Empowerment College Curriculum

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Empowerment College
a new approach to improve

empowerment - recovery – inclusion

Curriculum

Introduction

"The aim of the Empowerment College is to provide learning opportunities for people who experience mental health challenges, their family members, staff who support them and members of the public. These learning opportunities are all focused on increasing understanding, confidence, coping strategies and behaviour to enable people to manage their own lives, conditions and treatments as far as possible so that they can live the lives they wish to lead."

(Empowerment College manual)

Empowerment College (hereafter EC) wants to give learning opportunities which:

- build upon experienced based knowledge,
- are open to community,
- are based on trialogic ideas (cooperation between professional caregivers, relatives and people with mental health challenges).

The courses on offer will be based strictly on the ideas of recovery, empowerment and will set the person in centre. The individual goals shall be met with individual learning plans. This way the students can set their own goals and make their own plans instead of fitting in with existing plans made by other people.

The EC is not intended to be a closed shop. We will have intense activities to act inclusive and community focused. There will be different guest teachers coming in and giving trainings.

There has to be to our principle of having co-produced and co-delivered courses. All teams will exist of people with lived through experience in mental health challenges and professional specialists.

Terminology

In order to avoid misunderstanding here is an explanation to what is meant when certain terms and definitions are being used:

- Blended Learning - see methods and strategies
- Co-delivery and Co-production (Tandem work) – see methods and strategies
- Empowerment
- Experienced based learning / knowledge – see methods and strategies
- Individual Learning Plan – see methods and strategies
- Participation

- Portfolio – see methods and strategies
- Recovery
- Trialogue

Empowerment

Empowerment encompasses the political, social and cultural action necessary for personal recovery so according a role not only to the individual, but to their communities as well. In its statement on user empowerment in mental health from 2010 the WHO Regional Office for Europe states that

> *"Empowerment needs to take place simultaneously at the population and the individual levels. Empowerment is a multidimensional social process through which individuals and groups gain better understanding and control over their lives. As a consequence, they are enabled to change their social and political environment to improve their health-related life circumstances.*
>
> *Being included in the society in which one lives is vital to the material, psychosocial, and political empowerment that underpins social well-being and equitable health. As health is a fundamental human right, empowerment of patients and their families, friends or other informal carers is a societal task that encourages all communities, employers, trade unions, schools and colleges, voluntary organizations to respect health and well-being of individuals and populations and act in ways that empower individuals and groups to respect their own and other people's rights to health and well-being.*
>
> *At the individual level, empowerment is an important element of human development. It is the process of taking control and responsibility for actions that have the intent and potential to lead to fulfilment of capacity. This incorporates four dimensions:*
>
> 1. *self-reliance*
> 2. *participation in decisions*
> 3. *dignity and respect*
> 4. *belonging and contributing to a wider community.*
>
> *For the individual, the empowerment process means overcoming a state of powerlessness and gaining control of one's life. The process starts with individually defined needs and ambitions and focuses on the development of capacities and resources that support it. The empowerment of individuals is intended to help them adopt self-determination and autonomy, exert more influence on social and political decision-making processes and gain increased self-esteem.*
>
> *Communities can support individuals in this process by establishing social networks and mobilizing social support; together, these promote cohesion between individuals and can support people through difficult transitions and periods of vulnerability in life.*
>
> *The empowerment of communities comprises a higher degree of individual empowerment among the members of the community, a stronger sense of belonging to the community, development of and participation in political activities, leadership of decision-making process and access to resources for the benefit of the community."*
>
> (WHO Regional Office for Europe, 2010)

You might find the definition from the German author Norbert Herriger more helpful to some to you as it is more practice-orientated.

The term "empowerment" means the process of self-competency and self-enabling to have power, strengthening the possession of one's own power, autonomy and self-appropriation. Empowerment describes encouraging processes of self-appropriation in which people in situations of lack, disadvantage, or social exclusion begin to take matters into their own hands, in which they become aware of their own capabilities, become aware of their own strengths, and develop their individual and collective resources to a self-determined life. Empowerment - in a nutshell - aims at the (re) production of self-determination about the circumstances of the everyday life. In the literature, there are further paraphrases of empowerment:

- *The ability to choose from the multi-coloured variety of life options offered and to make self-responsible decisions for oneself;*
- *The ability to actively respond to one's own needs, interests, desires and fantasies, and to face patronizing attacks from others in one's own life;*
- *The experience of being able to (productively) create the circumstances of one's own life (self, social and environmental relationships) and to effect desired changes 'on one's own initiative' (the experience of self-efficacy and creative power);*
- *The willingness and ability to actively engage in burdensome life problems (rather than resort to patterns of denial and non-perception), spell out desirable changes, and mobilize helpful resources of change;*
- *The ability to learn critical thinking and put off the crippling weight of everyday routines, behaviours and conditioning;*
- *The ability to actively access and use information, services and support resources for their own benefit;*
- *Overcoming loneliness and the willingness to engage in solidary communities;*
- *Demanding one's rights to participation and involvement, and the constant readiness to defend oneself against silent patterns of deprivation of rights.*

Where people can collect these experiences of self-worth and active creative power, of encouragement and social recognition, encouraging processes of empowerment take place. The recourse to the positive capital of these experiences makes it possible for people to feel less exposed to their environment and to gather courage for an offensive meddling with one another. However, such positive experiences of life, in which people find security and self-esteem, have a powerful force.

(Author: Norbert Herriger, Translation: F.O.K.U.S.)

Participation

Participation means the possibility to be involved and have influence on the result of decisions.

At its most progressive, service user participation can be recognized as a form of co-production when it is characterized as:

- 'partnership' with equal access to resources and decision-making power;
- 'delegated power', where service users have dominant decision-making authority and opportunities for leadership; and
- citizen control' where service users control organizations (such as user-led organisations) (adapted from Arnstein, 1969).

At its least progressive participation is tokenistic and only involves consultation on predetermined decisions, where service users have no influence on defining what the problems are or the change that is required (Rose et al, 2003).

»People always participate when they feel that participation is not an alibi-action, but they find their own traces in the results, when they know that it makes a difference whether they are there or not." (Jennifer Burczyk) It needs to be clear for all partners in which procedure decisions are going to be made and how far the possibilities of influencing the result reach. Therefor active support of participation needs to operate different aspects:

- The terms of cooperation need to be mediation of interests
- The target group needs to have easy access to the offer and the possibility of involvement
- The participative orientation is also understandable as the process of a shift in power that affects the decision-making. Professional competence is clearly reduced to legal protection and control tasks.

Respondents ask: Why does it then still need professionals at all, if these are no longer experts for the solution to the problems? But the strength of the participatory approach lays precisely in the fact that the knowledge, which the addressees gained by experience and the specialist, and methodical knowledge of the specialist complement each other. Through the mutual exchange, the stakeholders gain new knowledge, which they use for the development of action alternatives and solutions.

This needs to happen in a dialogue in which neither partner is prejudiced. We need to be competent in taking an impartial perspective. This means that in order to enable processes of participation we have to ensure that:

- we meet our counterpart open-minded
- our procedures of decision making are transparent
- our attitude towards the partners has the character of childlike curiosity
- we focus on the strengths of somebody
- we show respect and appreciation for experiences and competences

Recovery

The goal of the EC is to both to empower people and support them in their own recovery. The definition of Recovery is probably best summarized in the WHO definition given in their Mental Health Action Plan (2013) [1]:

> *…. "From the perspective of the individual, recovery means gaining and retaining hope, understanding of ones abilities and disabilities, engagement in an active life, personal autonomy, social identity, meaning and purpose in life and a positive sense of self. Recovery is not synonymous with cure….. The core service requirements include: listening and responding to individuals' understanding of their condition and what helps them to recover; working with people as equal partners in their care; offering choice of treatment and therapies, and in terms of who provides care; and the use of peer workers and supports, who provide each other with encouragement and a sense of belonging, in addition to their expertise".*

Trialog, multilogue, polyphony and open dialogue

Communication plays a central role in the process of empowerment and recovery. The communication within the EC should be based upon following concepts:

Trialogue: the communication between professionals, the person concerned and his family-members should take place on eye-level. Each person brings in his or her own experiences and knowledge and all learn from each other. There is no one who is regarded to know it better as anyone else. In Germany the trialogue has developed out of the Psychosis-seminars. In the Netherlands there is also the concept of multilogue, a many to many conversation. It should be a conversation in which everyone can voice his experiences and thoughts including those, which might be unusual. When established as a general offer for all residents in a specific area they are community faced as well.

Polyphony: allows for many voices (and views). It is based upon the idea that there is not one single reality, but that everyone perceives and interprets things differently and that not one perception or interpretation is more right than another. Also each person's perception and interpretation might change through new knowledge and/or experiences. The method of polyphony, which has it roots in the systemic therapeutic approach, wants to make this plurality more clearly visible.

Open dialog is a concept that was developed in Finland. One of its central elements is that no discussions take place without the person concerned being present. The person concerned is allowed to invite anyone who he or she concerns as being relevant to take part in the discussion. These discussions take place according to the principles of trialogue and polyphony. To make the polyphony easier accessible to all participants there are some non-involved persons, who will reflect what they have heard and perceived. These reflections are than given to all the participants in the discussion.

Our starting situation

Art. 24 of the United Nation disabled convention guarantees the right of inclusive education in all ranks, including University and live-long-learning, explicitly for people with mental health problems. Art. 27 demands the right to work and demands also arrangements to ensure that people with disabilities have equal opportunities of employment. EU strategy 2010-20 determines strategies and interventions to ensure approaches to work for these people.

However, People with handicaps are the biggest and most disadvantaged group of the world. (German Bundestag 2007: 1). A German research says „approximately half of the people suffering from chronicle mental health problems in the working age are out of work and out of employ." (2004 Aktion psychisch Kranke: 20). The number of people, which receive pensions due to mental health problems doubled between 2000 and 2010 (compare BMAS 2013: 382).

People with mental health problems are often excluded from taking active part in society. This includes the areas of work, education, professional training, and psychotherapy. Because of self-stigmatizing, fear and stigmatizing by others, but also because the needs of this group are not met due to misunderstanding, the people concerned loose hope and learn not to expect anything. When they take part in these most effective ways of rehabilitation (education, training work, psychotherapy) it is often without success.

In the European countries the psychiatric system started to change from big hospitals with long time patients around 1970 first in Italy, later in Great Britain, Germany, Netherlands and the other countries. The countries from Eastern Europe started generally after the end of the

communist regimes. The change of the psychiatric care system led to the foundation of services in the communities, day care centres, home-treatment, psychiatric services, supported living. All these services managed a big step; people were able to live outside hospitals in the community. But after years it was realized, that many of them were still isolated, are still living in a psychiatric parallel universe of day care, cared work, assisted living and psychiatric treatment. Because people with mental health problems tend(ed) to stay a long time in the care-system they lack ideas of how to move forward. The way they are treated doesn't encourage them to develop their own visions and take their own decisions.

> *"The primary focus of services is one of cure: the reduction/elimination of symptoms or problems. Unless and until a person's problems can be eliminated they are 'cared for' and, should they be a threat to their own health and safety or that of others, they are 'contained' (Perkins, 2012; Perkins & Slade, 2012). This focus does not recognize the basic goals that most individuals have for their lives: to have meaningful activity; to have meaningful relationships; and to have a place to call home (Nerney, 2011)"*
>
> (Brochure England 2. Recovery, Personalization and Personal Budgets)

In the system of education and vocational trainings people with mental health challenges often do not fulfil the goals set by the teachers and the institutions. Due to their own specific problems (in relations, with groups, with their motivation, self esteem, managing routine…) they are often in extraordinary situations. Learning institutions often cannot give people the conditions they need to succeed. Because of this, people with mental health problems more often end up without a profession, unemployed and with a c.v. marked by many interruptions This leads to unemployment, poverty and exclusion. This group does not have equal chances and their participation rates are extremely low or very much lower as those of others.

Learning by experience instead of caring and teaching

Both traditional care systems and frontal teaching are characterized by a paternalistic attitude: one person deciding what the other person needs to know or do. The patient / klient / student is the passive recipient who follows instructions but has little or no influence on the decision. This encourages dependency rather than empowerment, and impedes the strengthening of self-confidence and self-worth instead of fostering it.

The idea of educating people with mental health problems to assist them to achieve hope, opportunity and control has been successfully implemented before.

The people involved in the EX-IN-courses in Germany experienced that people are addressed differently in a course as they are in treatment and care or in traditional classes: they are active adults, self-determined individuals, which get information to make their own decisions. They are students, who are on the track to get more knowledge; they aren't objects of treatment or teaching, but partners in a learning process. As students who actively take part in the teaching and learning process, they will more easily develop a different self-perception of being an active person, of taking part in society.

At the same time, 95% of EX-IN course participants say that the course contributes to greater self-esteem and the integration of the disease into their life history, leading to better overall health and well-being (recovery).

The importance of active learning has been recognised a very long time ago. There is a Chinese proverb, contributed to a Confucian philosopher, which says:

"I hear I forget, I see I remember, I do I understand". (Xun Kuang)

More recently the American philosopher John Dewey (1859-1952) expounded his theory of education. He theorized that learning should be relevant and practical, not just passive and theoretical. His views have been important in establishing practices of progressive education.

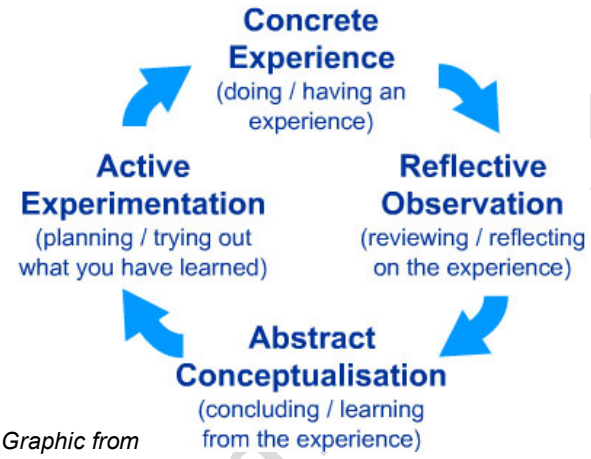
> *"I believe that the school must represent present life – life as real and vital to the child as that which he carries on in the home, in the neighborhood, or on the playground."*
> (John Dewey, My Pedagogic Creed)

Today there are many models and theories about learning styles. One of those is the experiential learning cycle from David A. Kolb, who defined learning as:

> *"the process whereby knowledge is created through the transformation of experience"*
> (Kolb, 1984, p. 38)

According to Kolb effective learning is seen when a person progresses through a cycle of four stages:

1. having a concrete experience followed by
2. observation of and reflection on that experience which leads to
3. the formation of abstract concepts (analysis) and generalizations (conclusions) which are then
4. used to test hypothesis in future situations, resulting in new experiences.



Graphic from https://www.simplypsychology.org/learning-kolb.html

Kolb (1974) views learning as an integrated process with each stage being mutually supportive of and feeding into the next. It is possible to enter the cycle at any stage and follow it through its logical sequence. However, effective learning only occurs when a learner can execute all four stages of the model. Therefore, no one stage of the cycle is effective as a learning procedure on its own.

Reflexion is at the core of experienced based learning, as it is the stage where problems encountered and findings found by the work on the tasks are looked at and interpreted.

Learning by experience succeeds where treatment, rehabilitation and traditional frontal education failed. The empowering effect of these offerings has led us to the idea of developing an EC.

At the core of the EC is the strengthening of one's own abilities, the encouragement and the training of empowerment as the basis for an increased willingness to learn and thus social participation and independence of help systems. On this basis, mentally ill and disabled people can develop career prospects again. The development of appropriate basic and cross-sectional competencies is particularly important for young people, so that they counteract the interactions of mental illness, unemployment and poverty threats at an early stage in a self-effective manner.

Because of the different approach the student - trainer relationship based upon learning by experience creates a different relation as a carer/ therapist/ helper/ doctor – patient /client /user/ visitor relation, or a student – teacher relationship in traditional lectures. It is more likely to share power of knowledge, to let people make their own decisions. This concept

worked out very well in the EX-IN courses in Germany, but also in the recovery colleges in Great Britain.

Our goal

People suffering from mental health problems in Europe are often social isolated, unemployed, have fewer opportunities of rehabilitation and are stuck in the role of patients and help recipients. The professional reintegration of people with mental health issues is a major problem. For OECD countries' health systems, the OECD calls for increased treatment rates for people with mental illness. Health care and employment promotion services should be better coordinated. The pension system should better capture the individual problems of people with mental illness and, where appropriate, provide new incentives for integration and reintegration into the labour market in this context. In the case of very young people, permanent pensions for inability to work should always be critically examined. The EC should be an educational activity that helps precisely this group of people to achieve equal opportunities and participation in working life and in vocational training. This is not through expensive rehabilitation measures, but through targeted, personalized education programs that are oriented towards recovery and empowerment, in line with current WHO strategies.

The aim of the EC is to bring together different experiences with learning opportunities for people with mental health problems in Europe (like EX-IN in Germany, Toed in NL, recovery centres in England...)

With the EC we have developed a concept, which offers new opportunities for different groups of disadvantaged people. The empowerment college offers inclusive, trialogic, community focused, on participation and involvement orientated courses in which people may share their experiences, their strategies for coping with illness, social exclusion, disability. The course participants will develop strategies to use these experiences as a resource. In the EC the experience of illness will no longer be regarded as a deficit, but as a resource. By accepting and valuing the life experience of the participants, they will get a new base for starting or continuing education.

In the EC the students won't run after goals other people have set for them. They will set their own goals. The individual learning plan is an interview instrument to clear the expectations and wishes of somebody coming into the college. The evaluation form, which is used after a semester, will help to see whether these goals have been achieved. This procedure helps the EC to put the person straight in the centre.

Those who take a course in the EC are taking a (new) step towards inclusion and integration in the labour market. The EC aims to achieve equality of opportunity for different groups of disadvantaged people.

The target group

The first target group of the college will be everybody who is involved in any way in the mental health issue. That means people with serious mental health problems, people who are working in the mental health sector or in another working situation where contact with people with mental health problems happen and people who are friends, carers or relatives of persons with mental health problems. But if anyone of the public believes that a course might be helpful to him or her, they are welcome too.

So the approach is very general. It might in some courses have contents of a more preventative character, in other courses it will be very straight forward dealing with illness, in other courses getting along and overcoming stigma, or dealing with another problem like less money, unemployment, dealing with medication, anger and so on.

But also the needs of relatives and near caregivers will be fulfilled in the EC. The closest carers are often in a very difficult situation. They take care a lot, but sometimes they do not understand their suffering family members. They give more than they can and risk their own health and wellbeing. They cannot set boundaries in very isolated situations and stabilize a dysfunctional system because of their worries. Often this group has no contact person where they can get support themselves. In the EC they have an opportunity to learn about mental health issues, but also to share their experiences with the group. They might hear from other caring relatives how these cope, or from other people with mental health problems what they would find helpful. Those working in the professional care system might have an useful idea as well. There are also many issues and problems that are independent of illness and diagnoses. Courses on these subjects might be interesting to someone regardless of his or her role.

And the third group, people in the professional care system, often has little opportunity of talking with people as intensively as this about their feelings and symptoms, about their coping strategies outside the treatment setting. They are in danger of being overtaxed. The courses give these people opportunity to talk with the other groups (relatives and people with mental health issues) and share their experiences. The atmosphere in the EC and its central idea should encourage them to look again at their role, their resources and their psycho hygiene. They are welcome to talk about their own coping problems at work and their own private and health problems. Because the EC courses work with tandem-teams that include an expert by experience, professionals have the possibility to have an enriching exchange on a different level.

The exchange, which takes place in EC courses, cannot be compared with that which happens in usual conversations. The tandem of a trainer by experience and one with a professional background, and their role in the process, which ensures that the main issues remain in focus adds a quality which normal conversations as a rule lack.

The EC is aimed particularly at people who are unable to or cannot successfully participate in the general and ordinary offers of vocational rehabilitation and vocational training. Due to their personal mental health history and associated barriers such as:

- stigmatization,
- low income,
- negative educational experiences,
- lack of self-esteem,
- shame due to the disease and the symptoms associated with it.

This target group is severely handicapped in their participation.

EC is working on these factors through education modules developed with the participation of people with psychiatric and crisis experience. Because of the use of trainer-tandems (an "expert by experience" with a psychiatric expert), the content can be made more tangible for the participants. The participants can be approached and involved in different and new ways, and the courses get a direct relevance for the lives of the participants. Thus, the innovative learning offers of the EC improve the basic and key competences of the participants.

It’s a very revolutionary process when people with mental health problems and their carers make the experience that their needs and wishes are not so different from each other after all, because such experiences lead to dynamics which were not known before.

Easy access – community focussed

> *"It does not do much to send someone to a green field in a rehab centre and hope they're learning something," says psychiatrist Falkai. "One of them is put into the wood processing, and afterwards he says: 'I've never really wanted to do wood.' We should ask those affected more often what they want. "*
>
> (Zeit, 2013, Ausgabe 46)

All this will not happen in a closed shop. The evaluation of specialized treatment and education offers shows that such special offers become special and excluding themselves. To avoid this we will open the courses to the community, not only on the side of the participants, but also on the side of the trainers. We are very interested to have people from the job centre, fire workers, doctors from hospitals, psychotherapists, workers, lawyers, sport trainers, coaches, socio-cultural workers as a trainer in the courses which concern their special field. Because we want the college to be community focused, to open the doors and set down boundaries from both sides. The person from the job centre who comes in to give courses to train handicapped people how to prepare their cv properly for applications, will learn something about the situation of people with serious mental health conditions, also because the job-centre worker has to do it in a tandem with a person with lived through experience.

But easy access should be generally offered for the students as well. We want to have a college atmosphere, it should be a place to learn, not a place to be left alone. We do not want the college to be a place of low expectations.

- As described at each university what students can expect and what is expected of students (also in terms of participation and behaviour). Access is open to all (sufferers, experienced, relatives, professionals, decision makers, members of the public).
- Students choose different forms of study. The EC offers a low-threshold approach, which also allows the participation of less capable participants, while at the same time providing a "large course", which has a training character.

Methods and Strategies

The methods and strategies that are at the heart of the Empowerment College are:

- Blended Learning
- Co-delivery and Co-production (Tandem work)
- Experience based Learning
- Learner Support incl. ILP
- Portfolio

Blended Learning

Blended learning *"designates the range of possibilities presented by combining Internet and digital media with established classroom forms that require the physical co-presence of teacher and students"* (Norm Friesen). It is an education program (formal or non-formal) that combines online digital media with traditional classroom methods. It requires the physical presence of both teacher and student, with some element of student control over time, place, path, or pace. While students still attend "brick-and-mortar" schools with a teacher present, face-to-face classroom practices are combined with computer-mediated activities regarding content and delivery.

Flipped classroom is an instructional strategy and a type of blended learning that reverses the traditional learning environment by delivering instructional content, often online, outside of the classroom. It moves activities, including those that may have traditionally been considered homework, into the classroom. In a flipped classroom, students watch online lectures, collaborate in online discussions, or carry out research at home and engage in concepts in the classroom with the guidance of a mentor.

The flipped classroom intentionally shifts instruction to a learner-centred model in which class time explores topics in greater depth and creates meaningful learning opportunities, while educational technologies such as online videos are used to 'deliver content' outside of the classroom. In a flipped classroom, 'content delivery' may take a variety of forms. Often, video lessons prepared by the teacher or third parties are used to deliver content, although online collaborative discussions, digital research, and text readings may be used.

Flipped classrooms also redefine in-class activities. In-class lessons accompanying flipped classroom may include activity learning or more traditional homework problems, among other practices, to engage students in the content. Class activities vary but may include: using math manipulative and emerging mathematical technologies, in-depth laboratory experiments, original document analysis, debate or speech presentation, current event discussions, peer reviewing, project-based learning, and skill development or concept practice. Because these types of active learning allow for highly differentiated instruction, more time can be spent in class on higher-order thinking skills such as problem-finding, collaboration, design and problem solving as students tackle difficult problems, work in groups, research, and construct knowledge with the help of their teacher and peers.

Co-delivery and Co-production (Tandem work)

Co-delivery means that in every course there will be a trainer with lived through experience as well as a trainer who is a professional by study. This will affect the content, the atmosphere, and the relationships in the course. It will have influence on the trainers and the participants, on the professionals by study as well as the people with lived through experience. Because our courses are based upon knowledge from experience it is necessary that everyone contribute their experiences. Trainers and participants all have to show themselves as individuals with their own characters and life histories, their own strengths and weaknesses. No one can just deliver theoretical knowledge and no one is the expert for the others. People become individuals rather than just being seen as belonging to one group or the other. There is no longer a “them and us”

This will lead to a different working relationship in the trainer team as well as in the class. A trainer tandem that functions well will be a role model for all the students of the different groups of participants, because they will show that it is possible to have a different way of contact, of dealing with each other.

Co-production means that all modules are developed and delivered by a team, which consists of professionals, and persons who experienced mental health problems. Co-production means working together at eye level. We are aware, that the professionals very often have social positions, which formally entail more power. But we want it to be very clear that the ideas of all partners should be equally valued.

Co-production is more than mere participation. Every single course will start with a blank sheet of paper. It is not about the professional doing the course and the handicapped person having a guest role. Over the last years the social movement in the Anti-psychiatry, the self-help movement, the recovery-movement, EX-IN and the trialogue movement have brought up so many ideas from the experienced persons which are theoretical and practical of the same quality as professional theories and concepts. In order to ensure co-production we have to adhere to some rules and procedures. Co-production is the way we develop, produce and deliver the courses. That means, people with lived experience in psychiatric issues as well as professionals by study will be involved in every step of the college courses. In:

- having the idea,
- developing the concepts and plans,
- producing the content,
- delivering it in the class.
- evaluating the results and effects

The co-production should be based upon mutual respect for the point of view, skills and knowledge of the other. People with lived through experience of mental health problems can be role models, they can translate ideas and concepts and help to develop and deliver the course content in a way more likely to be understood by other people with mental health problems. The same goes for people who learned their profession with regards to others who studied to work in the field of mental health.

Experienced based learning/knowledge

The concept of the EC courses regards the experiences that different people bring into the course as vital. The strongest focus will be on sharing experiences, on the experienced based knowledge people bring in from their lives. Learning will happen more effectively and more intensively, if people have the feeling it concerns them personally, if the content of the course will touch their life experience, if we manage to connect with their coping strategies, and with all the challenges they mastered.

The approach is an innovative change of perspective: Symptoms, experiences of illness, educational dropouts, ... which are defined elsewhere as deficit and deficiency, are considered in the concept of the EC as life experience and resources. The focus shifts from the difficulties and challenges them-selves to how they have been managed. The educational approach in empowerment college is not the "correcting" of failed life plans and educational biographies, but the continuation of the previous life experience, the strengthening of self-efficacy and the appreciation of the life achievement (and thus also the handling of the mental illness). By enabling students to improve their skills in self-management, in dealing with their illness and / or social difficulties, the college helps them to develop an individual, realistic and resource-oriented life and career perspective.

Learner Support incl. Individual Learning Plan (ILP)

The learner support in the EC contains several elements.

Firstly, and this concerns you as trainer the most, all sessions should be delivered in such way that anyone interested can attend them. This means that any special requirements (e.g. wheelchair accessible, sign language, simple language, lack of concentration) need to be met. When enrolling in the college students will be asked whether they have any such special requirements, so as a rule you will know these before you start the session and have sufficient time to allow for these.

Secondly, each student when entering the college will have an interview in which a personal Individual Learning Plan is developed and agreed upon. It is based upon the interests and needs of the student and will be revised on a regular basis. We have included a blank ILP form as an appendix. Especially if your college works with the portfolio you might find this helpful when your students ask for your support with this or when you want to consider this when delivering your sessions.

Thirdly, ideally students are given access to resources for studying and research such as a library, computer and Internet access, a quiet room to read.

Portfolio

The Portfolio assists the student to identify his resources, reflect his development, and plan his future. In the Portfolio for the EC students are encouraged to document the knowledge they gained in the courses they visited. This will help them to visualize their own progress and is a record to which can refer in the future, for example when they loose sight of their achievements. It can also be useful when evaluating the ILP.

The ILP can be the start of the portfolio, but depending on the individual situation and courses taken students may also be encouraged to look back at earlier times.

When developing courses you might want to allow time in your sessions for students to make notes on what they gained or ensure that there are other ways in which they can document what any new experiences or knowledge.

Ensuring Course Quality

To safeguard the standards of the courses offered in the context of the EC it is important that all the people involved in offering the courses adhere to the principles of the college in all aspects and at all levels.

For the students it is important that they know what they can expect when they choose to visit the college. Standardised procedures and classes can enable interested persons to get a better idea about whether a module at the college might be right for them or not.

We therefor expect from you as a trainer that you comply with the following instructions:

Absolve a trainer course

To make sure that you and your colleagues all deliver the modules to the same standard you must have absolved a trainer course in which you will or will have learned about:

- Co-production and co-deliverance (working in tandems)

- Sensibility for people with any kind of special needs, not only those with mental illness
- Methodology

Adhere to the module description

All modules in the curriculum have been co-produced in order to ensure the participation of people with a mental illness on all levels. The choice of topics, themes, exercises and evaluation all have been decided and designed together by people with a mental health problem and those who support them and therefor contain both perspectives equally.
In order to guarantee that the participants in your courses do benefit from this co-production, and that there are no great differences in the contents and deliverance of the module it is important that you adhere to the module description which comes with this curriculum.

Use templates and forms provided

You must use the templates that come with this curriculum to make sure that nothing will be forgotten in the preparation, delivery and evaluation of the module.

Use the standardised ILP

You might or you might not be involved in setting up these plans with the students of the college. The individual learning plan should be standardised so that it can be easily evaluated and compared with earlier plans. That's why it is important; that you use the form provided if you should be involved in making these plans.

Developing new modules

If you want to develop modules (courses) yourself, you will also have to learn about co-production and of course find a suitable person with whom you can build a tandem to develop the module.

You should describe your course according to the module description. Again, we want you to do this, to make sure that nothing will be overlooked. We recommend that you set no more as six goals in each module. And don't forget to allow for enough time for your participants to bring in their experiences and/or make new experiences during the course.

The participants of the EC should be able to choose the modules (courses) according to their needs. It is therefor recommended that you keep your modules small and specific rather than large and general.

When deciding on the amount of sessions and their duration you should not only think of the requirements of the topics, but you should also consider the needs and abilities of those who are most likely to be interested in it. Participants who have only just began their way towards recovery will most likely be interested in other topics as people who are far advanced on their recovery-way, and the length of time they are able to attend is likely to be different too. But don't forget that the courses should also be interesting and helpful to people without mental health problems.

Challenges

You are likely to face challenges when working in and for the EC. These might be:

- Working on eyelevel with your tandem-partner. Most people cannot work with just anyone. Do talk about it, if you are having problems working well with your tandem-partner.
- When the EC runs like it is intended to, the group of people who partake in the courses will be very heterogenic (with or without health problems, age, cultural background, gender, life experiences, views and opinions). This means there is also a potential for conflicts and you might have to deal with views, beliefs and opinions which are very different from your own as well. It might be a challenge to address the needs of all participants, keep to the program, remain focussed on the topic, and handle conflicts and / or have your own views challenged.
- There might also be people with special needs other than mental health problems, e.g. someone who is blind or illiterate. So you might have to think of other ways to do the exercises as you are used to do them.
- You might find that relatives or professional carers come while they want to learn something for the people they assist. This is not the idea behind the EC. The concept is based upon everyone bringing in their own experiences and difficulties, not those from other people. So try to encourage these participants to look at their own experiences and needs, aside from their role as (professional) carer
- The involvement of the participants in your classes in the EC might vary from just doing one or two modules to coming for a number of years doing several courses at a time. This means that some of them might be well acquainted with the procedures and the building, where as others are not. Some students might already know each other from other courses, but it is likely that there will also be some who are a stranger to everyone. If you have been (or still are) a student yourself, you might even find that you have one or more participants in your class with whom you have been in a course together. All these things are likely to influence the group dynamics.

Project & Background information

Germany

In Germany the number of people who receive a disability pension or are long-term unemployed because of mental health problems or other disadvantaged backgrounds is steadily rising.

On the one hand we notice, that despite the concepts of recovery and empowerment many people in Germany remain in care and treatment with little or no indication that this might chance. Many people make a life-long career as service-user. Many have a poor education because conventional offers don't meet their requirements.

On the other hand 10 years of experience with the EX-IN courses showed us, that although EX-IN is a peer support vocational training, there was a very positive influence on the personal recovery and empowerment process of the participants.

Education achieved something that seems to be unattainable by the care system.

Jörg Utschakowski from F.O.K.U.S. in Bremen Germany taught EX-IN courses all over Germany for 10 years. During this time he also observed that:

- Many people attended the EX-IN courses, because they wanted to do something for themselves rather than achieving or obtaining a professional job title
- That many of the applicants couldn't fulfil the requirements of EX-IN courses (eight hours training, three full days in a row, 2 placements…) but that especially this group would really benefit from recovery and empowerment knowledge
- That tandem and coproduction works better and better the more we get used to it, the more people we know that are interested in new forms of cooperation between professionals and people with lived through experience

One day he met Julie Repper and he heard of new movement in the UK that was en is spreading worldwide: the establishment of the recovery colleges.

This gave him the impulse to apply for another European Project: "Empowerment College"

By this time however the people working at F.O.K.U.S. had gained knowledge about other educational trainings for excluded groups: homeless, migrants, people affected by cross generation poverty, people affected by chronic diseases… as well.

This is why F.O.K.U.S. decided, not just to copy the concept of the recovery colleges in England, but to (explore and) discuss the idea with partners from other European countries in order to develop the concept further and to enable its implementation under different conditions.

We expect that the project will show how the concept of the EC can be adapted to national and regional conditions whilst retaining its main principles, values and features.

We expect that the EC which we intend to implement, and which are foremost based on Recovery, Empowerment and Inclusion will reach our target group and will improve participation and lead to more equal chances with regards to employment and education.

Our intention is, that after about one year (three semester) the participants will be referred into other qualification-measures who are orientated towards inclusion and participation in the working life. Finance organisations such as the health insurance agencies, the social security offices, and pension services will be shown how they can promote progressive and proactive measures that are proven to reduce the use of support services.

We assume that the evaluation will show, that the strategy of: strengthening people in their talents, offering them education, which is immediately profitable to them in their living situation, offering them trainers who have a similar background of experiences, with the goal to reach them and give them confidence in their own skills is effective in the recovery and empowerment process.

Bulgaria (GIP-Sofia)

Bulgaria, having inherited a post-communist system of segregation of social and educational care, with solid traditions in institutionalisation and the so-called "pedagogy of the special school", is seeing progressive changes geared towards democratisation and humanisation of services, enshrined in respective documents and standards, however – to no tangible results, as the system and people's mentality are not prepared to fully implement them in reality. Positive developments are yet to be mainstreamed. Despite the wishful thinking that social support for persons with vulnerabilities should be rights-based and oriented towards empowerment ("do not give a man fish but teach them to catch it), there is an obvious gap between theory and practical implementation. In most cases people develop learned

helplessness, they lose hope and become comfortable with their situation, thus remaining lifelong "users" of social care. In other words, Bulgaria's care system envisages an entry to it, but not an exit. On the other hand, even the entry not effectively open and hindrance-free, as there are a number of bureaucratic formalities and requirements that need to be fulfilled. EC is seen as a remedy to address the situation in the following aspects:

- The access is free to everyone;
- There is a clear exit – graduation;
- It is empowering, as it teaches the person to become less dependent on external care;
- It is cost-efficient, as it allows for organising the existing outside resources and to involve "external actors" that are not typical participants in social care.

The Netherlands (IGPB)

In Dutch society the idea of empowerment is widely supported and seen as very relevant to be able to recover and participate in society. There are however also opposite ideas about it. On the one hand we have created a welfare state in which rights on income and healthcare are guaranteed and solidarity is asked from everyone. On the other hand, people are at the same time paternalized to obey the rules for receiving support and if they do not behave like that, they are mistrusted and seen as possible abusers of the social and health systems or avoiders of these systems.

The welfare state is under pressure; budgets for social support are being cut back. People are under pressure to take responsibility and if they do not make enough efforts, they are punished by reductions on the support they receive. Critics of the welfare state stress that the welfare state is disempowering people, depriving them of their responsibility and making them dependent on public services. Disempowerment means that you lose the capacity to make choices, do not get opportunities for recovery and lead the life that fits you. Educational services like empowerment colleges, recovery colleges or other special training programs which are founded on the ideas of recovery and empowerment, are important to further elaborate and implement this paradigm and operationalize it in concrete ways. We in the Netherlands are still in the beginning of it; although many organizations offer recovery and empowerment based training programs. Many of these more or less are similar and health-, welfare- and user organisations all look for opportunities in the market to offer these courses and earn some money with it.

For IGPB it is important to participate in the European project to learn about more variety and new forms that may enrich the Dutch landscape in this area. For IGPB it is also important to have the opportunity to test some new ideas on operationalizing courses and by this interfering in the Dutch debate on empowerment.

England (ImROC)

Recovery Colleges were developed in their present form by Perkins and Repper to form a core part of the development of recovery-focused mental health services that enable people to grow within and beyond what has happened to them, discover a new sense of meaning and purpose in life, explore their possibilities and rebuild a meaningful, satisfying and contributing life (see Deegan, 1988; Anthony, 1993; Repper and Perkins, 2012). If mental health services are to assist people in their journey of recovery a major change in culture and practice is required in the form of a redefinition in the purpose of services – from reducing symptoms to rebuilding lives – alongside a transformation of the relationship between mental

health services, the people they serve and their communities (Perkins, 2012; Repper and Perkins, 2012). Recovery Colleges embody this transformation in three key ways and can be central to driving broader organisational change (see Perkins et al, 2012):

1. A recognition of the equal importance of both 'professional expertise' and the 'expertise of lived experience' and the breaking down of the barriers that divide 'them' from 'us'. A Recovery College explicitly recognises the expertise of lived experience alongside professional expertise in a process of co-production. All aspects of the development and operation of the College bring together professional/subject matter expertise and the expertise of lived experience. The design, operation and quality assurance mechanisms of the College are co-produced and co-delivered by people with lived experience and mental health practitioners. All courses and workshops are co-designed and co-delivered by people facing mental health challenges, the staff who support them, the people who are close to them and others from the local community. 'Them' and 'us' barriers are further eroded by co-learning: people using mental health services and mental health practitioners working together as colleagues in producing and delivering training and learning together as students. It is not assumed that tutors have a monopoly on expertise: students also have a wealth of experience and insights. The emphasis is on a participative, discovery style of learning where students explore and learn together and from each other. Everyone is an expert and there is no one 'correct' route to recovery – each person must find their own way.
2. Mental health professionals using their expertise differently: from being 'on top' to being 'on tap' – supporting self-management rather than fixing people by making their expertise and understandings available to those who may find them useful rather than prescribing what people should do. By adopting an educational rather than a therapeutic approach, professionals use their skills differently: they make their expertise available to those who may value it rather than telling them, what to do. Relationships are changed - professionals become tutors or mentors and those attending courses become students - but the educational approach adopted is not one of formal lectures in which 'experts' impart their wisdom and students are passive recipients.
3. A different relationship between services and the communities they serve. The opportunity to be a part of, and contribute to, our communities is central to recovery so we need to create communities that can accommodate all of us. This means that services must work as part of their communities: recognise the possibilities, resources and resourcefulness that exist within communities, share their expertise with those communities and support individuals and agencies within them. A Recovery College changes the relationship between services and communities in three ways.

    1. First, students can attend courses designed to help them develop the knowledge, skills and confidence to participate in all facets of community life.
    2. Second, a Recovery College recognises that mental health workers do not have a monopoly on 'professional expertise': agencies and individuals in other parts of our communities possess a wealth of knowledge that may be important in rebuilding a life. For example, alongside people with appropriate lived experience, employment agencies are best placed to offer courses about returning to work; college tutors are better placed to provide programmes to assist people to return to study; and the police and fire-brigade are better placed to contribute to workshops about keeping safe in the community.
    3. Third, Recovery College courses are open not only to people using statutory mental health services and the staff providing them, but also to friends, families, neighbours, and people in the broader community. They

therefore promote inclusion, break down the prejudice and discrimination that divide people facing mental health challenges from their friends, families and communities and contribute to the creation of communities that can accommodate mental distress.

The transformative power of a Recovery College extends beyond the College itself and can drive the development of recovery-focused change across the broader mental health system. They promote a more general recognition of the importance of lived experience alongside professional expertise, model and promote the erosion of 'them' and 'us' barriers and foster collaborative working and learning more generally. Both people who use services and those who provide them experience a different sort of relationship that challenges unhelpful practice, attitudes, behaviour and prejudice by modelling a different conversation and understanding. The employment of peer trainers is also a tangible step to transforming the wider workforce and co-production inspires a change in the nature of conversations, encouraging shared decision making and a 'coaching approach' back in the clinical setting.

Poland (PIOD)

The society in Poland continues to fix the negative attitudes towards mentally ill people. Stigma is to believe that patients are dangerous, unpredictable and should be avoided.

In addition, people experiencing mental crisis's auto stigmatize themselves, internalize and accept and refer to the negative social attitudes. This makes the people with mental health crisis often to become dependent on others, lose the opportunity to emerge on the labour market, experience the lack of close relationships.

A family that is close to these persons often experiences a phenomenon called courtesy stigma. Family members are struggling with incomprehension coming from the society, but they are also often unable to understand what is going on with the person in the mental crisis. There is fear, a sense of being hurt, but also a sense of guilt and frustration, which are not always named which deepens the crisis.

Parents are often blamed by society for their child illness, and brothers and sisters experience the rejection and laugh from their colleagues.

In addition, the psychiatric system in Poland is strongly institutionalized, which results in the stigmatization of patients and staff in psychiatric hospitals. Insufficiently effective solutions outside of the hospitals and lack of social education in this context are the difficulties we face today. Therefore, the implementation of the EC gives us the opportunity to create an educational model that will increase the awareness of the interested people, staff, institutions such as schools and the police. We believe that by creating a space for people after a mental crisis, for their families and others interested, we will be able to shape a conscious, benevolent, empathic society that will support the healing process. We hope that through education the patients will be able to function effectively professionally and socially.

Italy (Trieste)

The experience of mental health care in Trieste is founded on democratic psychiatry emphasizing "freedom first", open doors, no restraint, community based practice and citizenship. These values were and are intended as a means to confront institutionalization (following the closure of the asylum in 1980) within a political and value based context.

However, community psychiatry continues to be framed around the clinical model and the treatment of illnesses. The intention of the EC is to find new ways to work together and co-produce new ways of thinking and practice that will develop our ways of understanding, supporting and finding meaning for people overwhelmed by their distress and in crisis.

The EC will be a place where we will learn how to establish “people to people” relationships through experiential learning. It will be a place where we will learn from each other and to respect each other’s experiences rather that to colonize them. A place where people will find full transparency, safety, continuity, advocacy and the use of a more inclusive and respectful language.

We envisage the EC as a focus for a network where we will engage with people in different ways with the goal of facilitating agenda setting by disempowered communities and individuals.

We have a long experience in the field of developing activities in groups working on discrimination and social justice, whole life, whole person, cultural and social approaches (i.e. comprehensive community based centres, “recovery card”, a recovery learning community, a recovery house, hearing voices groups, peer run groups, social and economic cooperatives).

This form of empowerment process is founded on the community development approach, promoting a bottom up approach to change; in acknowledgment that emotional distress has much to do with social determinants.

The EC will not only be about empowering people using services but also creating resilient families and communities. This will be achieved through the exchange of knowledge, experiences and relationships. We will create partnership with schools, municipal administration, the police, third sector, law system, local communities, institutions etc. within a national and international perspective.

Templates / Forms

To ensure that all the modules in the EC are developed, delivered and evaluated in the same manner and that the quality of the courses and the learner support is maintained it is important that following templates and forms are used:

- ILP
- Module description
- Session Plan
- PPT
- Evaluation form

List of modules

Modules that were developed as part of the project:

- Module 1 - Health and Wellbeing:

- Module 2 – Budget Management
- Module 3 – My Rights
- Module 4 – Participation and social inclusion
- Module 5 - Stigma
- Module 6 – Self-exploration