me”

“Can we have more courses as this is such a different way of managing my condition? It's great. Thank you”

“I've learnt so much about myself. I think everyone should have their own WRAP plan!”

“It's been so good being able to help support people in similar situations.”

“The Recovery College has been a rock in helping me cope with and recover from mental illness. The staff are friendly, approachable and easy to talk to and the college has provided me with fantastic opportunities to get out and socialise, while meeting new people and learning invaluable skills to help me cope with the issues that arrive from living with mental illness. The college really can't have done more for me while I have been going through one of the toughest times in my life, it has helped me keep routine in my day as well as encouraging me to be more confident

and confide in someone when I am feeling unwell. Choosing to enrol in the Recovery College has undoubtedly been one of the best choices I have made in terms of coping with mental illness, and it couldn't have become what it now is without the hard work, commitment and dedication of the staff”

“I have been attending some of the courses at the Recovery College as a service user. These include resilience, WRAP, confidence through drama, communication and creative arts. All the courses I have attended have been very well run, well thought through, and sympathetic to the needs of service users. They have varied in the methods of teaching/instruction, but they have always been delivered at a pace which I find acceptable, as I like to take notes (where relevant) in order to re-cap what has been said.

There is always plenty of opportunity to discuss topics, but never any pressure on participants to do so if they prefer just to listen, as the staff understand that some participants may find some of the topics difficult to talk about. The courses have not felt rushed, even allowing for "tea breaks" and the topics are usually covered comfortably within the time allotted.

The staff delivering the courses have been very welcoming, friendly and understanding.

The "house rules" are agreeable to everyone, and in each of the different venues we have always been shown where the toilets are! There is also a facility for course participants to receive a phone call/text/Email 24 hours before the course as a reminder, although I have not used this so far.”

“I think it is an absolutely fab place to go and meet others who like yourself have suffered with depression. It made me feel less isolated to meet others like me; it was so great meeting such a wide variety of people.”

“I think that it is such a great place; I will recommend it to others.”

“The College made me feel like I was ‘normal’. No one judged me. It felt amazing”

“Thank you so much for helping me explain my illness to my family. The fact it was educational not medical made them listen as they saw past the stigma.”

“No matter what I say I know you understand. You get it and you understand that a shit day doesn’t mean I need my meds upping.”

“The way you can see the staff understand makes you feel less anxious. This is using people for their lived experience in a better way than a tick the box exercise.”

“.....is an inspiration. I hope to be able to be as proud and open about my mental ill health as she is one day.”

“Without the College and HC I wouldn’t be alive”

Professional health expert feedback:

“I just wanted to let you both know about my experience of co-delivering teaching on bipolar disorder at the Recovery College.

It was an extremely thought provoking and useful experience from my perspective as a trainee.

Firstly, I learned more about bipolar disorder in 15 minutes of listening to one of the service users describe his experience than I probably have in all of my training to date. For example, I learned how important it is to allow people to find their own meaning in their experiences and that it may not always be beneficial for us as doctors to challenge those models (within reason).

Working with the volunteers to plan and deliver the session has been the only time in my training where I have encountered a service user who is well - I realise that I probably think of people with severe mental illness as always being affected by their diagnosis in some way or other rather than as people who happen to have mental health problems but who can also lead productive and enjoyable lives the rest of the time. As if these insights were not enough, I also got useful feedback from the participants on my teaching style as well as an Assessment of Teaching Competency out of it for my portfolio.

I really hope other trainees can benefit from the same opportunity in the future and I know the Recovery College are enthusiastic about working with trainees again. If the opportunity arises I hope you might encourage trainees to approach the College to ask if they can become involved in some way. I was also fortunate that my clinical supervisor Dr S generously allowed me the time away from the ward and I hope

other clinical supervisors could be encouraged to do the same if they thought it was helping their trainees' development”

Trainee doctor

College volunteer feedback:

“I am very new to volunteering, having started in this field because I had to give up full time employment due to my ill health. I was usually very busy at work, and accustomed to a strict timetable, so stopping work was something which I have found very difficult to adjust to.

I was introduced to the Trust Volunteer Co-ordinator and expressed a desire to help with the College, (as I had some appropriate transferable skills) which was agreed with him and the College Co-ordinator.

Initially I was very nervous, not really knowing what I would be doing. However, I was welcomed warmly onto the "team" and soon felt more relaxed as I began to see how the College was run. The coordinator is very patient and easy to talk to which has made things much easier for me.

I have been able to use some of my skills from my previous work life to produce hand-outs for a course and do some general admin duties.

I have felt included in the team, and have had the opportunity to help a little with designing courses, and recently had my first opportunity to help deliver part of a course, which I hope was well received. There is never a shortage of coffee, tea and often biscuits, which makes for a very friendly and comfortable working environment, which in turn makes it easy for me to ask about things if I feel unsure what to do.

After a period of being at work intermittently before finally giving up work, it is good to feel that I do still have something to offer, and that what I can offer is valued.”

Achievements

1. Our Ethos.

All College courses are pure to the ethos of coproduction and co-delivery, with both professionals and experts-by-experience working with our peer trainers to design and deliver our courses. Additionally, each new term brings new health professionals and experts by experience willing to assist in both the delivery of courses and the design of new ones.

All College courses are underpinned by the three core values of Hope, Control and Opportunity, with the meanings and language of these three values embedded throughout our courses.

2. Our Feedback.

Our feedback is broken down into several key areas and it inspires us to see how much our students have enjoyed and gained from the courses they have attended.

3. Our Courses

We have a diverse and rich range of courses on offer to the people of Lincolnshire. In our first year we had over 15 courses looking at a wide variety of mental health issues such as understanding different diagnoses, mindfulness, challenging stigma and improving mental health resilience. Four new courses (all requested by our students) are being rolled out in September 2015 and January 2016 and we will always seek to develop new courses that our students request.

One of our courses, Singing in Recovery, has led to community choir being set up comprising of students, volunteers, staff and members of the public. The choir is sponsored by the Trusts Chief Executive.

4. Leading by Example

In June, the College was delighted to deliver a course on 'Living with a Diagnosis of Schizophrenia and Psychosis', which was co designed and co delivered with the professional health expertise of the Trusts Chief Executive Dr John Brewin. Dr Brewin, a psychiatrist, generously shared several hours of his time to work with the College Coordinator, and Trust volunteer and expert-by-experience.

20 students (a mixture of users of service, carers, trainee nurses, staff and members of the public) attended the three hour course and the feedback the course received was outstanding.

5. Students becoming Volunteers

Something of particular satisfaction is how many students who, on completion of courses, request to volunteer within the Recovery College or offer to volunteer elsewhere in the Trust.

College staff find it so rewarding to see the journey students make and value their time and experience offered for the benefit of the College and future students. Of particular interest is one student who attended courses at the Recovery College and has since enrolled at Lincoln FE College with the intention of becoming a social worker.

Challenges

The journey of starting something new is very similar to that of recovery. It has many ups and downs. Whilst the College has received some positive and empowering feedback we do realise there are many things still to focus on.

1. Venue

Our primary and main concern continues to be the base of the College hub. Although the rooms themselves are suitable to our needs, the location and non-educational environment is far from ideal. A number of students and potential students have refused to enrol or attend courses due to their experiences of receiving in-patient healthcare services whilst acutely ill. Security and safety systems cause access barriers and reinforce an association with a traditional clinical model.

2. Staff Capacity

Despite the increased engagement of health professional staff, the College, still struggles to source health experts to co-deliver courses. Some managers have been very supportive in authorising their staff to spend time at the Recovery College but others have been less than open to the idea. The College aims to work in partnership with Trust operational services to work out ways in which staff can be released to contribute and engage in College activity.

3. Outcome Measurement

The College initial evaluation record currently in use was largely informed by documents used by other Colleges. However, we felt that most evaluation records were too broadly focused and thus it was hard to see how the students were progressing in areas that were of importance. A consultation event is planned to decide on the format and foci of a new and improved evaluation form.

We will also be looking at other formative ways to measure progress during course attendance.

4. Did Not Attends¹⁸

Although the DNA rate for the College is 32%, a change in how the College records DNA rates now distinguishes between students who do not attend and students who inform us they are not attending beforehand.

5. Student Database

The College currently uses Microsoft Excel to capture data. College staff have no experience, training or access to any other suitable program. However, Excel is limited in its use as a database and as the number of students on the database continues to grow and as more factors need to be recorded, the disadvantages of using Excel as a database are becoming more and more obvious.

Developing the Recovery College

1. Building a Reputation

We are continuing to build upon our reputation both within and outside the Trust. More staff are becoming aware of the work we do and are talking positively about the College and this is reflected by the increasing numbers of staff and users of service who contact us because of our word-of-mouth reputation. We are also seeing a slow, but steady rise in the number of students who have had little to no prior contact with the Trust, showing that our reputation is entering the local community.

2. Respecting our Ethos

Staff are becoming more respectful and understanding of the Recovery College's ethos, especially the fact that the College uses an educational model and not a medical one. This is especially true of Trust staff who have volunteered time to help design and deliver courses, all of whom have readily embraced the College's core values.

3. Breaking down barriers

The College is one of the spearhead services in the Trust's efforts to recognise and harness the value of peer support and experts-by-experience. We feel that the Recovery College is a strong example of professional experts and experts with lived experience working together as equals and breaking down relationship boundaries.

¹⁸ The national average for DNA rates in Recovery Colleges is 28%.

In addition Trust staff with their own lived experience are starting to disclose to the College staff about their experiences. We believe that a key reason for this is the fact that each of our staff members have their own lived experience so other Trust colleagues know that we won't be judgemental or dismissive. Another key reason is the link to the 'open and supportive atmosphere' within the College that many of our students have mentioned in their feedback, an atmosphere that does not dissipate outside of our courses.

4. Educational Recognition

Educational establishments across Lincolnshire are hearing about the College and are reaching out to work with us. Examples include:

- i. Lincoln University, with whom we will be working on two Recovery College research projects. We will also be running workshops for student nurses and attending future Fresher Fairs.
- ii. The Lincoln FE College Group, with whom we are in talks to relocate the Recovery College hub into their premises.
- iii. Bishop Grosseteste University, with whom we are exploring how we can work together for mutual benefit.
- iv. CLIP, an adult community learning organisation with whom we are starting to deliver courses outside of Lincoln at their Gainsborough and Mablethorpe venues

5. Other

The College has developed five core service objectives and three short term service targets for the new academic year 2015/16 which are set out below:

Objectives:

- i. To develop partnerships with the adult learning and education sector in Lincolnshire
- ii. Expand course delivery into 3 new localities across Lincolnshire
- iii. Implement an outcome measure
- iv. Ensure the delivery of all courses includes an expert with lived experience who 'tells their story'
- v. Complete a skills and experience audit with peer trainers to maximise their involvement in co-production of the service

Short term service targets:

- i. A female only WRAP group
- ii. Target promotional activity on non-Lincoln based FE establishments

- iii. Continue to quality assure all courses within the Recovery College to ensure they are contextualised and comply with the educational paradigm.

Conclusion

College staff are immensely proud of everything the Recovery College has achieved this year.

The feedback from our students, both formal and verbal, is outstanding and demonstrates that the Recovery College is having a true positive impact in our students' lives. We have a number of students that have used the Recovery College as a stepping stone onto FE and HEI courses, as well as moving onto volunteering opportunities and paid employment after leaving us. Some of our former students volunteer regularly within the College as they want to 'give something back'.

Recovery College students have presented at the Trusts APM and presented at an Executive Board meeting, both times to tell their story of recovery.

Feedback from staff and health experts that assist on our courses is also inspiring. All Trust staff that have helped us deliver courses have commented on what a unique and refreshing way it is to interact with service users, carers and members of the public. The term 'breaking down barriers' is one that we regularly hear from those staff who volunteer their time to help.

We have a small but committed and passionate staff team at the Recovery College. The passion and high morale of our trainers is evident to all of our students (and is frequently commented upon).

We have a diverse and well-designed collection of courses, with more planned for the future. Most of our courses have been designed following requests by our students and all are co-designed in line with the ethos of the College. In addition, each course is well resourced and relies upon a variety of different activities and learning styles to make them as engaging, interesting and effective as possible. Their success is reflected in the superb feedback we receive.

With such a strong beginning behind us, we look forward to the upcoming challenges the Recovery College may face. In particular, we look forward to the day when we are able to leave our current venue and become a community based facility in line with our core service objectives. We look forward to attaining a position where we can move outwards from Lincoln and deliver our service across the county.

Whilst we can recognise our achievements and successes we are aware of the many developments and issues which still remain to be resolved.

The public perception of the Trust and its Recovery College as a forward thinking anti stigmatising initiative is to be embraced.