

International Meeting 1
Bremen, Germany
10 & 11/02/17

Intellectual Outputs

1. Please provide a brief summary describing your organisation (500 words maximum)

ImROC supports the development of Recovery focused services in the UK and internationally. Over the past 8 years, it has worked with 80% of mental health Trusts in England and many more in Australasia, Eastern and Western Europe, Asia and beyond. It utilises a proven methodology to change the culture of services and introduce new Recovery focused interventions such as peer support, recovery colleges, reducing restrictive practice and improving the life of people with mental health conditions outside services.

Originally established on behalf of the Department of Health to champion its 'Supporting Recovery' initiative, through a collaboration between the Centre for Mental Health and the NHS Confederation's Mental Health Network, ImROC is now hosted through Nottinghamshire Healthcare NHS Foundation Trust. This innovative new partnership allows ImROC to cement a close working relationship with frontline providers of care, ensuring that our work remains relevant and useful to practitioners, managers, system leaders, local communities and ultimately, the people who access services.

We bring together research and evidence with the realities of the frontline. We take the learning that research offers us, consider it through the lens of everyday practice, and we develop, test and spread practical means of the applying that learning. In turn, we add to the evidence base through the innovations we pursue and evaluate. Our [Ten Key Organisational Challenges](#) encapsulate this approach.

We focus on three key strands of work, designed to complement each other and maximise our potential to meet our overall aim. They are:

1. Sharing and enhancing knowledge and skills through **training and development** including action learning sets, masterclasses, open learning, conferences and in-house tailored packages, as well as the publication of topical briefing papers
2. Collaborating with clients to understand how we can help deliver sustainable improvement in inclusive and evidence-based ways through **bespoke consultancy**
3. Advancing the field of recovery through **research and evaluation**

Our values are founded on our purpose: to support recovery for all. They therefore include:

- Inspiring **hope** and belief in the potential of everyone
- Facilitating access to **opportunities** to live meaningful lives
- Enabling people to take back **control** of their lives (including their wellbeing and their treatment)
- Learning from one another in a **relationship of mutuality**
- Taking a **strengths-based** by building on assets, qualities and resources
- Forging **partnerships** to work in synergy alongside all stakeholders inside and outwith services
- Enabling a **community-facing** view whereby services and targeted support are just one resource among the many activities and facilities that need to be engaged and developed to better accommodate people with mental health conditions

ImROC has a small core team led by Dr Julie Repper, Director. The core team is supported by a diverse group of consultants, who between them bring rich experience and expertise gained through both professional and lived experience. Most also work or have worked in the NHS in clinical, managerial and/or research roles.

2. Please write a summary on the 'best practice' elements of up to 5 recovery/empowerment focused services in your country. (200 words maximum per example).

When choosing the five please consider ***the extent to which they include educational elements/have an education focus***

NB. The proposal requires us to cover national practice, not only the practice relating to your organisation.

Recovery colleges shift treatment to education. A patient becomes a student. Courses give students information, knowledge and time for reflection and self development. Being in a classroom with other student provides hopes through seeing what others have achieved and reduces both stigma and isolation frequently reported by people supported by mental health services.

Recovery colleges provide one way of supporting people achieve their life goals. The ambition of the college is not for students to stay with the college forever but to develop skills, gain knowledge and lead their life beyond the college to other challenges and journeys.

Investment in recovery colleges also provides welcome cost savings to scarce resources within health and social care. By attending a recovery college students are less likely to need ongoing support from community mental health teams and are less likely to be re-admitted to expensive in-patient facilities. Learning skills, experiencing an identity beyond being a patient and establishing social links are firm foundations for recovery and resilience. Staff within host organisations where colleges are located, such as NHS Trusts, as benefit from attending courses and reflecting on the nature and culture of their practice.

Recovery colleges in the UK were first established by Rachel Perkins (South West London and St George's Recovery College) and Julie Repper (Nottingham Recovery College). After visiting Recovery Innovations in Arizona, the concept of recovery colleges was brought to England and amplified through the work of ImROC. In 2012 ImROC published the first practical briefing paper on recovery colleges and plans to publish a new revised paper shortly building on new evidence.

Recovery colleges provide a concrete example of a recovery innovation. They can be developed slowly from pilot phase to a fully operational college with hubs and spokes. This offers minimal risk and requires minimal financial invest at the early stages. However to be benefit from a sustainable college, the supportive and enabling infrastructure within an organisation or community to essential to its continuation.

When ImROC began there were no recovery colleges, there are now above 70 colleges within the UK and significantly more internationally. ImROC supported the establishment and piloting of the majority of these colleges through sharing the learning and challenges from the early adoption of recovery colleges in Nottingham and South West London.

ImROC worked with 36 organisations from 2011 and many selected recovery colleges as the focus on their development work. Today recovery colleges continue to be a core area of support ImROC works with sites both within the UK and internationally to establish and enhance.

3. Please describe the key principles that this best practice is based on. These principles are the factors that will inform the operation on Empowerment Colleges.

For example: valuing lived experience, coproduction, strong leadership, community participation/inclusion

Coproduction is a central tenet to recovery colleges. Shared, equal relationships between co-tutors where equivalent value is placed on lived experience and subject specific knowledge breaks down hierarchical power imbalances, reduces stigma and promotes enriching environments for student to experience greater self-control. Staff are coaches who help people find their own solutions.

Learning together without restrictive labels of diagnosis or mental health condition help students see the opportunities available to them, what other student have achieved and enables organic social networks and friendships to emerge.

Each element and operation of a recovery college is co-produced. For example, quality and assurance panels made up of members with lived experience and subject specific knowledge review the structure, content and evaluation of courses for the college.

Recovery colleges promote self management. Each student is offered an individual learning plan (ILP) to record a plan for their learning and development. Students will select courses they would like to attend based on their personal interests. Decisions over the direction of their learning and content of the plan are made by the student with guidance and suggestions from the tutor. Each student may have a different ILP. By working through the ILP and reflecting, refreshing and pushing further the ambition for life goals, students ultimately take back control of their lives.

Accessibility, and appropriateness / relevance for all students, is essential therefore all courses need to utilize a range of different learning methods to meet different preferences and needs of students.

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